

Mrs Lorraine Wakerley

Elite Care

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 25 May 2016 and was announced.

Elite Care is a domiciliary care service, which provides care and support to people living in their own homes.

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 had no concerns about their safety and staff had completed training to enable them to recognise and respond to any suspicion of abuse. Staff also understood their obligation to report any issues promptly. The service followed safe recruitment processes so that only staff, who were suitable to work in care, were employed. Risks to people's safety were assessed and guidance for staff about any identified risks for people was clear and appropriately detailed.

There were enough staff to ensure people's safety and the manager had contingency plans in place to cover for staff absences. People's support needs were met, at the times agreed in their 'care package'.

Whilst only a few people currently required assistance with taking their medicines, all the staff had completed appropriate training and the service had clear policies and procedures in place for staff to follow, with regard to the recording and administration of medicines for people.

Staff received regular support and supervision and suitable training that was relevant to their role. Formal staff meetings were held monthly and staff maintained regular communication with each other and the manager.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Where relevant to a person's 'care package', staff worked in accordance with people's care plans to ensure they had enough to eat and drink. People were also supported to access other healthcare professionals as needed.

People were supported by caring staff and were involved in planning their own care. Staff were reliable and people knew the staff that supported them. People had thorough assessments completed before they started using the service and care packages were person specific. The manager also regularly checked people's care records to ensure they were kept up to date and accurately maintained.

People knew how to make a complaint and were confident that their concerns would be listened to, taken

seriously and that appropriate action would be taken.

Staff had regular opportunities to discuss aspects of the service and make suggestions for improvements. People using the service also had opportunities to express their views.

The service had effective systems for ensuring people consistently received high quality care. Regular reviews and audits of people's care records and risk assessments were also carried out.

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.

People had no concerns about their safety and staff knew how to recognise and respond to any suspicion of abuse.

There were enough staff to ensure people's safety and the service followed safe and robust recruitment processes.

Risks to people's safety were assessed and guidance for staff about any identified risks for people was clear and appropriately detailed.

Where relevant to a person's 'care package', people were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received regular support, supervision and suitable training that was relevant to their roles.

Where relevant to a person's 'care package', staff worked in accordance with people's care plans to ensure they had enough to eat and drink.

People were supported to access other healthcare professionals if needed.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff and were involved in the planning of their own care.

Staff were reliable and people knew the staff that supported them.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care records were checked regularly, kept up to date and accurately maintained.

People knew how to make a complaint and were confident that their concerns would be listened to, taken seriously, and that appropriate action would be taken.

Is the service well-led?

Good ●

The service was well-led.

Staff and people using the service had regular opportunities to express their views and make suggestions for improvements.

Effective systems for ensuring people received high quality care were in place. Regular reviews and audits of people's care records and risk assessments were also carried out.

People were happy with how the service was being run and would recommend it to others.

Elite Care

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 25 May 2016 and we contacted the manager a few hours prior to our visit. This was because the service provides a domiciliary care service to people in their own homes and we wanted to ensure that the manager was available to speak with us. The inspection was carried out by one inspector.

At the time of our inspection, a service was being provided to 13 people.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at other information we held about the service, including any statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with four people who used the service and two relatives. We also spoke with two care staff, the provider, the registered manager and the business/office manager.

We reviewed the care records and risk assessments for two people using the service and records for two members of staff in respect of training, supervision, appraisals and recruitment.

We also looked at a selection of records that related to the management of the service, such as quality assurance checks and minutes from staff meetings.

Is the service safe?

Our findings

People told us they felt safe with the staff and the service provided. One person told us, "Most definitely, I feel absolutely safe with them." Another person said, "No worries at all, absolutely safe."

The manager and staff we spoke with told us that they had undertaken training to enable them to recognise and respond to any suspicion of abuse. They confirmed that they understood their obligation to report issues promptly. For example, we noted that the service had appropriately contacted the local authority to report a concern regarding one person's welfare, during the times they were not receiving care or support from the service.

