

Mr Michael James Crossley

Elite Homecare

Inspection report

Unit 1
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Elite Homecare is a domiciliary care agency registered to provide personal care and support to people in their own homes. At the time of our inspection, 29 people were using the service. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service:

The service had a new management team in place. The new manager had a number of plans to improve the quality of service delivery. This included changes to care records, staff induction and training and governance.

There were systems in place to support the safe recruitment of staff which included references and checks with the disclosure and barring service (DBS).

Staff received the training and support they needed to undertake their role. People said staff knew how to support them appropriately and were well trained.

People and relatives told us staff were respectful and ensured people had their dignity and privacy maintained. People were encouraged to be independent and do as much as they could for themselves.

People and staff told us that there was continuity of care. This meant that people were being supported by staff who knew them well. The manager told us that continuity of care was a priority for the service.

Care records contained the essential information to guide staff on how to support people. The manager was in the process of changing care records and the new paperwork demonstrated care plans would be more person-centred and detailed.

Care records contained information about people's interests and hobbies. Cultural and religious preferences were considered and detailed within records.

The provider was committed to using information from accidents, incidents, safeguarding, concerns and complaints to drive improvement within the service. This work was ongoing.

Rating at last inspection:

This was the first inspection of the service at this registered location where care is co-ordinated for people living in Stockport. The service was previously registered at a different address where it co-ordinated care for people living in Oldham and Stockport. At that inspection the service was rated as requires improvement (19 September 2017).

Why we inspected:

This was a planned inspection in line with CQC's guidelines to inspect all newly registered services within 12 months of registration.

Follow up: We will continue to monitor the service through information we receive and inspect in line with our re-inspection schedule for services rated good overall.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Elite Homecare

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience had personal experience of older adults and adults with dementia, and people who used both residential and community services.

Service and service type:

Elite Home care is a small Domiciliary Care Agency which provides personal care to people in their own homes.

Not everyone using Elite Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The provider of Elite Homecare is a registered individual and this person was part of the management team. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service has a manager who was new to post. The provider intends that the new manager will register with the CQC as the registered manager. This process had not yet begun.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to answer any questions we might have during the inspection.

Inspection site visit activity started on 03 April 2019 and ended on 30 April 2019. We visited the office location on 3 April 2019 to see the registered provider and office staff; and to review care records and policies and procedures. Following this we made telephone calls to people and their relatives to speak with them about their experience of receiving support from Elite Homecare. We also spoke with staff about their experiences of working for the service.

What we did:

Prior to our inspection we requested a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was not completed and returned to the CQC by the provider and meant that the well led domain could not be rated higher than 'requires improvement'.

We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and local commissioning teams to obtain their views about the service. We contacted Healthwatch, which is an independent organisation which collects the views of people who use health and social care services, for any feedback they had received. This information was used to identify key lines of enquiry as part of the inspection.

During the inspection we spoke with seven people who were receiving support from the service, and two relatives on the telephone to gain an understanding of their views of the service and quality of support that people were receiving. We spoke with the registered provider, manager, care co-ordinator and three care staff.

We looked at four people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; three staff personnel files, staff training records, policies, procedures and quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. People said, "The carers who come are very good" and, "I feel safe with most of them [staff]." One family member said, "My relative is very safe with the carers. I have absolutely no worries at all about safety."
- The service had appropriate policies and systems in place to safeguard people. Staff had received training and were aware of the safeguarding and whistleblowing policies.

Assessing risk, safety monitoring and management

- People's care records included an assessment and this information was used to develop individual care plans.
- Environmental risk assessments of people's homes were in place and guidance provided for staff about how to manage potential risk.
- People had individual risk assessments in areas such as moving and handling, and risk taking behaviour. The manager had ongoing plans to improve the quality of people's care records and this work was in progress.

Staffing and recruitment

- The service had suitable policies and procedures in place to ensure staff were safely recruited.
- The staff files we reviewed demonstrated appropriate references and checks, including checks with the disclosure and barring service (DBS), were made prior to a member of staff beginning employment and supporting people independently.
- Systems were in place so that DBS checks were updated as required.

Using medicines safely

- People told us they received their medicines safely. One person said, "[Staff] comes in the afternoon gives me my tablets and writes it down on the paper. Staff always wash their hands and bring me a little drink of water to take the tablets with."
- Medicine administration records (MARs) were reviewed by senior staff. Action was taken when errors were identified, to ensure people were kept safe and reduce the risk of future reoccurrence.
- Staff received training to safely administer medicines and there were policies to underpin this. The manager recently reintroduced spot checks to ensure staff were competent in this area.

Preventing and controlling infection

- The service had appropriate policies and procedures to guide staff in the prevention of infection.
- Staff had the training and support needed to reduce the risk of infection. Staff told us "Yes, we have all the equipment we need. Gloves and aprons are restocked regularly."

