

Elite Home Care Solutions (UK) Ltd

# Elite Home Care Solutions (UK)

## 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

Elite Home Care Solutions (UK) provides care to people in their own homes in Gloucester and the surrounding areas. The service is provided to people who have a range of needs including physical disabilities and age related frailty. At the time of our inspection, 60 people were receiving a service from Elite Home Care Solutions.

This inspection took place on 24 and 25 April 2017. The service had not previously been inspected.

There was a registered manager at the service. 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 a service that was safe. Where people needed help with medicines, the administration, storage and recording of medicine was safe. People were safe from harm because staff were aware of their responsibilities and, knew how to report any concerns. There were enough skilled and experienced staff to safely provide care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff. Risks to people were assessed and action taken to manage these.

People received effective care and support. Staff received the training and support required to effectively meet people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. Where people required, staff supported them to eat and drink. Staff ensured people received assistance from other health and social care professionals when required.

People received a service that was caring. People received care and support from caring and compassionate staff who knew them well. Staff provided the care and support people needed and treated them with dignity and respect. People and, where appropriate, their families were actively involved in making decisions about their care and support.

The service was responsive to people's needs. People received person centred care and support. The service listened to the views of people using the service and others and made changes as a result. People were supported to participate in a range of activities based upon their assessed needs and wishes.

There was a registered manager in post who offered good leadership to ensure the service was well-led. Quality checks were in place and these identified areas of good practice as well as areas for improvement. Where issues had been identified, there was a clear action plan to address them. The registered manager had clear visions and values for the service and, had communicated these effectively to people, their relatives, staff and other health and social care professionals. Staff, people and their relatives spoke positively about the manager.

## 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 ●

People received a service that was safe.

Where people needed help with medicines, the administration, storage and recording of medicine was safe.

People were safe from harm because staff were aware of their responsibilities and, knew how to report any concerns.

There were enough skilled and experienced staff to safely provide care.

Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff.

Risks to people were assessed and action taken to manage these.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support required to effectively meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

Where people required it, staff provided the care and support needed to ensure they ate and drank enough.

Staff ensured people received assistance from other health and social care professionals when required.

### Is the service caring?

Good ●

The service was caring.

People received care and support from small teams of caring and compassionate staff who knew them well.

Staff provided the care and support people needed and treated them with dignity and respect.

People and, where appropriate, their families were actively involved in making decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People received person centred care and support.

The service identified people's needs and provided a responsive service to meet those needs.

People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service listened to the views of people using the service and others and made changes as a result.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who offered good leadership across the service.

Regular quality checks were taking place to ensure a good service was provided.

The registered manager had clear visions and values for the service and, had communicated these effectively to people, their relatives, staff and other health and social care professionals.

Staff, people and their relatives spoke positively about the manager.

# Elite Home Care Solutions (UK)

## **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 24 and 25 April 2017 and was announced. The provider was given 48 hours' notice because the service provided was domiciliary care in people's own homes and we wanted to make sure the manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector and an expert by experience (ExE).

Prior to the inspection we looked at 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 important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. Questionnaires had been sent to staff and health and social care professionals by CQC. We used the responses received to aid our planning of this inspection.

We contacted four health and social care professionals who had been involved with the service. This included community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service. You can see what they said in the main body of this report.

We spoke with 7 people using the service about their experiences with Elite Home Care Solutions. We also spoke with 14 family members of people using the service by telephone. We spent time at the provider's office talking with staff and looking at records. We spoke with five members of staff and the registered manager.

We looked at the care records of the 10 people using the service, 10 staff files, training records for all staff, staff duty rotas and other records relating to the management of the service.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe using the service. One person spoke about the staff who visited them and said, "They are very helpful and I feel safe." Another person said, "I feel very safe when they come. They are wonderful." The relatives we spoke with told us they felt their relatives received a good service. One person said, "We have had Elite for 2 years and if we did not feel that our mum was safe, we would have stopped the service."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in. The risk assessments were clear and contained guidelines for staff. For example, where people were supported to transfer using specialist equipment, there were clear risk assessments around this. Other risk assessments covered areas such as personal care, tissue viability, medicines and environmental risks. Staff told us they had access to this information in people's care records and ensured they used them. There was evidence that the risk assessments and management plans were regularly reviewed.

The provider had implemented a procedure to ensure people were protected from abuse and improper treatment. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager. Staff we spoke with told us there was an open culture and they felt confident reporting concerns to the registered manager. Staff told us all concerns were taken seriously and prompt action was always taken when concerns were identified. Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. We saw evidence that where safeguarding concerns had been raised, these had been managed appropriately and, risk assessments and care plans were updated to minimise the risk of repeat events occurring.

