

Care Elite Limited

Care Elite

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 3 May 2018 and was unannounced.

Care Elite is a supported living service. Supported living services are where people live in their own home and receive care and/or support in order to promote their independence. The service provides support to five young adults males with mental health issues, some of whom also had autism. There were four people using the service at the time of our inspection. At our inspection in September 2017 we found a continued breach of the regulation relating to staff support. We served a warning notice and told the provider to be compliant by 31 January 2018. We also found a breach in relation to the way the provider governed the service.

There was no registered manager in post at the time of our inspection. 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. The manager registered with us had recently left the service and the director told us a new manager had been recruited who would register with us as soon as possible. This meant leadership was not always visible across the service, although staff told us the director was accessible to them at any time.

The service had improved since our last inspection and the provider was now compliant with regulations. The service met the requirements of our warning notice and staff were provided with suitable support with a training and supervision programme. The way the provider governed the service had also improved and there was no longer a breach in relation to this. The provider had followed their action plan to improve the service and the director had a good understanding of their role and responsibilities, as did staff.

Systems were in place to protect people from abuse and staff received training in their responsibilities to safeguard people.

Risks relating to people's care were reduced as the provider assessed and managed risks. However, the provider did not always encourage positive risk taking to provide people with more choice and control in their lives. Although the way risks were recorded could be improved for clarity, assessments contained sufficiently detailed information about risks to guide staff.

People's medicines were managed safely by staff although we identified some improvements could be made such as checking medicines were stored at safe temperatures.

People were supported by staff who the provider checked were suitable to work with them. In addition there were enough staff to care for people.

People were encouraged to live healthy lives and received food of their choice. People received support with

their day to day healthcare needs.

People received care in line with the Mental Capacity Act 2005 and staff received training on the Act to help them understand their responsibilities in relation to it.

Staff understood people's needs and preferences and people were encouraged to maintain their independence. Staff maintained people's dignity and treated them with respect. People were encouraged to maintain relationships with those who were important to them.

People's needs and preferences were assessed by the provider. People's care plans were sufficiently detailed to inform staff about people's needs and to guide staff in caring for them. People's care was planned and delivered in response to their needs.

People were informed how to complain and the provider responded to complaints appropriately. The provider communicated openly with people and staff. Although the provider worked closely with professionals a social worker told us they sometimes experienced delays in communication and information provided was not always comprehensive which hindered co-working.

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 remained Good.

Is the service effective?

Good ●

The service was effective. Staff were supported through training and supervision to help them understand people's needs.

People were encouraged to live healthy lives and received their choice of food.

People received care in line with the Mental Capacity Act 2005.

People's needs were assessed by the provider.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service was responsive. People's care was planned and delivered in response to their needs.

People were encouraged to maintain relationships with people who were important to them.

The provider's complaints process remained suitable.

Is the service well-led?

Good ●

The service was well-led. The provider oversaw the service to ensure compliance with the Regulations. The registered manager recently left and a new manager was due to start

The director and staff understood their role and responsibilities.

The provider communicated openly with people, staff and professionals.

Care Elite

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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the service on 3 May 2018. Our inspection was unannounced and carried out by one inspector.

On the day of our visit we spoke with three people using the service. We also spoke with two staff. We looked at care records for two people, staff files for three staff members, medicines records for two people and other records relating to the running of the service.

After the inspection we contacted five health and social care professionals to gather their feedback and we received two responses.

Is the service safe?

Our findings

People were protected from abuse because of the systems in place. People told us they felt safe. One person told us, "I never feel afraid." Staff understood their responsibilities in relation to safeguarding and received training to keep their knowledge current. The provider took the necessary action in response to allegations of abuse and reported concerns to the police where necessary.

Risks relating to people's care were reduced although a social worker described the service as "risk adverse". The provider assessed risks relating to people's care and put guidance in place for staff to follow in reducing the risks. Our discussions with staff showed they understood the risks and how to reduce each risk. Risks included those relating to people's mental health needs, behaviours which challenged the service, fire safety and self-neglect. Although sufficient guidance was in place we found greater clarity was required for staff to be sure which actions related to each risk. The provider told us they would review the risk assessments when we fed back our concerns. A social worker told us the service could improve by supporting people to take risks in a more positive way to provide them with more control in their lives. For example, the service did not provide people with keys to the front door even though some people told us they would prefer to hold a front door key. The director told us they did not provide people with keys because of the risk of people leaving the front door open as happened in the past and that people were able to exit and enter the building as they pleased as staff were always present. A person was unable to lock their door from the inside and their social worker told us they were working with the service to assess the risks relating to this to provide the person more independence.

The provider carried out recruitment checks on staff suitability. Applicants completed an application detailing their work history, training and qualifications. The provider reviewed references from former employer's and checked criminal records, identification and right to work in the UK. Staff attended an interview where the provider checked they had the right qualities to care for people with mental health needs.

