

Elite Careplus Ltd

# Bromley

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

This inspection took place on 1 June 2018 and was announced. We gave the registered manager two days' notice of the inspection to ensure they would be available to meet with us. This was the first inspection of the service since it was registered by CQC.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection the service was providing personal care and support to one older adult in the London Borough of Bromley. Because of this, we were unable to gather enough information about the experiences of people using the service to provide a rating against the five key questions, 'Is the service safe?', 'Is the service effective?', 'Is the service caring?', 'Is the service responsive?' and 'Is the service well-led?', and therefore we were unable to provide an overall rating for the service.

The service had 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.

At this inspection we found breaches of regulations because risks to people were not always safely managed, the support people received to take medicines was not always accurately recorded, and because the provider did not follow safe recruitment practices. We also found improvement was required because the provider's quality assurance systems did not always identify issues or drive improvements, and because the provider's policies and procedures did not always provide clear or accurate guidance for staff or the people using the service.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred. There were sufficient staff deployed to meet people's needs. Staff worked in ways which protected people from the risk of infection. The registered manager reviewed accident and incident reports in order to identify trends and reduce the risk of repeat occurrence.

People's needs were assessed to ensure the service was able to provide them with effective care and support. Staff received an induction when they started work and received support in their roles through training and regular supervision. People were supported to maintain a balanced diet where this was part of their assessed need. They also had access to a range of healthcare services when required to maintain good health.

Staff sought people's consent when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff treated people with dignity and respected their privacy. People told us they had developed positive relationships with the staff who supported them and that staff were caring in their approach.

People were involved in decisions about their care and treatment, and received support which reflected their individual needs and preferences. Staff supported people to maintain their independence. People knew how to make a complaint if they needed to and expressed confidence that any issues they raised would be appropriately addressed.

The registered manager told us the service was committed to working with other agencies where required to ensure people received a good quality service. People and staff spoke positively about the registered manager and their management of the service. The provider sought people's views on the service through quality assurance checks and the feedback they received showed that people were experiencing positive outcomes from the support they received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The provider did not consistently follow safe recruitment practices.

Risks to people were assessed but identified risks were not always safely managed

People told us they received support to take their medicines as prescribed, but records relating to the receiving and administering of medicines were not always accurately maintained.

The service deployed sufficient staff to meet people's needs.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred.

The provider reviewed the details of any accidents or incidents that occurred with a view to reducing the risk of repeat occurrence.

Staff were aware of the action to take to reduce the risk of the spread of infection.

**Inspected but not rated**

### Is the service effective?

The service was effective.

People were supported by competent staff who received an induction and training relevant to their roles.

Staff were supported in their roles through regular supervision.

Staff sought consent from the people they supported. The registered manager demonstrated an understanding of the need to comply with the Mental Capacity Act 2005 (MCA) where people lacked capacity to make decisions about their support for themselves.

People's needs were assessed to ensure the service was able to

**Inspected but not rated**

provide them with effective support.

People were supported to maintain a balanced diet.

People had access to a range of healthcare services when required in support of their good health.

### **Is the service caring?**

The service was caring.

Staff treated people with care and consideration.

People were involved in making decisions about the support they received.

Staff treated people with dignity and respected their privacy.

**Inspected but not rated**

### **Is the service responsive?**

The service was responsive.

People had been involved in the planning of their care and received support which reflected their individual needs and preferences.

Staff supported people to maintain their independence.

People knew how to make a complaint and expressed confidence that any issues they raised would be addressed.

**Inspected but not rated**

### **Is the service well-led?**

The service was not always well-led.

The provider had systems in place for monitoring the quality and safety of the service, but improvement was required to ensure these systems were robust in identifying issues and driving improvements.

Improvement was required to ensure the provider's policies and procedures contained clear and accurate information for people and staff to understand and follow.

The service had a registered manager in post who demonstrated an understanding of the responsibilities of the role.

People and staff spoke positively about the registered manager and the management of the service.

**Inspected but not rated**

The provider had systems in place for seeking the views of people using the service.

The registered manager told us the service would work with other agencies where required, to ensure people received a good quality service.

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# Bromley

## 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. However, we could not provide a rating for the service because the service was not supporting a sufficient number of people for us to gather enough evidence to make a judgement on their experiences of the care they received.

