

The Elite Care Connections Company Ltd

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Elite Care is a care agency and provides personal care to younger and older adults, some of whom may be living with dementia in their own homes. At the time of inspection, 66 people were using the service.

People's experience of using this service and what we found

There was a lack of auditing in place to monitor and assess the quality of service being delivered. People's care records, staff training, and staff files were not routinely checked. Risk assessments and some areas of people's care plans lacked personal details.

We made a recommendation about implementing comprehensive quality monitoring systems.

We found parts of people's care plans contained detailed and person-centred information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice but the conversations we had with people who used the service and staff assured us people were being cared for in line with the principles of the Mental Capacity Act 2005.

We were assured that staff knew people's individual care needs well and any concerns we had were with the lack of information in people's care records. People and relatives also told us staff cared for people in a way which met their needs.

People were supported to maintain a healthy nutritional intake. Staff worked alongside other healthcare professionals to ensure people received consistent care and supported people to access other agencies where there were changes in their care needs.

People's medicines were managed in a safe way by staff who had been trained to administer medicines.

Staff understood their responsibilities in relation to safeguarding people from abuse and knew how to report any concerns.

There were safe practices in place in relation to staff recruitment and there were consistently enough staff to meet people's needs.

People were cared for by staff who were kind and took time to listen to people. People and their relatives were involved in the planning of their care and people's independence was promoted.

The provider asked people and their relatives for their views about the service they received, and the provider took action in response to the feedback. People and their relatives felt able to contact the service at

any time to raise a concern and felt any issues were dealt with appropriately.

People were happy with the service they received and were kept updated about any changes to the service.

Staff enjoyed their work and attended regular meetings. Staff felt supported in their work and received training relevant to their role and received regular supervision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection - The last rating for this service was good (published 10 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Elite Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider, who was also the registered manager, would be in the office to support the inspection.

Inspection activity started on 2 July 2019 and ended on 4 July 2019. We visited the office location on 2 and 3 July 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, two care managers, and five members of care staff.

We reviewed a range of records. This included three people's care records in detail and we looked at parts of a further seven people's care records and three people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality monitoring surveys.

Is the service safe?

Our findings

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they were made to feel safe by the staff caring for them. One person's relative told us, "I feel [relative] is safe and well looked after."
- Staff received training in safeguarding and were able to describe different types of abuse. Staff also knew how to report any concerns.

Assessing risk, safety monitoring and management

- Risks relating to people's health and wellbeing had been identified. However, risk assessments could be more detailed. For example, where people had been assessed as being at risk of falls, there was nothing to detail why the person was at risk or details about how the risk could be mitigated.
- We were assured that staff we spoke with were able to describe people's individual risks and what steps they had taken to minimise any known risks.
- Risks assessments for people's homes had been carried out, this included checking that any moving and handling equipment had been serviced and utilities such as gas and lighting were safe and adequate.
- Each person had a personal emergency evacuation plan in place. This detailed what support people needed to evacuate their home safely in the event of an emergency.

Staffing and recruitment

- People we spoke with told us there were enough staff and on the rare occasion staff were late to visit them, they were always informed of this.
- Staff rotas showed there were consistently enough staff assigned to meet people's care visits and people knew which staff would be visiting them in advance.
- A review of recruitment records showed that references and a check from the Disclosure and Barring Service had been sought prior to staff starting their employment.

Using medicines safely

- People's medicines continued to be managed well. People told us they got support with their medicines where needed. One person told us, "The carers put my cream on my legs."
- Reviews of medicine administration record (MAR) charts showed these were completed correctly and there were no gaps where staff would sign to say they had given a medicine.
- Where people were prescribed topical medicines, there were body maps in place to show where these

medicines should be applied.

- One of the care managers reviewed people's MAR charts to ensure these were being completed correctly and people were given their medicines as prescribed.
- Staff told us their competencies relating to the management of people's medicines were assessed annually. Training records confirmed these observations took place.
- Some people were living with diabetes and told us staff helped them to manage this. One person said, "[Staff] write my blood sugars down in my diary." A second person told us, "[Care manager] comes in and checks my diabetes chart." Records confirmed that staff monitored people's blood glucose levels.

Preventing and controlling infection

- Practices around the prevention and control of infection remained good. Staff told us they always had access to the correct personal protective equipment (PPE) such as gloves and aprons. Throughout our inspection we saw staff visiting the office to collect supplies of PPE.
- Training records showed staff attended training in infection control and food hygiene.