There were sufficient numbers of staff deployed to support people safely. People told us there were enough staff and staff agreed there were sufficient numbers. During our inspection people were all spending time alone outside the home or in their bedrooms and required minimal support from staff. Staff often lone worked at the scheme and we observed staffing numbers were sufficient to meet people's needs.

People's medicines were managed safely although we identified some areas for improvement. One person told us, "Staff give medicines to me four times a day and help me administer my insulin." Our checks of medicines stocks against records of administration showed people received their medicines as prescribed. Staff recorded medicines administration appropriately. People received medicines reviews from their GP or other healthcare professionals. Staff received training in medicines administration although there was no formal system to assess their competency. Systems to check medicines were stored at safe temperatures required improvement. Staff told us they did not monitor the temperature of the medicines cabinet. This meant they may not be aware or take action when the temperature rose to levels which could damage medicines. Staff monitored the temperature of the medicines fridge although the provider had not identified

the recorded temperature was above the recommended levels. We identified the thermometer appeared broken and so was unreliable to take temperatures. We were also concerned that pictures of people were not included with their medicines administration records. This meant there was a risk staff may identify people incorrectly and people may receive the wrong medicines. When we raised our concerns with the provider they told us they would rectify these issues as soon as possible.

People received the right support in relation to infection control, although we identified an area for improvement. The service was clean and staff cleaned the service following a cleaning schedule. Staff also received training in infection control and practiced good infection control practices such as wearing personal protective equipment (PPE). However the service lacked a system to audit the service to check best practice in relation to infection control. The provider told us they would review their systems in light of our feedback.

Is the service effective?

Our findings

At our inspection in March 2017 we found a breach of regulation relating to staff support. At our inspection in September 2017 we found a continued breach of this regulation as the provider had not improved the support in place for staff. We served the provider a warning notice and told them to be compliant by 31 January 2018.

At this inspection we found the provider had taken sufficient action to improve in relation to the warning notice. A training programme was in place and staff had received training in range of topics relevant to their role since our last inspection. Topics included anxiety, autism, emergency first aid, infection control, safeguarding, the Mental Capacity Act and fire safety. The provider introduced online training which was used alongside face to face training and staff told us the training was good quality. Staff also received supervision which recently had been carried out by the director. Staff told us they had sufficient opportunity to receive feedback on their performance and guidance from the director.

People received meals of their choice and were encouraged to eat healthily. People chose their own meals and purchased their food themselves, meeting any cultural and religious needs according to their own wishes. The provider encouraged people who were overweight to eat healthier although people were often reluctant to do so. People who were diabetic received support in relation to this through their GP with regular check-ups. They also received advice on suitable food to eat in relation to their diabetes and staff discussed the guidance with them regularly. Staff supported people at risk of malnutrition to see a dietitian and they were prescribed nutritional supplements. Staff encouraged people to monitor their weights although not all people were accepting of this and had full capacity to refuse.

People were supported with their day to day healthcare needs. People told us staff supported them to visit healthcare professionals, such as the GP, dentist and optician and records confirmed this. Mental health professionals who were involved in people's care and worked closely with staff. Staff also supported people to access other specialist healthcare services they required to maintain their health when necessary.

People's needs and preferences were assessed by the provider. Although no people had been admitted to the service since our last comprehensive inspection the provider's processes for assessing people's needs before admission remained the same. In addition the provider assessed people's needs regularly through reviewing their care plans and risk assessments. The provider also met with people regularly to check their care plans continued to meet their needs.

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. Staff confirmed there was no reason to believe people at the service may lack capacity and so the provider had not needed to carry out MCA assessments. However, the provider trained staff in the MCA and they understood their requirements in relation to this.

Is the service caring?

Our findings

At our last comprehensive inspection we found the service was 'Good' in relation to the key question 'Is the service caring?' At this inspection we found the provider continued to be 'Good'.

People told us staff knew them well enough and understood their needs. One person told us, "Staff helped me tidy my room. It was good of them" and "Staff know me well enough." A second person told us, "I'm happy here, I can't think of any way they could make it any better." A third person told us, "I like the staff." Our discussions with staff confirmed they knew people well including their backgrounds, conditions, the people close to them and their preferences. We observed people were comfortable approaching staff when they required support. People chose how they celebrated their birthdays and other cultural and religious events such as Christmas. The provider supported people to celebrate these special occasions.

People told us they received the privacy they needed. One person had asked staff not to disturb them at all during the day and we observed staff respected this. Other people chose to spend time in their rooms and staff respected their privacy in relation to this. We observed staff knocked and waited for permission before entering people's rooms.

People received choice in relation to their care. People told us they decided how they spent their days and could come and go as they pleased. The provider recently ended a restriction on people accessing the lounge at night time so people could access this at anytime. Access to the kitchen was restricted temporarily while a safety feature was installed on the gas cooker. After the inspection the provider contacted us to confirm people had unrestricted access to the kitchen. A social worker told us they were liaising with the service regarding increasing choice and control for people by allowing people to have front door keys and allowing a person to lock their door from the inside.

