Elite Care Services Ltd

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Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection took place on 21 May 2018 and was announced.

Elite Care Services are located in Bedford. The service is registered to provide personal care for people who may live with learning disabilities or autistic spectrum disorder, sensory impairments, dementia and younger adults and people living with mental health conditions.

People live in their own homes and receive support to enable them to live their lives as independently as possible either under supported living arrangements or domiciliary care. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support including help with tasks related to personal hygiene and eating. At the time of this inspection 14 people received personal care from Elite Care Services.

At our last inspection in October 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

Staff were trained to recognise the various forms of abuse and encouraged to report any concerns.
Risks to people's safety were assessed and planned for. Recruitment systems were robust and there were enough staff members available to meet people's needs safely. The arrangements for the administration of medicines were robust. The provider had appropriate infection control procedures in place and personal protective equipment (PPE) was available in people's homes for staff to use. Personal emergency evacuation plans had been developed to guide staff how to support people to leave their homes in the event of an emergency situation.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. New staff members completed a comprehensive induction when they commenced employment with Elite Care Services. Staff received support from the management team as needed. People were supported to use technology and equipment to promote their independence where appropriate. People were supported to maintain a healthy diet as part of their support plan. Staff supported people to access healthcare appointments as needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Elite Care Services worked effectively with other health and social care services to help ensure people's care needs were met.

People told us that the care workers were all kind and caring. People received their care and support from a small stable team of care workers which helped to ensure that people's dignity and privacy was respected. Staff provided help in a way that was sensitive to each person's individual needs and encouraged support and involvement. People's confidential information was protected appropriately in accordance with data protection guidelines. People's dignity and privacy was respected and promoted.

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. People's care plans clearly detailed how they wished staff to provide their care. People were supported to take part in activities that they enjoyed and wanted to do. The provider had a complaints policy and procedure however, had not received any formal complaints since the previous inspection.

Relatives of people who used the service told us that they thought Elite Care Services was well-led. Staff told us they were proud to work for Elite Care Services. The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

Staff told us that the management team was approachable and that they could talk to them at any time. The provider had a system of governance in place that helped them to satisfy themselves that the service was safe, effective, caring, responsive and well-led. People were supported to give feedback about the service they received. The service had an open and transparent culture with all relevant external stakeholders and agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Elite Care Services Limited

Detailed findings

Background to this inspection

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

This inspection took place on 21 May 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in the office to support us with the inspection. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 06 September 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 21 May 2018 and ended on 24 May 2018. We visited the provider's offices on 21 May 2018 to meet with the registered manager and to review care records and documents central to people's health and well-being. These included care records relating to two people, recruitment records for two staff members, staff training records and quality audits.

Subsequent to the visit to the office location we contacted external stakeholders for their feedback and spoke with relatives of four people who used the service to gather their views about the care and support provided and with three staff members to confirm the training and support they received

Good

Is the service safe?

Our findings

Relatives of people who used the service told us they felt that people's safety was promoted. One relative said, "I feel [person] is absolutely safe, they are great carers. [Person] doesn't always make them welcome but they do a great job keeping [person] safe."

The provider had arrangements in place to help keep people safe and to reduce the risk of abuse. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. The management team advised that staff identification cards had information on the back to support staff to report any concerns or incidents to the local authority safeguarding team. Staff members told us that they could report any concerns to their line managers or that they could go directly to the local authority safeguarding team or CQC.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. The registered manager monitored accidents and incidents and analysed any trends so that further occurrences were minimised.

Assessments were undertaken to identify any risks to people who used the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff.

Individual risks had been identified and appropriately managed for each person. These risk assessments covered areas such as, moving and handling, seizures, scalds and falls. Where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example one person needed support from staff using a mechanical hoist in order to access the bath. The care records stated, "[Person] uses a blue sling and ceiling track hoist." The guidance continued to provide specific instruction for staff about how the sling should be attached to the hoist to help ensure the person's physical safety and comfort.

Staff were knowledgeable about people who sometimes acted in a way that could challenge others. Care records included risk assessments regarding people's behaviour that may put themselves or others at risk. Information and incidents regarding people's behaviour were recorded and reviewed and actions to help ensure people and staff were safe were then put in place. Referrals were made to relevant health or social care professionals and extra training was put in place for staff if appropriate.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting to work with the service. These included criminal record checks and at least two satisfactory references.

There were enough staff members available to meet people's needs. The management team reported that

there had been no instances of late or missed care calls. A relative of a person who used the service told us, "There have never been any missed calls, I check on my [relative] every day and they (care workers) have always been."

The management team operated an on call system 24 hours a day to provide additional support for staff and people who used the service as needed. If a staff member was delayed due to an emergency or caught up in traffic they contacted the on-call who would either provide additional cover or re-arrange call times as appropriate.

The provider did not have an electronic call monitoring system. They told us that staff members contacted the office to confirm they had arrived at the first care call of the day. The management team acknowledged that this did not monitor all calls or the duration of the calls and undertook to look into sourcing a call monitoring system.