Learning lessons when things go wrong

- The provider told us there had been no accidents in the past 12 months. They explained that if an accident occurred then this would be reviewed, and they would implement further learning if required. They added, "We are very reactionary, any alterations would be made the following day."

Is the service effective?

Our findings

Is the service effective? ☐

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Some people using the service did not have the capacity to make some decisions about their care and treatment. We found there were no mental capacity assessments in place or any best interests decisions documented.
- Staff sometimes had to make decisions about people's care and treatment where the person does not have the capacity to do so. These decisions should be documented to show why the decision is being made on the person's behalf and show the decision is the least restrictive option.
- Our conversations with staff assured us that they understood which people they cared for lacked capacity and what decisions needed to be made in their best interests. One member of staff gave us a detailed description about how they gave a person their medicines in their best interests.
- We raised our concerns with the provider who assured us they would take immediate action to ensure mental capacity assessments were carried out where needed and that best interest decisions would be documented.
- After our inspection the provider told us they had completed mental capacity assessments for people who required an assessment of their capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them using the service. One of the care managers would visit people to talk through their needs. One person told us, "[Care manager] comes out and assesses people."
- Assessments of people's needs noted people's needs in relation to their physical health and emotional wellbeing but did not assess people's needs in relation to their mental capacity.

Staff support: induction, training, skills and experience

- Staff continued to receive appropriate support and training. New staff completed an induction before working independently. There was a training manager in place who oversaw this. Staff told us how they shadowed other carers and were also observed delivering care by the training manager before the completion of their induction.
- Staff received regular supervision with one of the care managers. Supervision is a confidential meeting where staff can discuss any training needs or support they require. Staff we spoke with and training records confirmed supervisions took place. Staff also received annual appraisals.
- Staff received training relevant to their role to support people. This included training in people's specific care needs such as diabetes, dementia and palliative care.
- Staff also attended virtual reality training in dementia. This gave staff the opportunity to experience what it was like to live with dementia. The provider told us people's relatives were also invited to participate in this training.
- People told us they thought the staff were well trained. One person said, "They are very well trained and very understanding."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people had their meals prepared for them by staff. One person told us, "[Staff member] comes in and sees to [my food] and that it's all warmed up and warms the plate up for me."
- People's dietary preferences were documented in their care records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported with accessing healthcare professionals and staff continued to work alongside other professionals involved in people's care.
- People told us they were supported to make appointments with healthcare professionals. One person told us, "If I need a doctor they phone the doctor." Where there were concerns about people's health or wellbeing, one of the care managers told us they contacted the relevant healthcare professionals for further support for the person.
- Staff worked with other agencies to ensure people received consistent care. One person told us, "[The staff] have good contact with social services." One person's relative we spoke with told us one of the care managers always attended video calls their family member's social worker held. This ensured staff were involved in the reviewing of the person's care alongside their relative.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to receive kind and compassionate care. People and relatives we spoke with told us the staff were caring. One person said, "The carers that come in are wonderful."
- A second person explained, "The carers come in and find out if I'm all right and talk to me. You have a conversation, it can be about anything. They talk about local issues and news. It makes you feel in touch with things."
- We heard the care managers speaking with people over the telephone. They spoke with people in an empathic way and took the time to listen to people.
- Staff had a good understanding of people's diverse needs and how to meet these.
- People we spoke with told us staff knew their needs well. One person said, "We work together. They know me, and I know them." A second person explained, "When they get to know you it does make a difference to your wellbeing." A third person said, "They have that caring concern."

Supporting people to express their views and be involved in making decisions about their care

- People continued to be involved with the planning and reviewing of their care. One person told us, "[Care manager] came out to see me to do my care plans." One person's relative explained, "[The staff] sit and talk through the care plans. They were recently reviewed."
- People told us their preferences about how they liked their care to be delivered were respected. One person told us, "[The staff] wash my hair. They're very good like that, they do my shower and wash my hair as I want it done." A second person said, "I was asked if I wanted male or female carers."
- People's relatives were also involved in their family member's care. One relative told us, "I was involved in the care planning and the care managers visit regularly." They added they were involved in any reviews.
- Relatives we spoke with told us they were informed of any concerns about their family member.

Respecting and promoting people's privacy, dignity and independence

- Staff continued to promote people's independence. One person we spoke with explained, "I really do feel without the care I've received, I would have been in a care home. I wanted to stay in my own home." A member of staff told us, "I encourage people to do things for themselves."
- One person's relative told us their family member lived with anxiety and this prevented them from accessing the shops. They added staff went with them to the shops and helped with their washing.