We noted that regular communication was maintained between staff and the manager, regarding people using the service, by way of handovers, telephone calls and meetings in the office. This helped ensure any concerns or issues were reported and dealt with in a timely way and maintain consistency with the service provision.

On occasions care staff handled small amounts of money for the people they supported. For example, when they were required to go shopping for grocery items. However, we saw that policies and procedures were in place, which staff understood and followed. The manager told us that staff always recorded the amount of money taken and provided a receipt for items purchased. The staff and service user then signed to confirm the correct change had been given back, which helped protect people from possible financial abuse.

The manager explained to us how risks to people's safety were assessed and recorded. We saw from the records of a person who had received some support whilst on holiday, that guidance for staff about any identified risks for people was clear and appropriately detailed. This also included specific courses of action required to promote their safety. The manager told us that everybody's risk assessments covered individual aspects such as the person's home environment, their mobility, any pets, smoking, alcohol use, medical or health issues and general wellbeing. Staff and people using the service also confirmed this to be the case.

People we spoke with also told us that staff were very aware of the risks regarding infection control and cross contamination. One person said, referring to staff's protective clothing, "They wear what they need to, when they need to, which is very reassuring to see." Both members of staff we spoke with confirmed that they always had sufficient supplies of personal protective equipment such as disposable gloves, aprons and shoe protectors.

People told us there were enough staff to undertake their duties as required and help make sure people stayed safe. The manager explained the contingency plans they had in place to cover for staff absences, which included covering for each other or using the provider's 'bank staff' resources if necessary. One person told us, "I've certainly never been let down and they've never missed a visit, so I would say there must be enough staff." Another person said, "We've never had a problem, they've never missed a call and if one carer can't come for some reason, there's always someone else that we know."

We also saw that there were sufficient numbers of staff to ensure each person's support needs were met, at the times agreed in their care package. The manager told us that they tried to keep continuity of staff for people using the service and that no staff supported people until they had been properly introduced to the person and worked an introduction shift with the manager.

One person told us, "I know the carers who come. [Manager] always introduces anybody new so there are no surprises." Another person said, "[Manager] came on her own first and then brought a new carer to meet me."

The manager explained the recruitment process and confirmed that people were only employed upon receipt of references and a clear criminal records check with the Disclosure and Barring Service (DBS). As an added precaution, the provider told us that they had also signed up to an online DBS service, which would alert them if anybody's record status changed. Should this situation arise, the manager would then request another full DBS check. This meant that people using the service could be assured that they were supported by suitable staff.

Whilst only a few people currently required assistance with taking their medicines, we noted that guidance regarding the medicines that people did require support with, was detailed in people's care plans. The manager confirmed that all staff had completed appropriate medicines training and the service also had clear policies and procedures in place for staff to follow, with regard to the recording and administration of medicines for people. One member of staff told us how they had completed training for managing and administering medicines and then shadowed experienced staff in the provider's residential home. They said that this had given them more confidence and a much better understanding of the role.

Is the service effective?

Our findings

People told us that the staff were 'very', competent and professional. One person said of their care staff, "We have a few different ones [staff] come but they're all very good, very competent and they all know what they're doing."

Staff we spoke with confirmed that they received regular support and supervision from the manager that was effective and helpful. One member of staff said, "You couldn't ask for a better boss. [Manager] is so supportive; we can call her at any time." Another member of staff told us how they had received supervisions from the manager and had shadowed them before working on their own.

Staff also confirmed that they had received suitable training that was relevant to their roles and, in some cases, 'person specific' for the people they were supporting. Training certificates also confirmed this to be the case.

New staff were required to complete a person centred induction and complete relevant training sessions. One person's recruitment file showed that they had completed training in December 2015, covering areas such as safeguarding, person centred care, health and safety, first aid, food hygiene, safe management of medicines and dementia awareness.

We saw that formal staff meetings were held regularly and that minutes of these meetings were taken. We were told that staff also maintained regular communication with each other by way of completing daily reports in people's care records, calling into the office and text messages.

