

Elite Assistance Ltd

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Inspection report

Elite Head Quarters
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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 site visit took place on 7 November 2018 and was announced. We gave the registered manager seven days' notice of our visit, so they could make sure they would be available to speak with us.

Elite Assistance Limited is a domiciliary care agency. It provides personal care to everyone living in their own homes. It operates across Solihull, in the West Midlands. There were 75 people using the service at the time of this inspection and 60 people were in receipt of the regulated activity personal care.

A requirement of the provider's registration is that they have a registered manager. There was an experienced registered manager in post at the time of our inspection who was also the provider. 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.

People received safe care. Staff had completed safeguarding adults training and they knew how to manage risks associated with people's care. Risk management plans provided staff with the information they needed to keep people as safe as possible.

Staff were recruited safely, and enough staff were employed to meet people's needs. People's care and support was provided by consistent workers at the times people expected for the correct length of time.

New staff received an induction when they started work at the service. A programme of regular training supported staff to keep their skills and knowledge up to date.

People received their medicines when they needed them from competent staff. The service worked in partnership with health and social care professionals to support people to maintain their well-being and health.

Staff knew what action to take in the event of an emergency and a system to record any accidents and incidents that occurred was in place.

Staff understood their responsibilities in relation to infection control which protected people from the risk of infection.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received their care in line with their wishes and were complimentary about the level of care shown by staff. People were supported to be independent. Staff maintained people's dignity and respected their

right to privacy.

People's care plans contained up to date information and showed the inclusion of people and their families.

People received information about the service in a way they could understand, and a system was in place to manage complaints about the service provided.

People spoke positively about the leadership of the service. Staff enjoyed working as Elite Assistance Limited and they felt supported by their managers. The management team recognised the contribution and hard work of staff members.

Systems to monitor, assess and improve the quality and safety of the service were effective.

The service welcomed feedback from people and their families to drive forward improvement.

The registered manager understood their responsibilities and the requirements of their registration.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Elite Assistance 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 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.

The office visit took place on 7 November 2018 and was announced. We told the registered manager seven days before our visit we would be coming so they could make sure they would be available to speak with us and arrange for us to speak with their staff.

We inspected the service because it was previously rated 'Good', and it was time for us to return to check whether the rating continued to be 'Good'.

This comprehensive inspection was carried out by one inspector, an assistant inspector and an 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 care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about what the service does well and improvements they plan to make. The information reflected the service we saw.

Prior to our visit we reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke to local authority commissioning teams. They had no information to share with us about the service.

The registered manager sent us a list of people who used the service before our inspection. We contacted people via telephone and spoke with seven people and 10 relatives to gather their views on the service they received. We used this information to form part of our judgements.

During our visit we spoke with the registered manager, the senior care co-ordinator, the care coordinator, a senior care worker and three care workers.

We reviewed the care records of five people to see how their care and support was planned and delivered. We looked at four staff recruitment files, staff training records, and records associated with the provider's quality monitoring systems to see how the service operated.

Is the service safe?

Our findings

At our last inspection, 'safe' was rated as 'Good'. At this inspection people and relatives told us they continued to receive safe care. The rating continues to be Good.

However, prior to this inspection we received information which alleged that some staff had not completed the training they needed to use hoists safely. (A hoist is a piece of equipment used to move people with limited mobility from one position to another). During this inspection people and their relatives felt staff did use the equipment safely. One person said, "I am happy with the way my hoist is used and there have been no accidents." A relative told us, "Very safe, they know how to move (person) properly, I've seen them do it. I couldn't do it any better myself."

Training records we reviewed, and our discussions with staff further assured us they had received hoist training. One staff member said, "I've had my training. I am confident in using hoists." Another told us, "I went into the office to do hoist and manual handling training. I know how to use them. Managers also come with us to calls and check we use them right."

Before this inspection we also received information that informed us staff were not allocated sufficient time to travel between people's care calls. This resulted in them feeling rushed and meant they did not stay at people's homes for the correct length of time. This presented a potential risk because people may not have received the care and support they needed. We asked staff about this. They explained to us whilst time to travel between calls was not allocated on their rota they did have enough time to travel. One staff member told us, "You are able to give yourself travel time of six minutes. My calls are close together."

People and relatives confirmed staff did arrive at the times they expected them, and always stayed for the allocated amount of time. One person said, "There are no problems with the time or length of the calls. The staff come here on time, three times a day."

The provider's electronic system to monitor the arrival and departure times of staff at people's homes showed us people had received the care they had been assessed as needing to keep them safe. For example, we reviewed records of the care provided to four people in the two weeks prior to our visit. Records confirmed all calls had taken place on time and for had been for the correct duration.