The service had a whistle blowing policy and procedure. This policy protected employees against detrimental treatment as a result of reporting bad practice. Staff we spoke with were able to describe 'whistle blowing' and knew how to alert the manager about poor practice. Staff told us they felt confident in the ability of management to address issues appropriately.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role. People and their relatives told us they felt staff were administering their medicines as prescribed and they did not have any concerns.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. Care records detailed when people needed care and support. This had been agreed with people, their families and other health and social care professionals. The manager monitored the hours people received through a call monitoring system and we saw people were provided with the staff time identified in their care plans. The manager told us they endeavoured to ensure people always received

their visits and if they were short staffed, an on-call system was used where the manager or other staff would cover the shift. People we spoke with confirmed that they received their support as had been agreed in their contract. One person said "I always have someone visit me. If there is a problem they will always call me".

People were protected from the recruitment of unsuitable staff. Recruitment records contained relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to see whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

When providing care, staff were expected to use protective equipment to prevent and control the spread of infection. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons.



# Is the service effective?

## Our findings

People said their needs were met from well skilled staff. One person said, "They are very skilled at what they do". Another person said, "They take good care of me". Relatives said they felt staff were skilled and able to provide the care and support required.

The manager told us all new staff were required to complete the care certificate. The care certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and is the minimum standards that should be covered as part of the induction training of new care workers. The care certificate is based upon 15 standards health and social care workers need to demonstrate competency in.

Staff had received an induction when they first started working at the service. The manager told us all new members of staff would be required to complete core training before working any shifts. Areas covered included safeguarding, medicine administration and recording, first aid, fire safety and Mental Capacity Act training. The manager told us this would be followed with shadow shifts to enable the new staff to learn from established staff. These shifts would be at different times of day and night to ensure staff had experience of working all shifts required. The manager told us each staff member was required to complete a minimum of five shadow shifts. The registered manager told us staff competency was assessed by the senior staff and more shadow shifts would be arranged if required. The registered manager told us staff would only work double up shifts for another month after they were signed off by a senior to further build their confidence. One member of staff we spoke with told us they were new to the agency and they felt they had received a 'very good' induction.

Staff had received appropriate training to meet people's care and support needs. The manager confirmed training was provided through face to face classroom based approaches as well as distance learning in the form of e-learning. This is training staff complete online. The manager told us they accessed training through external providers such as the local authority. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training and where training was due, this had been scheduled.

The staff we spoke with told us that they received high levels of support from the registered manager and they could always approach them if they had any questions. However, staff told us there was no formal system of staff supervision. Supervisions are individual meetings staff have with the registered manager where they can discuss various aspects of their role. We discussed this with the registered manager who confirmed there was no formal supervision system in place. The registered manager told us they were always providing informal supervision to staff who could always ask for time to discuss issues.

We recommend the provider implements a formal supervision system.

There was evidence staff received annual appraisals. An appraisal is a meeting between an employee and their manager to discuss their performance over a period of time. Appraisals are also generally used to discuss the employee's learning and developmental needs.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make specific decisions. The manager and staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. People and, where appropriate relatives, were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People who required assistance to help them communicate effectively had plans in place for staff to follow. Staff were knowledgeable of these and able to explain how they helped people to make their views known and, develop their independence.

Where people needed assistance with eating and drinking, this was documented in their care records. This detailed the support people required and how their food and fluid intake was to be monitored. We saw records were maintained and regularly reviewed.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and had contacted people's GP's and other health and social care professionals when required. As a result, people had received assistance from a variety of professionals. We saw support plans had been put in place as a result of this. Staff said they provided care and support in accordance with these plans. Comprehensive records were kept of contact and communication with health and social care professionals.

## Is the service caring?

### Our findings

It was evident that people were cared for with compassion and kindness. Staff wanted people to be happy. People we spoke with told us staff were caring. Comments included; "They are wonderful and will do anything for me. They help with my bed and sometimes they take me out for a little walk." Another person said, "The carers are polite and friendly and know what to do." Relatives also said staff were kind and caring. One person said, "The way they speak and their approach to us, I cannot speak more highly of."

When speaking with staff, it was clear they valued the people they cared for and understood their responsibility to treat people in a kind, caring manner that demonstrated and promoted dignity and respect. This was also evident when speaking with the manager. They provided care and support to people in addition to carrying out their management roles. People, relatives and staff all commented the manager was caring and was a good role model for staff.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. A variety of systems were in place to ensure people were supported to give their views and to make choices and decisions regarding their care and support. These included reviews of people's care over the telephone and in person. Care records documented how people and, where appropriate, their families had been involved in agreeing to the care and support they received. Professionals we spoke with told us they were contacted and involved in reviewing the care needs of people.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. People told us this was important to them. One person told us how they liked to manage parts of their personal care independently and staff enabled them to do this. Another person told us how staff encouraged them to help when they were preparing meals.

Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language and religion. It was clear from talking with the staff they understood the values of the service and, recognised the importance of ensuring equality and diversity was promoted. It was clear from our inspection that the service promoted equality and diversity not only amongst the people who used the service but also across the staff group. For example, the registered manager told us how they had re-arranged the working pattern of one member of staff to enable them to take part in religious activities on specific days of the week. Staff demonstrated a good understanding of dignity and respect. Staff told us how they would seek consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was maintained at all times when supporting them with personal care.