This service provided care and support for people who wished to remain living in their own homes. Most people using the service had the capacity to make decisions for themselves, or where their capacity was in question, 'best interests' decisions were made by the person's family, social worker or by relevant health professionals. The manager and staff we spoke with demonstrated that they had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and were aware of who to contact for advice and support if needed.

People told us that staff always explained what they were doing and asked them before helping them with personal support. One person told us, "They [staff] always ask what I want doing before they do it; and they always do what I want."

Most people did not require much assistance or support with regard to their nutritional needs. However, some people did require staff to prepare meals or light snacks for them. Two people also required staff to encourage or monitor their intake of food and drink, as part of their 'care package'. Discussions with the manager, staff and people using the service confirmed that staff worked in accordance with people's care plans and the guidance therein. For example, if any concerns were identified regarding a person's nutritional welfare, the manager told us that they would report their concerns appropriately to the most relevant person, such as the person's family, a main carer, social worker or health professional.

A discussion with the manager confirmed that, where it was part of a person's care package or within the service's remit, people were supported to access other healthcare professionals as needed.

Is the service caring?

Our findings

Everyone we spoke with told us that they felt well cared for by staff. One person said, "They [staff] are really brilliant they really show they care." One person's relative told us, "We all get on very well. They [staff] are all very good and there's always a lot more laughter when they're here."

Discussions with the manager and people using the service, together with some of the records we looked at in the office, confirmed that people had been involved in planning their own care. We saw that amendments or additions were agreed with the person who received the support. People also told us that they were involved in decisions about their care. One person said, "Of course, we discussed it and agreed what I needed. They are quite flexible and sometimes do different things if I need them to."

People told us that they felt respected by the care staff and believed they really cared. One person told us, "This isn't just a job to them, I feel they really care about me and care about how I am." A member of staff said, "All the staff are the same here; we all care. This isn't just a job to us it's about making a difference to people and making their lives better."

Although the manager and staff consistently met people's needs, as agreed in their care packages we noted occasions when they went the extra mile for people. For example, one person became quite distressed when a friend who used to walk their dog for them stopped coming. Although this was not part of the original care package, the manager and staff structured their visits in such a way as to be able to exercise the dog without compromising the person's personal support time. This showed that staff recognised and cared about people's emotional welfare as well as their physical needs.

Another example, we noted was where staff were concerned that a person's relative, who was also their main carer, appeared a little unwell. The manager told us how they had spoken to the relative and suggested in a kindly manner that they see the doctor. The relative acknowledged this and was subsequently diagnosed with a mild infection that was treated successfully at home with medication. Had the staff not intervened in this instance, the relative may have needed hospital treatment. This would have resulted in the person using the service not being able to remain at home, which was where they wanted to be.

Is the service responsive?

Our findings

This service provided different types of care and support for people. We saw that each person's 'care package' was very person specific and centred around precisely what each person wanted or needed. One person told us, "The arrangements are working very well thank you. They [staff] always do what we've agreed and sometimes that bit extra."

People had thorough assessments completed before they started using the service, to ensure the service could meet their needs appropriately. We saw that these assessments involved the people who were considering using the service, as well as their relatives or friends; with the person's consent. Where the local authority was involved in arranging the service, information was also provided by them.

Individual care plans were kept in each person's own home. These included people's needs assessments, daily logs, risk assessments, personal information and what people required assistance with. Staff told us that the care plans were well organised so that staff and people who used the service could easily locate any information when they required it.

Some people required full assistance with personal care such as bathing and dressing, some required prompting and support with taking medicines or preparing and eating meals and some required support to complete household chores. One person told us, "They always complete all the tasks they need to, exactly what we agreed."

In addition to this, the service also provided some people with social support and encouragement to keep them socially active. For example, part of one person's 'care package' was to check they were alright and have a chat with them. Another person was escorted on shopping trips twice a week. One person stayed in a local hotel, when they visited a relative who lived in the area but still required some support with personal care. A temporary care package, with visits to the hotel, was subsequently set up, to enable the person to maintain family links that were important to them.

