

Temple Mead Care Ltd

Elite Care 24/7

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Elite Care 24/7 provides personal care for people who live in their own homes. The service is registered to provide support for older people and younger adults. At the time of the inspection 69 people were using the service.

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

Risk assessments did not always reflect the information given in care plans and some risk assessments were lacking guidance for staff on how to keep people safe when providing care, such as guidance for assisting people who use a catheter.

Quality assurance was not robust and did not always reflect patterns and trends within the service and so the provider did not have detailed oversight of how people's needs were being met.

People felt they were safe and relatives raised no concerns over how staff cared for their loved one. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. Staff used correct equipment, such as gloves and aprons when assisting people. Accidents and incidents were managed appropriately.

People were involved in the development of care plans and daily support, although these were not always detailed. A complaints procedure was in place and people knew how to raise concerns.

Staff received an effective induction and were prepared for their role. Staff had received training and felt able to support people confidently. People felt that staff supported their individual needs and requirements. People received food and drinks as required and were supported to remain as healthy as possible. People were assisted 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 supported this practice.

People felt staff were caring towards them. People were given choices and were able to make their own decisions. Staff supported people to be independent and ensured that people's privacy and dignity was maintained.

People, relatives and staff thought the service was managed well. The registered manager was described as being available to people.

Rating at last inspection

The last rating for this service was Good (published 20 February 2018).

Why we inspected

This inspection was brought forward due to concerns raised since the last inspection. The registered manager discussed safeguarding concerns with us and informed us that in order to manage the service more effectively one of the two locations registered had recently been closed down and that staff members who were implicated within the safeguarding concerns were no longer employed.

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.

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

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Elite Care 24/7

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

The inspection was undertaken by one inspector and an assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. 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 (PIR). 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 three members of care staff, the Compliance Officer and the Registered Manager/Provider. We reviewed a range of documents and records including the care records for four people and related medication records, three staff files and training records. We also looked at records that related to the

management and quality assurance of the service.

After the inspection

We spoke with three people receiving care and one relative to gain their views on the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments included, but were not limited to, moving and handling, skin integrity, continence, mobility and medicines. However, whilst risk assessments were in place we saw that they were not detailed and had omitted to include specific information on managing risks. Examples being; no information within the risk assessment on how staff should assist people with a catheter. We saw that one risk assessment stated that the District Nurse came weekly to change the catheter bag, but the care plan recorded that staff changed the catheter bag and staff we spoke with agreed with this. Whilst staff were able to tell us they knew how to change the catheter bag we were aware that there was a current recruitment drive in place and the lack of information within the risk assessment, could leave new staff without the appropriate guidance to follow. Another example was some people's risk assessments stating they had no risks around skin viability, but the care plan noted that they were receiving regular applications of barrier creams and moisturising creams from staff, with no explanation for why this was being applied within the risk assessment. This means that whilst staff currently knew how and when to apply such creams, they did not always know why.
- We found that risk assessments were generic and did not give specific details relating to the person's needs. The registered manager acknowledged this and told us that changes would be made immediately.

Systems and processes to safeguard people from the risk of abuse

- We found that the safeguarding concerns which led to the inspection had been dealt with by the provider. These included concerns around call times, issues around food and how it was prepared and general issues around care provided. We saw how the provider had worked to ensure that these issues were not replicated in the future. The provider discussed with us how they did not cover some of the geographical areas raised within safeguarding referrals.
- People and relatives told us staff provided safe support. One person told us, "Yes, I feel safe. I have a very good carer and I don't want to lose them". A relative said, "[Person] feels very safe with the carers they have".
- Staff were aware of their responsibilities to report safeguarding concerns. One staff member told us, "I report everything immediately to the manager and it is shared with the local authority".
- Staff were able to describe what they would do in the event of an emergency and said that they would contact the emergency services in the first instance.
- We saw that safeguarding concerns had been reported appropriately and where required evidence had been gathered, photographs and skin maps for example.

Staffing and recruitment

- People and relatives told us there was enough staff to meet their needs. A person said, "Yes there are

enough staff, they are very good". A relative told us, "As far as I am aware there are enough staff". A staff member told us, "We could always do with a few more staff, but we always cover the calls and I don't think we have a lot of late calls. We cover each other if we need to, so that there is consistency for people".

- The registered manager confirmed that there were some staff vacancies, which meant a requirement for staff to provide cover, but we saw that the vacant positions were being advertised and the registered manager was hopeful that there would soon be a full staff team.
- We saw that the staffing rota for previous weeks reflected the levels of staff that we were told about during the inspection.
- Records confirmed required recruitment checks had been completed before staff commenced work, these included references, a work history and a police check which ensured potential staff were suitable to work with vulnerable people.

Using medicines safely

- People told us that they were assisted with medicines appropriately and we saw that medicine records had been completed to provide evidence of when the medicine was given.
- Staff told us they had received training before assisting people with medicines and that their competency was checked regularly.

Preventing and controlling infection

- People and relatives told us that staff followed hygienic processes and always used single use aprons and gloves when assisting them.
- Staff told us they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.

Learning lessons when things go wrong

- The registered manager discussed with us how there had been multiple changes since the last inspection. One of two locations had been closed, which now allowed the registered manager a better oversight for the service from one centralised office. Communication logs were now in place and used effectively and there were weekly memo's sent to staff to share information. There was now a compliance officer in place, this was a new position and the staff member had only been employed since October 2019, but the registered manager felt that this would be a useful addition to the team to ensure that a full oversight of the service was provided.

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.