The management team told us that people received their care and support from a stable team of care workers. The provider told us, "We won't take on any care packages that we can't resource." Relatives of people who used the service told us that it was a comfort for people that they had regular staff providing the support.

The arrangements for the administration of medicines were robust. Care plans stated what medicines were prescribed and the support people would need to take them. Where the service provided support to people with particular health conditions, the staff team was trained in administering particular medicines, for example the treatment of epilepsy. A member of the management team checked the medicine administration records (MAR) regularly. A discussion was held about the benefits of a monthly complete audit of medicines so that the registered manager and provider could be satisfied that people received their medicines safely.

The management team gave us an example of a medicine administration error where two people living in the same house had been given the wrong medicines. The care worker immediately reported the error and appropriate advice and guidance was sought. Immediate action was taken to help ensure this error could not happen again and learning from the incident was shared with the staff team. This showed that the registered manager and provider were committed to ensuring people received their medicines safely.

Protocols to support the administration of medicines to be taken as required (PRN) had not been developed at the time of this inspection. However, staff always referred to the management team using the on-call telephone number whenever they administered PRN medicines for any person who used the service. We discussed this with the management team who undertook to develop a protocol for each person who had PRN medicines or homely remedies.

The provider had appropriate infection control procedures in place and personal protective equipment (PPE) was available in people's homes for staff to use. The staff team had received suitable training about the control of infection and the registered manager visited each person in their home regularly and checked that the environment was fresh and that sufficient stocks of PPE were available.

Personal emergency evacuation plans had been developed to guide staff how to support people to leave their homes in the event of a fire or some other emergency situation. The provider had been in contact with the local fire service to request guidance relating to a person who used the service that smoked in their home. As a result, a joint risk assessment was being developed to enable staff to safely support the person.

Good

Is the service effective?

Our findings

Relatives of people who used the service confirmed that the care and support people received met their needs. People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Records showed that staff were provided with relevant training to give them the skills and knowledge to support people effectively. Training records showed staff had received training in a variety of topics including, moving and handling, safeguarding adults, medicines, epilepsy and specific health conditions. Staff members we spoke with confirmed they received regular training updates to refresh their skills and knowledge.

New staff members completed an induction when they commenced employment with Elite Care Services. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff members until such a time as the worker felt confident to work alone. The management team described how new staff members' competencies were assessed in areas such as medicines administration and moving and handling. The management team were able to demonstrate that where staff needed further support this was provided before the individual started to work with people unsupervised.

Staff received support from the management team as needed. Regular one to one supervision provided an opportunity for staff members to reflect on their practice, discuss personal development and share information about any observed changes in people's needs. Staff told us that this was an open two way process and they felt they were supported in their roles. They told us that if they had any queries they would be able to approach a member of the management team without hesitation.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The provider, registered manager and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. Some people who used the service at the time of this inspection were subject to Court of Protection orders. The Court of Protection exists to safeguard vulnerable people who lack the mental capacity to make decisions for themselves. These decisions may relate to the person's finances or their health and welfare. Decisions made of behalf of people who did not have capacity were done so in accordance with their best interests under a formal process involving social care professionals and relatives where appropriate.

The people who used the service were not all able to consent to care. The registered manager said that staff had built up trust with people and had a clear understanding of how to provide care in accordance with people's wishes. The registered manager told us that if a person refused to have personal care that staff would talk with them and gently persuade them of the need for personal care to help keep them safe and well.

The provider had a process in place so that when a new care package was considered the management

team assessed the person's needs and worked in partnership with the person's relatives, advocates and external health and social care professionals about how the service could best meet their wishes and expectations. People's care plans were developed from this range of assessments.

People were supported to use technology and equipment to promote their independence where appropriate. For example, one person used an electronic communication board to 'talk' with staff and some people had pendant alarms so that they could alert staff when assistance was needed.

People were supported to maintain a healthy diet as part of their support plan. In supported living environments the staff team worked with people to develop a menu according to their preferences and needs. Where people were receipt of domiciliary care staff reheated meals as people requested. Where people had specific health conditions staff supported them to follow a healthy diet, for example reducing salt intake and encouraging alternative drinks to tea and coffee. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food for people safely.

Staff supported people to access healthcare appointments as needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, dieticians, speech and language therapists, chiropodists and diabetic nurses to provide additional support when required. Care records showed that staff shared information effectively with external professionals and involved them appropriately.

Records showed that Elite Care Services worked effectively with other health and social care services to help ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The management team had detailed knowledge of people's health needs and maintained contact with professionals to access guidance as needed.

Good

Is the service caring?

Our findings

Relatives of people who used the service praised the staff team for their caring approach. One relative said, "Oh yes, they are very good and kind. The carers come here for lunch sometimes with [person] it is so nice to be able to keep in touch."

People received their care and support from a small stable team of care workers. The registered manager told us that this helped to ensure that people's dignity and privacy was respected and that staff knew the people they looked after well and could built lasting relationships. The registered manager told us in the provider information return, "A small team also allows for the fostering of good relations with families as the families get to know the staff well."