This inspection took place on 1 June 2018 and was conducted by one inspector. Prior to the inspection we reviewed the information we held about the service, including details of notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law.

The provider completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We also contacted the local authority to seek their feedback on their involvement with the service. We used this information to help inform our inspection planning.

During the inspection we visited the office location and one person in their home. We also spoke with one member of staff and the registered manager, and looked at a range of records including one person's care plan, two staff recruitment files, staff training and supervision records, and other records related to the management of the service.

## Is the service safe?

### Our findings

The provider did not follow safe recruitment practices when employing new staff. Staff files contained evidence of pre-employment checks having been made, but these were not always robust. For example, we noted that the criminal records checks on file had not been carried out by the provider, but were copies of checks made by previous employers. In one case we noted that the staff member's criminal record check had been made by an employer not listed on their employment history, but this issue had not been followed up by the provider. We also found references were not always robust. For example, one staff file contained a reference provided by a family member and was therefore potentially biased in their favour.

These issues were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people were not always managed safely. The provider conducted risk assessments which covered areas including the health and safety of the environment, moving and handling, and any risks associated with people's physical or mental health. However, we found that guidance was not always in place, and staff were not always aware of the support people required to manage identified risks safely.

For example, one person's care plan identified them as suffering from leg ulcers, but there was no guidance in place for staff on how these should be safely managed. The registered manager told us they were not aware of any specific support staff might provide to help manage the wounds which were being treated by the district nursing service, and was not aware of whether the person's legs should be elevated when we asked them directly. We noted that the person's legs were not elevated when we visited them, despite wound management records completed by the district nurses identifying the need for the person to have their legs elevated as much as possible to reduce the risk of their leg ulcers worsening.

People's care plans included information on the support they required from staff to take their medicines where this was part of their assessed needs. Staff received training to support people to take their medicines safely. One person told us, "The staff help me to take my medicines at the right times; there have been no problems."

However, despite this positive feedback we found records relating to the administration of people's medicines were not always accurately maintained. For example, one person told us staff supported them to take their medicines twice a day but their medicines administration records during the month prior to our inspection had only be signed by staff to confirm the administration of one medicine in the morning. The person's MARs also didn't identify when any quantities of medicines were received, or whether existing stock had been carried forward from the previous month. These issues meant we were unable to determine whether the person had consistently received their medicines as prescribed or whether the remaining stock of their medicines was correct.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff deployed to meet people's needs. People told us they received their visits each day as planned. One person said, "I have regular carers and they turn up at the times I expect. I've not had any missed visits." Staff confirmed they were able to carry out their responsibilities during visits without needing to rush. One staff member said, "I have enough time to attend the visits I make each day."

People were protected from the risk of abuse. Staff had completed training in safeguarding. They were aware of the different types of abuse and the action to take if they suspected abuse had occurred. One staff member told us, "I would always report any safeguarding concerns to the registered manager." Staff were also aware of the provider's whistle blowing policy and told us they would be confident to escalate concerns to external bodies such as CQC if they needed to. The registered manager was the safeguarding lead for the service and was aware to report any safeguarding allegations to the local authority and to notify CQC in line with regulatory requirements.

Staff received training in infection control and were aware of the steps to take to manage the risk of infection when supporting people. One staff member told us, "I always wear a fresh pair of gloves when assisting people with personal care, and will dispose of them properly after use. If I'm preparing food, I'll make sure I've cleaned the work surfaces before starting." People confirmed staff wore gloves when supporting them.

Staff were aware to report any accidents and incidents that occurred. The registered manager maintained a record of any accidents and incidents which included details of any follow up action they had taken to reduce the risk of repeat occurrence. For example, one staff member had received refresher moving and handling training following a no-harm incident they had been involved in whilst supporting a person to mobilise.

## Is the service effective?

### Our findings

People told us they were supported by staff who were competent in their roles. One person said, "The staff do a good job. For example, I need help to get from my bed to my chair each day and they have to use a hoist which they do well."

Staff told us, and records confirmed, that they received an induction when starting work for the provider. This included time reviewing the provider's policies and procedures, time shadowing more experienced staff and completing training in areas considered mandatory by the provider. This training covered areas including moving and handling, infection control, medicines administration, health and safety, safeguarding and first aid. One staff member told us, "I'm happy with the training I've had and feel I have the right skills to do my job well."