People and relatives told us they would recommend the service to others. Care staff spoke with pride about the service provided. The staff we spoke with all said they would be happy for a relative of theirs to use the service.

Staff recognised and promoted the involvement of family and friends. People told us they felt this was important. One relative told us how staff would ensure they contacted them if they had any questions about their family member. People told us they could always contact the office and discuss any issues with them.

## Is the service responsive?

### Our findings

The service provided was person centred and was, wherever possible, based on care plans agreed with people. People's needs were assessed and care plans were completed to support them. Staff said the care plans held in people's homes contained the information needed to provide care and support. Care records were person centred and included information on people's likes, dislikes, hobbies and interests.

Plans included; emergency information and contact sheet, an assessment of need and an agreement to the care and support provided. The care plans detailed how the person was to be supported in all aspects of their lives.

Care plans were regularly reviewed at set times and also when people's needs changed. People and, where appropriate, their families and relevant professionals were involved in these reviews. Reviews of people's needs were clearly documented in people's care plans. For example, one person's mobility needs had changed and their care plan was reviewed and updated to reflect their changing need.

People's care was planned to meet their needs. For some people this involved providing mainly personal care and support with healthcare appointments. For others, this involved supporting people to engage in a variety of activities. Where this was the case, activities were planned and took into account people's hobbies and interests. Activities people undertook were recorded in their care records along with a brief summary of how it had gone. Staff said this helped them learn what went well for people and what didn't go so well, so they could plan more effectively.

The registered manager told us people and their representatives were provided with opportunities to discuss their care needs during the assessment process prior to receiving a service from the service. The registered manager also told us they used evidence from health and social care professionals involved in the person's care to plan their care. The health and social care professionals we spoke with confirmed they had been involved in the care planning and review process.

An up to date policy on concerns and complaints was in place. A record of complaints received was kept at the agency's office. People also had a copy of the complaints policy and complaints form in their file. People and their relatives told us they knew how to raise a complaint. People and their relatives told us they did not have any complaints but had confidence the management would address any issues appropriately. The manager told us they valued feedback and saw this as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements. Care staff told us they were able to raise concerns with managers. They said they were confident any concerns they expressed would be dealt with appropriately.

The manager told us they had received compliments about the service provided. We were shown a sample of these which spoke highly of the service provided to people. For example, one person had written 'Just to thank you and your team so much for coming for my dad in his final years. You have never been less than outstanding.' Another person had written, 'Many thanks to all the lovely carers who were so kind to my

mum. You will all be missed."

## Is the service well-led?

### Our findings

The service was well-led. We found there was a positive culture that was person-centred, open, inclusive and empowering. The service has a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection, we found the manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed, and the service promoted in the best possible light.

The manager and staff had a good understanding of the principles underpinning providing care in people's own homes. They explained to us their role in managing the personal care provided to people. They said this required an approach from staff that recognised and promoted the fact they were working in people's own homes. Care staff were clear regarding their roles and responsibilities.

We discussed the value base of the service with the registered manager and staff. The registered manager and staff told us the Elite Home Care Solutions was based around providing person centred care to people. People and their relatives said they were cared for in a person centred manner. People and their relatives told us they felt they received good care and support and were encouraged to be as independent as possible. This showed the vision and values of the service were being achieved.

Quality assurance systems were in place to monitor the quality of the service being provided. For example, the registered manager would audit the recordings made by staff about the care provided to people every month. The registered manager would also carry out monthly audits of people's medicine records to ensure people's medicines were being managed safely. We saw evidence that where issues had been identified, an action plan was developed with clear timescales. In addition to regular audits of the service, people were also sent surveys annually to enable them to provide feedback regarding the service they received. People said they felt they were listened to. The overall feedback from the surveys was positive and reflected the positive comments we heard from people during the inspection.

In order to ensure the staff were providing high level of care, the registered manager told us they would carry out monthly spot checks on staff whilst they were delivering care. The registered manager told us they would also carry out random 'post care delivery' spot checks. These were checks the registered manager carried out after staff had finished providing support to people and had left the property. The registered manager told us this would give them the opportunity to speak with people receiving care to obtain their views about the staff. The registered manager told us these visits were also used to confirm whether staff were providing the care documented in people's care plans. Some of the people we spoke with told us they appreciated these visits as they gave them an opportunity to get to know the management team and also express their views about the service.

People and relatives spoke positively about the leadership and management of the service. Comments included, "The manager is very good" and, "I can speak to them whenever I need to". Staff also spoke positively about the leadership and management of the service.

The staff described the registered manager as 'being a part of the team' and 'very hands on'. One member of staff said, "The manager is always available to answer questions." Another member of staff told us how the registered manager would carry out care calls to support the staff and there was always someone available to speak to over the telephone. All of the staff we spoke with told us morale amongst the staff group was high and this was as a result of the positive leadership from the registered manager.

The manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.