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Elite Care Agency

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

We undertook an announced inspection of Elite Care Agency on 5 May 2016.

Elite Care Agency provides a domiciliary care service to people in their own homes in the Bicester and Oxfordshire area. On the day of our inspection 55 people were receiving a personal care service.

There was a registered manager in post. 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 told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People received high quality care that was personalised and met their needs.People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. Staff actively promoted people's dignity and respect.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were rarely late and they had not experienced any missed visits. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected, this included Deprivation of Liberty Safeguards (DoLs).

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service sought people's opinions through regular surveys and visits by the management team. The service had systems to assess the quality of the service provided. Staffs learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff received regular supervision. Supervision meetings were scheduled throughout the year as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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. There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe. People received their medicine as prescribed.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make

sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Elite Care Agency

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 the 5 May 2016. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

This inspection was carried out by an 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 spoke with 16 people, three relatives, four care staff, the office administrator, the deputy manager and the registered manager. We looked at five people's care records, staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition we contacted the local authority commissioner of services and a healthcare professional to obtain their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe and were very complimentary about the service and staff. Comments included; "Very good service. I see the same three carers and I have known them for quite a while. If I am not feeling too good they won't leave me until I am alright and they know that I am safe", "Totally safe. I am very happy", "Quite safe, I have known my carer for 10 years. Get on with her well. Sometimes she will stay for lunch" and "Yes I feel very safe because they turn up on time, help me with my medication and when they go they close and lock the door behind them".

Relatives told us people were safe. Comments included; "Completely safe because the regular carers are well trained and just very caring people" and "Very safe they are aware of [person's] condition and treat it correctly".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Staff comments included; "I have done the training and raised a concern before. I would inform the manager or the GP, police or local authority", I'd safeguard the person and call my manager. If needs be I can call the police", "I just recently had refresher training so I know to contact the manager and call social services" and "I would inform the manager and call yourselves (Care Quality Commission)".

Risks to people were managed and reviewed. The service conducted an assessment to obtain an 'overview' of people's needs and abilities. The assessments included sight, hearing, speech, mental state and the ability to take medicine. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of forgetting to take their medicine. The risk assessment identified the person was safe to take their own medicine but needed prompting. Staff were guided to prompt the person and records confirmed this guidance was being followed.

Another person needed to use a hoist to move from a bed to a chair. The risk assessment gave detailed guidance for staff on how to safely support this person. This included two staff to support them, details of hoisting techniques and guidance on positioning the person in their chair to keep them comfortable and safe. Records showed an occupational therapist had observed staff supporting this person to ensure correct techniques were followed and two staff were consistently deployed to support the person. Other risks managed included the person's environment, personal care and medicines.

People told us staff were punctual and visits were never missed. People's comments included; "My carers are excellent and never let me down. Occasionally late but it is good to know that they just don't leave people if there is any kind of emergency and will stay with them until it is sorted", "One day my carer was ill, so the manager phoned another carer who had just finished her shift. Even though she had just got in she put her coat on and came straight round to me. That's the sort of people they are. They support each other" and "Not missed any calls. If they are going to be late then they will give us a call to let us know".

Staff told us there were sufficient staff to support people. Staff comments included; "I think there's enough staff. I don't get badgered to do more shifts than I am comfortable with", "There is enough, we all cope pretty well I think", "We have enough staff and we always work as a team. We work really well together" and "The manager and deputy roll up their sleeves if someone goes sick. We cover everything between us".

Staff were effectively deployed to meet people's needs. For example, where two staff were required to support people this was consistently maintained. The registered manager told us staffing levels were set by the "Dependency needs of our clients". The service used an electronic system to monitor support visits and the system raised an alert if staff were identified as being late. This enabled the service to inform the person, contact staff and make alternative arrangements as required maintaining people's safety. Records confirmed there had been only one missed visit in 2016. This was a result of a staff rota error and did not impact on the person.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role.

People received their medicine as prescribed. Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. People's care plans highlighted where people could self-medicate, needed prompting or required full support. We spoke with staff about medicines. One member of staff said, "The training was good, really brilliant actually as I was new. It gave me confidence and I know I'm doing well as my manager checks my competency". Another staff member said, "Most of my clients I support with medicines and my competency is checked at least twice a year".