Risk management plans provided staff with the up to date information they needed to provide safe care to people. For example, one person was at risk of choking on fluids and their plan instructed staff to add thickener to their drinks to reduce this risk. Staff we spoke with knew about the risks associated with people's care and how these were to be managed.

Procedures were in place to protect people from harm. Staff received safeguarding adults training. They told us the training supported them to recognise the signs which could indicate someone was at risk. Staff felt confident their managers would take action if they did raise concerns and one said, "I would be straight on the phone to (managers). I would report any worries straight away. They would take action."

Enough staff were employed to meet people's needs in a timely way and records we reviewed showed us staff were recruited safely. Checks including references and a Disclosure and Barring Service (DBS) had been completed before staff had started working at the service. The DBS is a national agency that keeps records of criminal convictions.

People's medicines were administered safely by the service and people told us they received their medicines when they needed them. Staff had received training to administer people's medicines safely and their competencies were assessed by a manager to ensure they remained safe to complete this task.

Staff members knew what action to take in the event of an emergency when they were working within people's homes. For example, one told us they had recently called for an ambulance when they had arrived at a person's home and discovered that they were unwell.

A system to record any accidents and incidents that occurred was in place. A manager reviewed completed records to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

People and their relatives told us staff followed good hygiene practices. One person said, "They are very clean, I've no worries about them spreading germs." Staff completed training and understood their responsibilities in relation to infection control which protected people from the risk of infection. One staff member told us, "It's important to wear gloves and aprons when we support people with personal care tasks to reduce risks."

Is the service effective?

Our findings

At our last inspection, 'effective' was rated as 'Good'. At this inspection, we found people continued to receive effective care and support. The rating continues to be Good.

People felt staff had the skills and knowledge they needed to meet their needs. One person said, "I don't need to tell the staff what they have to do, they have training, they know."

New staff received an induction and effective support when they started work at the service. One staff member said, "I did shadow shifts and the lady [staff member] they paired me with was experienced and really good." The provider's induction was in line with the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected for health and social care workers.

The registered manager was an accredited trainer and a programme of regular training updates supported staff to keep their skills and knowledge up to date. Staff provided positive feedback about their training. One said, "We have a training room and (registered manager) is a really good trainer. They explain things, such as, how to identify if a catheter is blocked and what we need to do if that happens." Checks to ensure staff put their learning into practice and to check they were competent to carry out their roles were completed by the management team.

Staff received on-going support through regular one to one meetings to help guide them with their work which made them feel supported. The registered manager also encouraged staff to increase their knowledge and skills. For example, both the senior care coordinator's and the care coordinator were completing level five qualifications in health and social care.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way possible.

The service was working within the requirements of the MCA. The management team understood their responsibilities under the act. Our discussions with people assured us staff worked within the principles of the Act. This was because they always asked people for their consent before providing them with any assistance. One staff member told us, "I always check and ask people if they want my help. If they refused I would respect their decision." This meant people's rights were protected.

People were assisted with the preparation of meals and drinks if this was required. People spoke positively about the way their meals and drinks were prepared and staff knew what people enjoyed eating and drinking.

Records confirmed the service continued to work in partnership with other health and social care

professionals such as, social workers to support people to maintain their well-being and health.

Is the service caring?

Our findings

At our last inspection, 'caring' was rated as 'Good'. At this inspection the rating continues to be Good.

People were complimentary about the level of care shown by staff. Comments included, "There is a very nice male carer who comes and as far as I am concerned I could not have better care," and, "Very caring. I see it in their practices."

People received their care from a small number of consistent staff. One person described staff members as 'friends' because they had got to know them over a long period of time.

Relatives told us they received emotional support from the service. One said, "I get lots of support which helps me a lot. If I'm feeling a bit low they listen, which is lovely." All staff we spoke with told us they enjoyed working at the service. One said, "I love my job, I love being with people. People get really good care from us."

The management team and staff were committed to improving people's wellbeing. Some people lived alone and were at risk of becoming isolated. In response coffee mornings and parties were organised which gave people opportunities to socialise with others.

The philosophy of care at the service was to 'deliver first class care to people which respected their social background, race, region, gender, sexuality disability or age'. Our discussions with the management team and staff demonstrated they understood the importance of promoting equality and human rights. A manager told us, "Everybody's needs are different it doesn't matter who they are or what background they have. We welcome everyone here."

Staff knew how people preferred to communicate. One person used hand gestures and staff understood what the gestures meant. For example, if the person rubbed a part of their body they were indicating they felt pain.

People were supported to be independent. Records showed staff had supported one person to gain the confidence to walk from their bedroom to their bathroom. This resulted in the person using their toilet rather than a commode in line with their wishes.