Staff understood when people needed or wanted help when making decisions about their care and support. They provided help in a way that was sensitive to each person's individual needs and encouraged support and involvement. One staff member told us that they had come to know people very well due to working in small teams. They were able to describe how they supported people as individuals and encouraged them to maximise their independence.

People's relatives told us they had been involved in the process of assessing and planning for people's individual care needs and deciding what support was needed from care staff.

Paper versions of people's support plans were held in their home and a copy was also stored at the provider's office. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Although no-one was using advocacy services at the time of our inspection, information was available for staff and people to access as needed.

Gender specific care and support requests were respected. For example, where a person did not wish to receive support with intimate care tasks from a person of the opposite gender this was clearly documented and respected. At the time of this inspection there was nobody using the service who had culturally specific needs. The management team told us that if they were not able to meet a person's specific diverse needs they would not take on the care package.

People told us that staff protected their privacy and dignity by making sure they were covered when receiving personal care and by ensuring that doors were always closed and that curtains were drawn.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. People's care plans had been developed with input from the individuals, their friends and relatives together with external professional advice and guidance.

People's care plans specified what caring interventions were needed and where people needed assistance from care staff to encourage them to retain or develop independent life skills. Staff had worked closely with people and had developed a deep understanding about how best to provide a person's care in such a way that met their emotional and behavioural needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People's care plans detailed how they wished staff to provide their care. For example, one care plan we reviewed stated, "You need to face me when you are talking to me as I use your facial expressions to help me understand what you are saying. You also need to support your speech with gestures." People's care plans were kept under regular review and updated whenever their needs changed.

Daily records were completed by staff daily and reviewed by the management team monthly. These records evidenced the details of the care provided, food and drinks the person had consumed as well as information about any observed changes to people's demeanour or care needs and advice provided by professionals. We reviewed a sample of these and found they were personal to each individual and provided a clear overview of how people had spent their day. These records were reviewed by the registered manager and provider as part of the person's care review process and part of the service's quality assurance processes.

People were supported to access the local community and to take part in activities that they enjoyed and wanted to do. For example, one person enjoyed line dancing, people were supported to go swimming, attend coffee mornings, to go shopping, to use public transport, to meet with family members, to go to discos and day centres. The registered manager told us that people who used the service were supported to go away on holiday to destinations of their choosing. A relative of a person who used the service told us, "[Person] has a better social life than I do. [Person] really loves that they are supported to live independently, it means so much to them."

The provider was aware that some people were unable to easily access written information due to their healthcare needs. To address this they had implemented 'easy read' (pictorial) formats of certain documents to provide information in a more meaningful way to people.

The provider had a complaints policy and procedure however, had not received any formal complaints since the previous inspection. People's relatives told us that they felt any concerns would be taken seriously. One relative told us, "I have never had to raise a complaint but I know I can always speak with people in the office. They do come and talk with me every so often which is good."

We discussed people's preferences and choices for their end of life care. The management team advised

that this sensitive topic had been discussed with some people but that this had not always been recorded. The team told us they would take this forward as an area for improvement.

Good

Is the service well-led?

Our findings

Relatives of people who used the service told us that they thought Elite Care Services was well-led. One relative told us, "I would unreservedly recommend Elite Care Services to anyone looking to have care in their own home. They are sound." Another relative told us, "I would definitely recommend Elite Care Services, I have nothing at all to grumble about."

Staff told us they were proud to work for Elite Care Services. One staff member said, "It's a great place to work, everyone is approachable if you need anything."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships.

The registered manager was in the process of undertaking the Level 5 Diploma in Leadership for Health and Social Care 2018. This showed that the registered manager was committed to increasing their skills and knowledge to benefit the people who used the service.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. One staff member told us, "They will listen to any suggestions we have and if it is possible to do so they will act upon them."

The provider had developed a handbook to provide staff with the information they needed to clarify their rights and responsibilities with regards to all aspects of the service provision.

Some of the staff team supported people with 24 hour care in their own homes. The management team reported that this created barriers to having regular whole team meetings. The registered manager and provider told us they created opportunities for groups of staff to meet whenever practicable. For example a meeting had been held with one person's group of allocated care staff to discuss a change in the person's medicine regime and the potential ramifications.

There were management team meetings held frequently to discuss such issues as recruitment, the performance of the service and any matters arising. Routine audits undertaken by the management team included reviews of care plans and risk assessments, medicines and food charts and activities records. Actions were taken as a result of these audits. For example, a medicines audit had identified that there was a shortfall of 10 tablets for one person. Further investigations found that a sleeve of tablets had been accidently thrown away in the bin. As a result local practices were amended to help reduce the chance of a recurrence.

The provider distributed annual quality assurance surveys to people who used the service and their

representatives. Historically this had not proved to be an effective means of gathering feedback because people did not always complete and return the surveys. To address this the management team had developed a system of ad hoc telephone calls to gather feedback. For example, one relative had mentioned that staff members had not always supported choice for a person's lunch. The management team explored this concern and responded to the person with their findings. This showed that the management team operated an open and inclusive culture.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

The service had an open and transparent culture with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision and service development. This included working with local specialist advisors and clinical professionals in supporting people with their care needs.