People told us staff supported them with their medicine. Comments included, "They apply my various creams and ointments and record this on the forms, very thorough", "They help me with my tablets. I have them delivered in dosette boxes from the pharmacy" and "They always check to see if I have taken my medication, it's easy to forget".

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "Skilled people who know how to care for me safely and have been trained to give the kind of support I need. Any mistakes on their part could mean leg damage and ulcers", "Very safe and happy. Care takes a lot of getting used to but the girls have helped me so much" and "Without their help I just couldn't stay here" (the person's home)".

People told us new staff were introduced to them before they visited alone to support them. One person said, "A new person (staff) never just arrives without being introduced. They either come with an experienced regular carer or with the manager". Another person said, "No one ever just turns up. If they are new somebody always brings them and introduces them to me".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. The induction training covered a six month working period and was linked to the 'Care Certificate', a national qualification. This training included fire, Safeguarding, moving and handling and infection control. Training was also provided for people's specific needs such as eye treatments, compression hosiery and stoma care. This training was provided by the district nurse.

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff had requested to enrol for a level three diploma in a national qualification. We saw they had enrolled and had started the training. Another staff member had requested training in care for people living with Parkinson's disease. Records confirmed they had achieved a level three qualification at national level.

Staff were also supported through spot checks. Senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions. We spoke with staff about training and support. Staff comments included: "I've just had supervision. We get lots of contact and communication is good", "Induction was fantastic, it really gave me confidence. I shadowed the deputy manager for three weeks before working alone" and "Supervisions and spot checks are supportive and I find them useful I've asked for further training and this has been arranged".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were

protected. Where people were thought to lack capacity mental capacity assessments were completed.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "It's to protect clients to make their own decisions which is what is best for them. It's also about building trust. One client struggles a little so I offer choices and show them what's in the wardrobe to wear. They choose" and "You have to make sure people can make independent choices. I always give them options and if someone was still struggling I would tell the manager".

The registered manager was aware of their responsibilities relating to Deprivation of Liberty Safeguards (DoLS) authorisation. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager told us they continually assessed people in relation to people's rights and was aware applications must be made to the Court of Protection. They were also aware the court of protection was the decision maker relating to DoLS.

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "I explain to them what needs to be done and then ask them for permission every time". Another said "Oh yes I always seek consent. It's not for me to decide for them so I always make sure".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. One healthcare professional we contacted said, "Elite care communicate very well, any worries or concerns relating to clients are discussed fully and
any issues resolved with the minimum of fuss".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. For example, one person's care plan stated 'I need assistance to prepare my breakfast and assist me to feed where I am unable'. Another person had stated they 'preferred tap water to drink' and had described how they liked their breakfast prepared. People and records confirmed people's nutritional needs and preferences were catered for.

We spoke with people about their nutritional needs. People's comments included; "Always makes my breakfast and dinner. I've no complaints, they are good at sorting out meals", "I don't need help with eating but the carers get my meals ready for me. Family get the food in. They buy what I like to eat", "Before they go they always leave me a jug of orange squash", "8.30 on the dot, every morning, helps me up get my breakfast, cornflakes and gets my meals ready for the rest of the day" and "Sometimes my carer will get things for me on her way home in her own time. She is wonderful".

People received effective care. For example, One person had complex needs and required cream to be applied to their skin to prevent pressure ulcers. Records were maintained confirming the cream was correctly applied daily, protecting this person's skin. They did not have a pressure ulcer.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "They could do with a pat on the back. Kind, respectful people doing a very good job. I don't know how they do it", "They get to know me and the care that I need. Very pleased with the continuity of care", "Very happy and very pleased with my carers and my care" and "One day I wasn't very well and the carer even called in on her way home to make sure that I was alright".

Relatives spoke positively about the care people received. One relative said, "Very kind, caring and efficient people. Always say hello and take time to chat with her (person). She enjoys their company". Another relative said, "Brilliant the whole lot of them. Very caring, nice people. They are like another family member".