The manager and staff we spoke with demonstrated a good knowledge of people's wishes, needs and preferences, which they were able to tell us about and give us individual examples. We noted that the manager selected and allocated staff that were the most suitable and appropriate to meet individual people's needs. They also took people's preferences into consideration and respected their wishes. For example, one person had expressed a preference of certain staff to support them, which the manager duly accommodated.

We saw that the manager regularly checked people's care records to ensure they were kept up to date and accurately maintained. Where the manager identified any concerns, we noted that these were raised with the relevant members of staff and rectified appropriately. We also noted that where people's needs changed, their care records were reviewed and updated promptly.

For example, one person had originally been allocated two 15 minute visits per day at 8am and 8pm.

However, the manager and staff recognised this was not working effectively for the person. As a result, with the involvement and agreement of the person and their social worker, the care package was amended to half hourly visits at 8am and 5pm.

This confirmed to us that staff delivered care in a way that was focused on each individual and that staff responded flexibly when a person's needs changed.

We spoke with people about the reliability of the staff and the service and asked whether the care staff arrived on time and whether there had been any visits missed or cancelled. Everyone we spoke with responded positively to our questions and one person said, "They [staff] have never missed a visit; there are unforeseen blips occasionally but most of the time they are bang on time." A relative told us, "No, they've never missed a call and they mostly come at the times agreed. There are occasional problems with traffic but that's quite understandable and not a problem at all."

All the people we spoke with confirmed that staff always stayed for the length of time they were meant to and always completed their tasks as agreed in the care packages. When we asked people if they knew all the care staff, everybody confirmed that they did. One person told us, "[Manager] always introduces new people before they come on their own – we know all the carers that come."

People using the service said they had been given a copy of the complaints procedure. People also told us that if they needed to make a complaint they believed their concerns would be listened to, taken seriously and that appropriate action would be taken. We noted that there had been one verbal complaint made by a person using the service and that this had been recorded, responded to and resolved appropriately. We also noted that the service had received some positive feedback and a complimentary letter from a person's relative.

People told us that they did not have any complaints about their care and one person we spoke with said, "There are no problems whatsoever and, if there were, I would talk to the carers or go straight to [Manager]."

Is the service well-led?

Our findings

The registered manager and the business/office manager ensured the effective operation of the service on a day to day basis. This included completing audits and care reviews, recruitment, staff inductions, staff supervisions, team meetings, resident's initial needs assessments, rotas and undertaking some care shifts.

Staff and people using the service made positive comments about the manager such as, "[Manager] is a diamond." And, "They do a fantastic job - [Manager] runs an excellent service and I can't fault a thing." A person's relative told us, "They're really on the ball and make sure everything runs smoothly." A member of staff said, [Manager] really cares about the people we support and about us. [Manager] is a fantastic boss; if we have any issues at all [Manager] deals with things straight away."

The manager told us how the service had developed since its registration with CQC in February 2015. We noted that feedback from people using the service, family, friends and care staff was highly valued and deemed an important factor for the ongoing development of the service.

We saw that staff had regular team meetings, during which they had the opportunity to discuss aspects of the service and make suggestions for any improvements. People we spoke with also told us that they had regular opportunities to express their views about the service. One person using the service told us, "I would most definitely recommend this service to other people."

There were systems in place for ensuring people consistently received high quality care and the manager regularly carried out reviews and audits of people's care records and risk assessments. This ensured that the service provision and the relevant records continued to be up to date, accurate and fit for purpose. However, it was acknowledged during a discussion with the manager and provider that some of these systems needed formalising, with evidence of checks being recorded in the office.

Quality assurance questionnaires were sent out to people using the service in August 2015 and we saw that virtually all of the comments and responses were very positive. We also noted that where some people had raised certain issues, appropriate action had been taken to make improvements.