People told us they were treated with respect because staff always knocked their front door before they entered their homes. One relative said, "Very respectful. They (staff) take their shoes off at the front door. That is our wish and it is respected." Staff maintained people's dignity and their right to privacy was respected. One staff member said, "I always wrap people in a towel when they come out the shower."

People's personal information was kept confidential. Copies of people's care records were stored electronically and were only accessible to staff who had the authority to see them.

Is the service responsive?

Our findings

At our last inspection the service was rated as 'Good' in their responsiveness towards people. At this inspection people continued to receive responsive care. The rating continues to be Good.

People confirmed they received their care in line with their wishes. Staff understood people's care needs and behaviours. For example, one person at times felt anxious and staff knew offering the person a cup of tea made them feel reassured and reduced their level of anxiety.

People's care plans were in an electronic format and could be updated when required and communicated to staff with immediate effect. This meant staff had up to date information they needed to meet people's needs.

Staff accessed the provider's electronic care planning system via an 'app'. (An 'app' is a piece of electronic software that runs on a mobile phone and passes information quickly over the internet). Whilst the system was still being embedded at the time of our visit staff told us the system helped them to provide responsive care. One staff member said, "When (Person) had a fall the paramedics arrived, they were asking me questions. Because I had the care plan on my phone I provided the information they needed immediately. It saved time and they (person) got the treatment they needed quicker."

A key value of the service was to personalised care to meet people's individual needs. People confirmed this was achieved because before the service started they had been involved in an assessment of their needs to make sure their expectations could be met.

From the initial assessments care plans were devised to ensure staff had information about how people wanted to be supported. Sufficient information was recorded about people's preferred routines, likes and dislikes. For example, one person liked to have half a cup of coffee. Records showed people were involved in the review of their care.

People received information about the service in a way they could understand. For example, in picture format. This was in line with the 'Accessible Information Standard' (AIS). This is a framework which places a legal requirement on providers to ensure people with a disability or sensory loss can access and understand the information they are given.

At the time of our visit the service supported people who were approaching the end stage of their life. Staff were trained in end of life care and people's care records included information about what they wanted to happen at the end stage of their life.

No complaints had been received about the service since our last inspection. People knew how to make a complaint and told us they would feel comfortable doing so. Discussions with staff demonstrated they understood their responsibilities to support people to share concerns and make complaints.

Is the service well-led?

Our findings

At this inspection, the service continued to be well-led and people spoke positively about the leadership of the service. Comments included, "It is a very professional service." and, "I have spoken to the manager in the past and they have been very helpful." The rating continues to be Good.

Staff had a clear understanding of their roles and responsibilities and what was expected of them. They enjoyed working at the service and described their managers as 'wonderful' and, 'supportive'.

The service had an experienced registered manager who was also the provider. They were a registered nurse and a registered social worker. To maintain their professional qualifications, they had to demonstrate their fitness to practice in line with requirements. This assured us they kept their knowledge of best practice and legislation up to date.

The registered manager understood the responsibilities and the requirements of their registration. We had received the notifications they needed to send us, so we were able to monitor and changes or issues within the service. However, it is a legal requirement for the provider to display their latest CQC ratings so that people are able to see these. At the time of the visit their ratings were not displayed on their website as required. The registered manager told us this was an oversight and they assured us they would take action to address this.

The registered manager was supported by the senior care co-ordinator and the care coordinator. Regular management meetings took place which provided opportunities for the managers to check the service was being run in line with the values of the service.

The registered manager was proud of the service provided. They said, "We have been operating for 16 years and we are small through choice. Feedback from people shows me they are happy." A variety of thank you cards were on display in the office which confirmed people were happy with the care they received.

The registered manager encouraged open communication. They said, "My motto is...transparency is the key." Record showed the service welcomed feedback from people about the service they received. Feedback gathered was used to make improvements if they were required.

Staff told us communication was good at the service. One said, "We get an email with our rota with a newsletter attached with any new information." The service used social media and had a dedicated 'page' which was a way of effectively communicating with people, their relatives, staff and the local community.

Effective systems were in place to monitor, assess and improve the quality and safety of the service. The electronic care planning system provided the management team with 'live alerts' which helped them to monitor the service provided. For example, an alert was generated if a staff member had not confirmed they had given someone their medicine. The registered manager told us, "Because everything is in 'real time' the system flags up shortfalls, so we can take immediate action. Having the new system means we can monitor

closely exactly what is happening."

The management team recognised the contribution of staff. A staff recognition scheme was in place and staff commitment to the service was celebrated. For example, one staff member had worked at the service for 10 years, and they told us they had been taken to the theatre and afternoon tea by the registered manager. They said, "It was a lovely surprise. I felt so appreciated."