Staff told us they enjoyed working at the service. Staff comments included; "I love meeting people and caring. I like to give people respect", "I think this is wonderful, all of us work to a high standard. We actually care", "I'm a chatter box and love talking to my clients" and "We are definitely caring. I find it impossible not to have an emotional bond with them (people)".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful.

People we spoke with told us about how respectful the staff were. People's comments included; "I think that the staff are very kind and respectful", "They speak to me very nicely, listen to what I want and explain what is happening. Yes I would say that I am treated in a dignified way", "We talk a lot so my carer asks what I need. She is so polite" and "I have had the same carer for so long that she has become a friend so there is respect between us". One relative said, "Always treat him with respect and dignity. When he is being hoisted they make sure that he is covered. They ask for his consent and respect what he says".

We asked staff how they promoted, dignity and respect. Staff comments included; "I'm polite, I knock on doors, close curtains and keep things private for them. I find it's the little things, like cleaning someone's glasses that makes a difference for them", "I give them time and keep them covered where possible" and "I close doors, draw curtains and cover them with towels with personal care".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. Staff were provided with the services policy on confidentiality. This gave staff guidance relating to general security of people's information and included guidance on social media. Staff had signed and dated the policy to confirm they had read it.

People's independence was promoted. For example, one person's care plan stated 'my independence is important to me. I want to keep in good health and maintain my mobility and wellbeing'. The care plan went on to state 'we will enable you to wash your face independently' and 'supervise you to safely use the

stair lift'. Records confirmed the person was supported to remain independent.

One person told us the care they received promoted their independence and allowed them to remain in their home. They said "They come in and dress my leg every day. Without that I would probably end in hospital". Another person said "Elite is very good. Staff help me to stay as independent as possible with the help I get from them". One member of staff said. "I let them do things for themselves where they can".

People were involved in their care. We saw people were involved in reviews of their care and had signed reviews and changes to their support plans. People were also informed about who was visiting them and when. Visiting schedules were provided to people and gave information about dates and times of the visit. They also stated what support the staff would be providing. For example, preparing a meal, administering medicine or assisting with showering. Schedules of support were updated in line with care reviews informing both people and staff of the support needs. Daily notes evidenced visiting schedules were followed and consistently maintained.

People told us about how they were involved in their care. People's comments included; "Initially I was involved with drawing up the care plan. Every so often the manager meets with me to discuss if any changes are needed", "I had a say in my care planning" and "They listened to what I want and will do it".

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example, one staff member had noted in one person's care plan "[Person] had their medicine and then a cup of tea. We had a nice chat together'. Another person's daily notes stated 'hoisted into bed, made comfy with all needs at hand'. The daily notes evidenced staff were not 'task' focussed.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessments. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, care plans contained a 'my background and what's important to me' section. This section of the plan recorded people's previous employment, historical details about the person's life and any interests and hobbies.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care plan stated 'prompt [person] with medication and provide minimal assistance with bathing'. Another person could mobilise independently and had requested they receive 'minimal support'. Staff were guided to 'maintain a clutter free environment' and ensure the person's walking stick was 'within easy reach'. Daily notes evidenced these preferences were respected.

People received personalised care that responded to their changing needs. For example, one person had become very frail and their care needs had increased. The person care was reviewed and it was noted the person needed extra support visits. The care plan highlighted that the person's goal was to 'remain living at home' and the extra care visits enabled the person to do this. Both the person and their family were fully involved in the care review.

People and their relatives told us they were involved in their care reviews and their opinions were sought. People's comments included; "Boss lady comes out as part of my care team sometimes to check if I am getting what I need and if I am pleased with everything", "They check on my care package regularly and come out to see me, or carer will ask if I am happy with my care package" and "They listen to what I want". One relative said "The care package is reviewed quite often and my views are listened too".

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "I treat them all as individuals", "It is all to do with the clients and how they want their care. It's personalised to their needs and wants" and "This is how the individual wants their care to be given".