People were encouraged to maintain their independence. One person told us, "I'm glad to have my independence." People all prepared their own meals and were encouraged to do household chores although there was some reluctance with this. People's care plans detailed their levels of independence and the support they required from staff in relation to this.

Is the service responsive?

Our findings

At our last inspection in September 2017 we found the way the provider planned a person's care in relation to their anxiety was insufficient and they may not have received the right support. After the inspection the provider wrote to us with their action plan setting out how they would improve. At this inspection we found the support the person received in relation to their anxiety had improved, although some further improvements could be made. The provider had reviewed their care plan and this now contained accurate and comprehensive information to guide staff in relation to their anxiety. Staff received training in anxiety to help them understand the person's needs. In addition the provider referred the person for support from specialist anxiety services. The provider liaised with social services and the person had been allocated an outreach worker from a specialist mental health service. A social worker told us this was because the provider was unable to provide the person with consistency in relation to a part of their weekly routine which increased their anxiety. The person had requested a copy of the staff rota to help reduce their anxiety so they would know who would be supporting them, although their social worker told us this had not been provided.

Other people also received care which was responsive to their needs. People's care plans contained details of their backgrounds, preferences, networks of support and interests. Care plans were in place to guide staff on how to support people in each area of their lives where the required support, including maintaining good mental health, safety in the community and encouraging their independence. Care plans were tailored to each person detailing how staff should provide care to them. The provider ensured people's care plans remained current by reviewing them regularly. Care plans were accessible to staff electronically. However, we identified paper versions of care plans contained missing information due to formatting errors. We raised our concerns the paper care plans were less useful in guiding staff due to these errors and the senior support worker told us they would review the formatting as soon as possible.

People told us they had enough to do, although the provider did not support people with structured activity programmes. One person told us, "I listen to the radio or to my music and I watch TV." Staff told us sometimes movie nights were offered to people but besides this people were expected to organise their own leisure time. One person recently began receiving support from an autism support service with a view to engaging them in cooking and other activities. People had been signposted to community groups relevant to their needs but had shown reluctance to access these. Staff told us they were always reviewing activities they could support people to do but peoples' reluctance to engage made participation difficult.

People were encouraged to maintain relationships with those who were important to them. One person told us how important it was to them to see family members. During our inspection we observed most people spent time in their rooms by themselves or went out by themselves. However, people told us their friends and relatives were able to visit and several people spent time visiting friends and relatives outside the service. Information about those who were important to people was included in their care plans so staff could refer to these details.

People were told how to complain and complaints were responded to appropriately. People told us they

knew how to complain. Minutes of residents meetings showed the provider informed people about how to complain and complaints forms were located accessible to people in the lounge. The provider received two complaints since our last inspection and records showed the provider had taken appropriate action in response to these. The complaints process remained unchanged since our last comprehensive inspection when we found it to be suitable.

Is the service well-led?

Our findings

At our inspection of the service in September 2017 we identified a breach in relation to the provider's governance of the service. This was because the provider had not identified the issues we found in our inspection relating to staff support, and the provider had not followed their own action plan to ensure the service was compliant with regulations. After our inspection the provider sent us an action plan setting out how they would improve governance of the service. At this inspection we found the provider had followed their action plan and were now compliant. Systems to monitor and improve the service included audits of medicines, risk assessments, care plans and reviews of staff training. Our inspection findings showed the service had improved since our last inspection and was compliant with regulations.

There was no registered manager in post as the previous registered manager left the service a few weeks before our inspection. The director had contacted us at that time to let us know they had recruited a new manager who would start at the service soon. In the meantime the director retained oversight of the service, although the service lacked full time managerial support. Leadership was not always visible at the service due to the lack of a manager, although staff told us the director was available for support at any time and was accessible to them via the telephone. Our inspection findings and discussions with the director also showed they had a good understanding of their role and responsibilities in relation to the quality of service. We found staff also had a good understanding of their role and responsibilities in supporting people. In addition the responsibilities of each staff member were recorded for each shift in a shift plan and staff had a clear understanding of what was expected of them.

The provider had systems to communicate with people, staff and professionals. However, a professional told us communication could be improved as they often experienced delays when they requested key information about a person and sometimes the information provided was not comprehensive enough. The provider held residents meetings although there was no set frequency for these. Minutes were available for the residents meeting held in December 2017, although staff told us meetings had been held since but were un-locatable since a member of staff left the service. This indicated the provider did not always ensure records were well maintained and stored appropriately. Team meetings were held most months and minutes for these were available. Staff told us team meetings were a useful opportunity to share experiences and best practice and receive guidance from the provider. The provider worked in partnership with key organisations including social services, mental health services and other NHS healthcare services involved in people's care. In addition the provider worked with the two specialist outreach services which supported people using the service. One of the outreach providers who responded to our request for feedback told us staff communicated well with them.

The provider submitted statutory notifications to us about significant incidents as required by law. This supported us in carrying out our role in monitoring the service and also in planning our inspection.