Staff were also supported in their role through regular supervision. One staff member told us, "I meet with the registered manager for supervision. We talk about my role; how I'm managing and anything that I've found challenging." The registered manager confirmed that staff would receive an annual appraisal of their performance on completion of their first year working for the service.

The registered manager undertook an assessment of people's needs before they started receiving support, to ensure the service was able to provide them with the support they required. These assessments considered people's physical and mental health and formed the basis from which people's care plans and risk assessments were developed.

Staff sought consent from people when offering them support. One staff member told us, "I always talk through the things I'm going to do, to make sure [the person] is in agreement and happy for me to go ahead." People confirmed staff sought their consent when providing support. One person told us, "They [staff] always check that I'm OK and wouldn't do anything I didn't want them to."

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.

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. We checked whether the service was working within the principles of the MCA.

Staff told us that the people they supported had capacity to make decisions about the care and treatment they received. The registered manager told us that if they believed a person lacked capacity to consent to a decision about their care and treatment, they would seek to involve relevant social care professionals and relatives in order to help make the decision in the person's best interests, in line with the requirements of the

MCA.

People were supported to maintain good health. People told us they had access to a range of healthcare services and that staff supported them with this when needed. One person told us, "They [staff] have called my GP for me when I've been unwell." Staff told us they monitored people's health conditions for any signs of deterioration and would either seek advice from the registered manager, or contact relevant healthcare services directly, if they felt it was required. One staff member told us, "If someone was unwell I would call their GP, or if it was more significant then I'd call an ambulance." The registered manager also told us they sought to provide a flexible service in order to ensure people's healthcare needs were met, for example by changing visit times when needed to enable people to attend healthcare appointments.

People were supported to maintain a balanced diet. People's nutritional needs had been assessed and we saw guidance in place for staff on any support they required to prepare meals, or when eating and drinking. One person told us, "I buy my own food, but need the staff to help prepare cook it; they let me choose what I want from what I have. [The staff] also encourage me to drink and leave me with drinks to hand so that I can have them between each visit."

## Is the service caring?

### Our findings

People told us staff treated them with kindness and consideration. One person said, "The staff are definitely very caring; we get on very well." We observed friendly interactions between a staff member and one person during a visit we made to their home. It was clear from their conversation that the person was comfortable in the company of the staff member supporting them. The staff member demonstrated concern for the person's well-being, for example by advising them against eating a snack they requested because they'd not enjoyed it previously.

Staff had developed strong relationships with the people they supported. They were aware of details of people's life histories and any family involvement, as well as their likes and dislikes, and preferences in the way they received support. One person told us, "I have the same carers visit me across the week and they've been visiting me for months so we've got to know each other."

People were involved in making decisions about their care and treatment. Staff told us they sought to involve people in making decisions by offering them choices wherever possible in their daily routines. People confirmed that the decisions they made were respected by staff. One person told us, "I let the carer know how I want things to be done and they'll do it. They offer me choices. For example, I order my own food, but they'll show me options each day before cooking so that I can pick what I want."

The registered manager told us the service sought to provide support to people which met their diverse needs regarding their age, religion, race, gender or sexual orientation. People's care plans included information on their spiritual needs. At the time of our inspection the registered manager confirmed that people were able to meet their diverse needs without the need of support from staff.

People were treated with dignity and their privacy was respected. One person told us, "The staff are polite and they respect my privacy; it's a very happy relationship." Staff described the steps they took to ensure people's privacy was maintained. One staff member told us, "I always call out when entering people's homes to let them know I've arrived. If I'm helping someone to wash, I'll make sure we have privacy by closing the door and curtains if needed." Staff were also aware of the need to maintain confidentiality. One staff member said, "I would never talk about my work with people publicly as it's private."

People were given information about the service when they started using it in the form of a service user guide. This included information about the provider's values and the standard of care people could expect to receive, as well as a summary of the service's complaints procedure and contact details should they need to speak with a senior member of staff at any point.

## Is the service responsive?

### Our findings

People told us that they had been consulted on the planning of their care and that the service they received met their individual needs. One person said, "I have a regular carer so we have a routine, but they'll do anything extra I want as well as the usual things. For example, they were happy to write a letter for me recently which I dictated, which was really helpful."