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. Details of how to raise issues and complain were contained in the 'service user guide' given to all people and their families when the person joined the service. The service had not had any complaints in the last 12 months. Historical complaints had been dealt with compassionately and in a timely fashion.

People's comments were recorded and acted upon. For example, one person had raised an issue relating to their laundry. The registered manager responded to the person's concern and resolved the issue to the person's satisfaction.

People told us the service responded to issues or concerns. People's comments included; "I had a minor issue with one carer. I reported them to the office and I never saw them again. Other than that nothing wrong with the care", "The manager keeps in contact and I would tell them if anything was wrong. I have a folder with their number to call if I need to" and "The manager or the assistant manager comes out to talk to me and asks me if I am happy with everything". When we asked one relative about how the service responded to issues they said, "They do ask and everything works very well. If anything happens it gets addressed".

People's opinions were sought through regular surveys. The surveys asked people questions about all aspects of the service, care and staff. The latest survey had just been sent out to people. We saw the results of the last survey which were very positive. The registered manager analysed survey result and acted upon any issues raised. For example, one person raised an issue relating to how staff made their bed. Records confirmed the registered manager resolved the issue to the person's satisfaction. Survey results were fedback to people via a letter or by the services website.

Good

Is the service well-led?

Our findings

People told us they knew the management team and felt the service was well managed. People's comments included; "Run and managed well", "The assistant manager has been in to see me. She is brilliant", "Very caring and extremely good Managers" and "The managers are very passionate about their job".

People told us they were pleased the service was open, responsive and had such good communication between themselves, staff and the office. One person said, "The key thing is a small company working in a limited area with management who come out to check". Another person said, "Nearly always somebody in the office. All have been carers and who are still prepared to roll up their sleeves if they are short-handed".

Staff told us about the registered manager and how they felt the service was well managed. Staff comments included; "She is a very competent manager. A good communicator and very approachable. Really brilliant and she loves the clients", "Very supportive and helpful, always there for you. I have called her late at night for advice, she is really very good. Both the manager and deputy are definitely hands on" and "The manager is very nice, approachable and so supportive. She's a good leader".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced. Staff told us about the positive culture at the service. One staff member said, "Yes we are open and honest. I just think this service is amazing, we all work so well together". Another said, "It is an honest service that is very supportive. Definitely no culture of blame here".

The registered manager told us about their vision for the service. They said, "I feel we run a good service that puts people first. Our attention to detail and the personal touches make a difference". The registered manager also told us staff were issued with the services values, aims and objectives. These included personalised care where the person's dignity and respect were at the forefront of their work.

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends. For example, one person was found on the floor next to their bed by staff, who called the paramedics. The person was uninjured but appeared confused and taken to hospital as a precaution. The registered manager referred the person to their GP and the person's care was reviewed.

Staff told us that learning from accidents and incidents was shared through staff meetings, briefings and weekly news letters. The news letters highlighted care up dates. For example, staff were informed a person's discharge from hospital had been postponed. Another gave advice and guidance relating to one person's nail care. Staff also received texts informing them of changes to people's care needs. One member of staff said, "We do share learning through staff meetings, phone calls and texts". Another said, "We get messages so we are always updated and know what's going on. The newsletters give information as well".

Staff meetings were regularly held and staff were able to discuss and raise issues. Information, learning and changes to people's care was also shared at these meetings. For example, at one staff meeting we saw staff had raised issues relating to training. The issues were discussed and we saw the registered manager took action to address and resolve the issues.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care. Audit results were analysed and resulted in identified actions to improve the service. For example, one audit identified one member of staff was overdue some specific training. Records confirmed this training had now been booked. Another audit identified a need to alter the medications policy. This was revised and staff briefed of the changes through the newsletter. The changes were also discussed at a team meeting.

The registered manager also monitored performance using the electronic telephone monitoring system (ETMS). This system monitored visits, timings and staff and allowed them to analyse the information to look for patterns and trends. For example, where staff were delayed by traffic in a particular area the registered manager identified this and took action by adjusting visit schedules and travelling times.

Staff surveys were conducted annually and the results analysed and actions identified. For example, the last survey identified a request by two staff for training in palliative care. Both staff received this training.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.