- Staff took measures to reduce the risk of infection and people told us, "They all wear their uniforms" and, "[Staff] always washed their hands before [delivering personal care]."

Learning lessons when things go wrong

- The service undertook audits of records including medicines, incidents and complaints to look for themes and patterns. Action was taken to ensure lessons were learnt and risks to people were reduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care was planned and delivered in line with people's individual assessments and needs. Improvements to make care plans more detailed and person-centred were in place and this work was ongoing.
- The records demonstrated people's care needs were reviewed through quality assurance telephone calls and changes to care delivery made when required. Not everyone was aware whether their care plans had been reviewed and one person told us, "I don't think it's been reviewed but I'm not bothered because everything is alright."
- People's care records contained life history and background which included information about choices and preferences. There was specific information about people's religious and cultural needs and how these were to be met.

Staff support: induction, training, skills and experience

- Staff completed an induction period when they first started working at Elite homecare. One member of staff told us, "The induction was good, showed us what we needed to do. If I needed any help they [management] were always there."
- Staff told us they received all the training they needed to undertake their role. One member of staff told us, "We do online training, all the training if relevant. It fits in well with the job we do." The new manager was reviewing the training programme and had plans to introduce more face to face training for staff.
- The training records demonstrated that staff training was up to date and staff completed training in relevant areas including safeguarding, moving and handling, food hygiene and the administration of medicines. The manager had identified action to address any gaps in training and improve the training staff received and this work was ongoing.
- People told us staff were well trained and said, "They are good when they come. I think they do a lot of training because the carers tell me sometimes that they are going to some course or other." "I think they are all well trained and know what they are doing." and, "The people they send are appropriate and I think they are experienced."
- The new manager was planning to introduce formal supervisions and appraisals, and the care co-ordinator told us that this work was ongoing and was not yet fully in place. Staff we spoke with told us they felt well supported and could contact senior staff for advice and support. One staff member said, "I feel supported. There is always someone there, they will come out and support you if you need."

Supporting people to eat and drink enough to maintain a balanced diet

- The people who were supported in this area were positive about the support they received. One person told us, "They do get my meals ready when they come but they are ready meals which you heat up in the microwave. They look at what I've got in and ask me to choose what I want."

- Care records contained information about how people were to be supported with eating and drinking. Risk was considered and information was specific to guide staff to reduce these risks. For example, one care record had information about how food should be cut up and how staff should remain with the person whilst they ate. Another care record had details about leaving drinks for the person.
- Staff working with other agencies to provide consistent, effective, timely care
- Care records demonstrated the service had close links with other agencies. Information about people's medical appointments and outcomes was maintained. Any changes in care needs were recorded and staff were updated.

Supporting people to live healthier lives, access healthcare services and support

- People told us the service would support them to access appropriate health care as required. Family members told us, "The staff seem to be very well trained and they will contact the doctor if they are worried about my relative." and, "They are very good about involving the doctor or the district nurses if they are worried about [family member] because they have so many health problems."
- Care records detailed people's personal care and health needs and provided staff with guidance on how to deliver the support people needed. Any health information and diagnosis was recorded within people's care records and staff were aware of these.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff ensured people were involved in decisions about their care, and knew what they needed to do to make sure decisions were taken in people's best interests.
- The staff we spoke understood the need for consent when supporting people. There were policies to underpin this.
- Where needed, independent advocates were involved in best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with were very positive about the service and the support they received from staff. One person told us, "The carers are all very nice people. I know they are busy but they don't rush me. Everything is done at my pace" and another said, "If they have time, they'll help with a few other odd things like emptying the bin for me." A relative said, "[Family member] tells me that the carers are all really kind to them. I think they go out of their way to try and lift their spirits; chatting to them and that."
- Staff spoke positively about the people they were supporting. One staff member told us, "The people I assist are lovely. I enjoy the time I spend at work." Staff told us they consistently supported the same people and this was confirmed by the people we spoke with. The manager was passionate about their role and told us "We focus on people."
- Care records included a service user profile which included information about people's interests and hobbies. Staff told us this information was used to build relationships with the people they were supporting.

Supporting people to express their views and be involved in making decisions about their care

- People and their family members were involved in decisions around the care and support.
- People were encouraged to provide feedback in relation to how the service supported them and records demonstrated that people received quality assurance calls on a regular basis.
- Staff knew and understood the people they were supporting. People were very positive about how staff supported them. One person said, "I can't fault the carers in terms of kindness. It doesn't matter how busy they are, they will always listen to me."