People had care plans in place which had been developed from an assessment of their needs. Care plans contained details of the support people required at each visit which covered areas including mobility, eating and drinking, personal care and support with medicines. Care plans also included information about people's life histories, likes and dislikes, as well as guidance for staff on their daily routines and preferences in the way they received support.

Staff were aware of the details of people's care plans and told us they supported people accordingly. They also told us they were aware to report any changes in people's needs to the registered manager so that their care plans could be reviewed and updated if necessary. Additionally, staff supported people to maintain their independence wherever possible whilst providing care. One staff member told us, "We work together [with people] and I encourage them to do things for themselves where they can. For example [one person] can brush their own teeth, so I put the toothpaste on the toothbrush for them and they do that."

The provider had a complaints policy and procedure in place, a copy of which was provided to people when they started using the service. This included guidance for people on how they could make a complaint as well as details of the timeframe in which they could expect to receive a response and details of how they could escalate their concerns if they remained unhappy with the outcome.

People told us they knew how to make a complaint and expressed confidence that the registered manager would address any concerns they raised. One person told us, "I would speak with the manager if I had any problems, but I've not needed to make a complaint. Any little issues I've had as we've gone along have always been easily sorted out." The registered manager confirmed there had been no formal complaints received by the service in the time since their registration.

## Is the service well-led?

### Our findings

The provider had systems in place for monitoring the quality and safety of the service, but improvement was required to ensure these were effective in identifying issues in order to drive service improvements. Records showed that staff conducted regular checks on a range of areas which included spot checks on the performance of staff, as well as reviews of people's care records, accidents and incidents and people's Medicine Administration Records (MARs).

However, improvement was required because these checks had not always identified issues that we found during our inspection. For example, the registered manager told us and records confirmed that they had not identified any issues with people's MARs during the checks conducted and we found examples of MARs which were incomplete and lacking key information such as the quantities of medicines stocks during this period.

We also found improvement was required to the provider's governance framework, to ensure the provider had clear and accurate policies and procedures for people and staff to follow. For example, we found that whilst staff and the registered manager were aware of the correct process for reporting safeguarding concerns, the provider's safeguarding procedure did contain incorrect information about which local authority safeguarding referrals should be made to. In another example, we found that whilst the provider's complaints procedure included relevant information on how people could make a complaint, the template used by the provider had not been properly edited and still contained guidance for the provider on how to draft a complaints procedure which made it more difficult to understand.

The service had a registered manager in post who demonstrated an understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008. For example, they were aware of the different types of events which they were required to notify the Commission about, in line with regulatory requirements.

People spoke positively about the management of the service. One person told us, "I've been able to speak with the manager whenever I've needed to and she's always taken on board anything I've said. The service has been working well for me; I'm happy with it." Staff told us they were happy working for the service and that they were well supported by the registered manager. One staff member said, "I meet with the manager regularly; she's always been supportive and willing to listen to any concerns I've had. I know I can call her anytime if needed."

Staff also confirmed they were in regular contact with the registered manager and that information regarding the service and their roles was shared with them in a range of ways, for example at staff meetings and by telephone or text. Records showed that areas discussed at a recent team meeting had included any issues staff had experienced, current workloads and a reminder to staff on the importance of ensuring they recorded a good level of detail about the support they provided in people's daily records.

The provider sought people's views on the service they received through regular quality assurance checks.

These covered a range of areas, including whether staff were a good match of the people they supported, the timeliness of the support people received, whether people felt staff were competent, and whether they were happy with their current care plan. The feedback received following the most recent quality assurance checks showed that people were experiencing positive outcomes from the service they received. This was confirmed by the people we spoke with. For example, one person told us, "I'm very happy with the service and can't think of anything I'd like to have improved."

The registered manager told us the service was committed to working closely with other agencies where required. For example, they told us that should they become aware of any safeguarding allegations at the service they would seek to ensure all relevant information was made available and shared with the local authority safeguarding team to enable them to investigate.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Identified risks to people were not always managed safely. Medicines were not safely managed because accurate records relating to medicines administration had not always been maintained.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider did not always follow safe recruitment practices.