- People told us staff cared for them in a way which maintained their privacy and dignity. One person said, "[the staff] respect my dignity, yes they do."
- Staff explained they would make sure curtains and doors were closed when they were supporting people with their personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care continued to be planned in a person-centred way. However, people's care plans could be more detailed in some areas. For example, records showed that some people experienced low mood and anxiety. There was nothing in people's care records to show how this affected people and what staff could do to support people. Although this information was not recorded, staff knew people's needs well and how to support them.
- Other areas of people's care plans were detailed. For example, it was clear what tasks staff were required to do when they visited people and there was detailed information relating to people's physical care needs.
- Our conversations with staff assured us they knew people's individual needs well and they were able to explain to us the individual support they gave people. One member of staff said, "I know my clients, I know what they like" and "You do things at their pace."
- Conversations with people and relatives provided us with further assurance that staff were responsive to people's needs. One person said, "I'm very shaky in the shower and [the staff] know that."
- People and relatives told us they were able to choose the times of their care calls. One person told us, "I was able to choose the time."
- Staff told us they informed the care managers if there were any changes in people's care needs and people's care plans were then updated.
- People also saw the same members of staff. One person told us, "I get the same carers, I have two main carers, very rare do we get anyone different." They added, "If there is a new carer they send them out before [to introduce them]."
- Staff told us they had enough time to support people with their care needs and they would stay longer if needed. A member of staff said, "You never leave someone in a muddle."
- People we spoke with confirmed that staff stayed the agreed amount of time and would ensure they were okay before leaving. One person said, "If there was a problem, they'd stay."

Improving care quality in response to complaints or concerns

- The provider told us they had not received any formal complaints in the past 12 months. A record was kept of minor complaints and we saw these were dealt with appropriately.
- People and their relatives we spoke with told us they felt able to raise any concerns and felt listened to. One person said, "I made a complaint, I felt listened to and it was sorted out." A second person explained, "If there's a problem you can speak to them and they'll sort it out."

End of life care and support

- People's care records detailed if they did not wish to be resuscitated in the event they experienced a cardiac arrest.
- Staff had received training in caring for people at the end of their lives. One member of staff told us, "I can't bear the thought of someone dying on their own. You have to be very supportive, help them as best you can. You try to keep morale up with them, look at pain relief and explain things to people."

Is the service well-led?

Our findings

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- There was no comprehensive schedule in place to monitor and assess the quality of service being delivered. People's care records, staff training, and staff files were not routinely checked to ensure these were up to date and contained the correct information. People's mental capacity had also not been assessed.
- The provider did not carry out their own checks to ensure staff responsible for monitoring and assessing the service were carrying out those checks.
- We raised this with the provider who assured us they were going to meet with staff and develop a schedule for auditing all areas of the service.

We recommend the provider considers current guidance and implements systems and processes to enable them to assess and monitor the service being delivered.

- After the inspection the provider told us they were going to implement quality audits which will monitor and assess all areas of the service. They sent us copies of the comprehensive checks they will be implementing.
- Records showed that medicines were regularly audited by one of the care managers.
- People and their relatives spoke positively about the management of the service. One person said about the provider, "[Provider] is wonderful, very approachable, she listens, doesn't think she knows it all."
- Staff spoke positively about the provider and felt supported in their work. One staff member told us, "There's plenty of support, night or day you can phone up."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was clear about their responsibility to notify us of any significant events. We had not received any notification in the past 12 months, however the provider knew what significant events required a notification.
- All of the people and their relatives we spoke with were happy with the service they received. One person said, "Elite Care is the best." A second person commented, "[All of the carers] are absolutely excellent." One

person's relative told us, "They've helped us get through the past couple of years."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People we spoke with told us they felt able to contact the service at any time. One person told us, "I was told, if you've got any problems then don't hesitate to phone in." A second person said, "I've always been able to get through to the office."
- People and their relatives told us they were notified of any changes to the service. One relative said, "We are notified of any changes."
- Staff were clear about the values of the service and spoke about promoting people's independence and putting people at the centre of their care.
- Staff spoke positively about their work and told us morale within the team was good. One staff member said, "It's brilliant, we're all family."
- The provider and staff worked closely with the local authority and would liaise with local safeguarding teams where needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were given opportunities to give their feedback on the service. Administration staff called people regularly and asked people if they were happy with the service and feedback was also invited via an annual survey.
- Records we looked at showed the provider reviewed people's responses and informed people of any action they were taking in response to the feedback.
- We looked at some feedback and saw a majority of the responses were positive.
- Records showed that staff had regular meetings and staff confirmed these meetings took place.