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were treated with dignity and respect. The service had policies to underpin how the service supported people in areas including dignity and respect and autonomy and independence. Staff understood how to deliver care in line with these policies. One relative told us, "The main thing is that they let [family member] do as much for them self as they can. I've seen that they will ask them to make a cup of tea for me rather than doing it for them. [Family member] needs to feel a bit independent and that's what they try to do by encouraging them."
- One person told us, "They make sure the curtains are shut if they're dressing or undressing me and they wrap a big towel round me as soon as I'm showered. They are very careful about respecting my privacy."
- Care records demonstrated consideration had been given to what support people needed and how independence could be promoted. The new manager had ongoing plans to improve the quality of care records.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told they made their own decisions about their care and their preferences were considered in how care was delivered. One person said, "They came and talked to me about the care plan at the start and I was able to tell them what I needed help with."
- The new manager was in the process of making improvements to the care plans and this work was ongoing. Some of the older care plans we reviewed lacked specific details about how care was to be delivered. The care co-ordinator showed us the new care plans and we could see that these were more person-centred and detailed.
- Staff said records relating to care were improving and gave them the information they needed. One member of staff said, "Communication is good, we get told straight away if anything has changed." Care plans were reviewed and updated when people's support needs changed.
- The provider complied with the Equality Act 2010 which ensured people were treated fairly and without discrimination. The service had a positive approach to supporting people as individuals. Cultural and religious preferences and needs were considered within records.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The manager told us they would support people to access information in a format that was appropriate to them and could adapt information as required.

Improving care quality in response to complaints or concerns

- People were generally happy with the support they received and told us they had not needed to complain. The only concern people raised with us was in relation to call times. People told us they weren't always sure what time to expect a member of staff and sometimes staff could be early or late. The manager said they monitored call times to ensure they were undertaken within an agreed time frame. The records we reviewed indicated that there had been no missed or late calls recently.
- The service collected and analysed information about complaints. There were policies and procedures to underpin this. The service had not received any recent complaints but records demonstrated that where complaints were made these were fully investigated and, where appropriate, an apology and actions to address the cause of the complaint were undertaken.
- The service had a new manager who was committed to driving improvement and working with the local authority quality improvement team. Office staff were able to show the improvements that had been made in response to this work.
- We could see from a recent service user survey that people generally felt able to raise concerns and make complaints. People confirmed this and said, "If anything was going wrong or bothering me, I'd talk to any of the carers who comes here first because they are really good. I feel really comfortable talking to all of them."

End of life care and support

- At the time of the inspection nobody was receiving support with end of life care.
- The registered provider told us they would work and support staff to deliver end of life care and support if this was required. We reviewed one care record where the person had a 'Do Not Attempt Cardio-Pulmonary Resuscitation (DNAR) order, and staff were aware of this.
- The service had policies to underpin the delivery of end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was newly in post. Leaders and the culture they created needed to be embedded to support the delivery of high-quality, person-centred care. Regulations had been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not responded to the CQC request for information prior to the inspection. Failure to provide a provider information request (PIR) means that the well led domain cannot be rated higher than 'Requires improvement'.
- Staff we spoke with were positive about how the service had improved. They told us that the service ran better and was more organised. One member of staff said, "The company has improved miles, it's organised better and you know what you are doing. Things run smoothly." whilst another said, "It more organised, there is flexibility but things are a lot calmer."
- There was a new manager in place who had experience of managing domiciliary care services. There was also a care co-ordinator newly in post. They were both committed to improving the service and were introducing new paperwork and audits. These were not fully in place at the time of the inspection.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives were generally positive about the service they received. One person said, "I have no complaints. This is basically a good service and I'm very happy with the carers who come. When we asked to change the days there was no problem, they just did it for us." A family member told us, "I can't think of any improvements they could make. My relative really likes the carers and everyone involved is nice to me as well."
- The manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The manager and office staff were committed to delivering good quality and person-centred care. They told us, "We want to get it right. We focus on people and are work on delivering continuity of care" and, "The priority is the service user."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to provide feedback about the service. People received regular quality assurance telephone calls and a recent survey had been sent out to people using the service. This had not yet been

analysed but we could see that feedback given was mainly positive.

- Staff told us they felt well supported and able to make suggestions and feedback to the office. They told us, "I feel able to raise things." and, "Communication is good, it is two-way and I feel I can raise anything."

Continuous learning and improving care

- The manager had a number of plans for improving the service. We saw that there was ongoing work to drive improvement and make changes within the service. The manager told us, "We are constantly looking at the training and support so that we can give the staff the confidence and knowledge they need to do their job."
- The service had a number of quality assurance processes in place and this work was ongoing to ensure improved oversight. The manager told us how this information would be analysed and reviewed to inform learning and identify improvements.

Working in partnership with others

- The service was working closely with the local authority quality improvement team to make improvements to the service.
- The manager shared learned and good practice with other manager of care services. They told us they planned to engage further in provider meetings to further develop good practice.