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

- Information was taken on people's needs prior to them using the service and the registered manager and staff were able to talk about people's needs. One staff member told us, "We get to know people and can see if their requirements change".
- One person told us, "I let the staff know my needs, we talk".
- We saw people's protected characteristics, as identified in the Equality Act 2010, were considered within their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability. However, we found that people did not have the opportunity to provide details of their sexuality. The registered manager told this would be included in all future initial discussions with people.

Staff support: induction, training, skills and experience

- People and relatives told us they felt that staff were knowledgeable and able to meet their needs.
- Staff told us they received an effective induction. One staff member said, "My induction was helpful and included some realistic examples of care, questioning on what I had learnt and practical training around using a hoist or a commode. I then shadowed a current carer for three days and then I felt ready to start".
- We found that staff completed the care certificate as part of their initial training. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.
- Staff told us they received regular supervision, and this was an opportunity to discuss their role and personal wellbeing.
- We saw that comprehensive training was in place and staff were up to date with training. Recent training included, but was not limited to; Consent, Deprivation of Liberty Safeguards, Equality and Diversity, Medicine Administration and Moving and Handling.

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

- People told us they enjoyed the food they received, one person said, "The staff do me porridge for breakfast and a sandwich for lunch, it is good". A relative told us, "[Staff member] will do the dinner and give [person] a choice of what she wants to eat. [Staff member] will also make sure [person] gets her drinks". A staff member told us, "We always give people a choice of what they want to eat, it is food from within their home, but we try and encourage healthy eating as far as possible".

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

- People and their relatives felt that staff would be aware if a person was unwell and would access the appropriate care for them. A staff member told us, "If a person was unwell I would get the GP, in fact I have

done so a few times, I can tell when somebody is not themselves".

- We found that people were prompted where required to attend healthcare appointments such as the dentist, opticians or hospital appointments.

Adapting service, design, decoration to meet people's needs

- People lived in their own homes and told us that staff respected their property and belongings when visiting to provide care.
- People told us that staff ensured that they had items they needed to hand, left close by, such as drinks, glasses etc.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA

- Staff had an understanding of mental capacity and the impact this legislation had on their role. We saw that where required assessments of people's capacity had been carried out.
- People confirmed staff asked their permission before providing support. One person told us, "They [staff] ask my consent". A relative told us, "Oh yeah they always ask for consent. If [person] is wobbly on their feet the carer might say, 'I don't think you should have a shower this morning, would you mind having a strip wash'?"
- Staff gave us examples how they would seek consent from people and one staff member told us, "I cannot force people into anything. I only prompt and encourage them and always ask for consent before helping them".

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 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 and relatives told us they were respected and treated well by the staff. One person told us, "The staff are caring and treat me well. I would be the first to moan if they didn't". A relative told us, "I have no problems with how staff treat [person]". Staff told us they respected people and their homes and that they had time to spend with people to chat with them".
- Staff were able to speak with us about people's likes and dislikes, such as favourite foods, and we saw that staff members knowledge on this reflected information held within the care plan.

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

- People told us how they were able to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their care to be delivered. One person said, "I make choices and the staff listen". A relative said, "We have recently discussed with the carer that [person] would like a flask left out for them in the day and this is done without a problem. That was [person's] choice".
- The registered manager understood when advocacy services would be required and how to access these services for people. An advocate enables people to put their opinions and views forward.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided respectful and dignified support. One person said, "Yes, I am given privacy and dignity by the staff". A staff member told us, "We always knock the door before entering and keep people covered up when washing and dressing them, especially if other people live in the home".
- We found that people were encouraged to be independent as far as possible and were supported by staff to remain in their own homes.

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 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

- Information was provided in care plans and we saw that guidelines for staff informed them of the daily routines that people expected, however some areas of care plans required more detailed and person centred information. One example being, where one person was bed bound there was no information on the impact of this for the person and how staff could specifically tailor their care. The registered manager told us that this was currently being worked on by the new compliance officer.
- We saw that a comment by a staff member shared in their staff feedback was, 'I think that some care plans need to be updated', however other staff members we spoke with felt that information within care plans was up to date and was useful to their role.
- We found that the registered manager had taken historical information prior to people utilising the service, to ensure that the service was fully able to meet the person's needs.
- People told us as far as they could recall they had been involved in compiling their care plan. A relative told us, "The staff ask me for any information they need to put in the plan".
- People were supported by consistent staff who knew them well and were knowledgeable about their support needs. One person told us, "They know me well enough now".
- We saw that staff acknowledged people's cultural and religious backgrounds and supported them as far as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required.
- Where people required specific information, such as the complaints policy the registered manager told us this would be given in a manner to suit the person's understanding.
- Information on people's communication needs was identified in initial assessments and care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had family and friends to assist them with activities outside of their homes, but that staff made their visits enjoyable and had time to spare to stop and speak with them. Staff told us of how

they knew people's interests and were able to speak with people about these.

- Staff were able to discuss with us how they would respond to any individual cultural or religious requirements.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and felt that staff would be responsive. One person said, "I have complained in the past, nine times out of ten these days they are good carers, so I don't have to, but I know how to". A relative told us, "I haven't complained, but another relative has previously and it was sorted out".
- We saw that there was a complaints process in place and any concerns or complaints were dealt with effectively.

End of life care and support

- No one using the service was receiving end of life care, however the registered manager informed us that staff knew people well enough to be able to put a specific plan together anytime one may be needed.
- We found that staff had been trained in how to provide end of life care.

Is the service well-led?

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. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found that whilst audits were in place, these did not provide an effective overview of any patterns and trends occurring within the service. This meant that any specific changes month on month may not be identified, so that action may not be taken where required.
- Audits had not noted the lack of information within risk assessments, despite related information being recorded within care plans. An example being care plans stating people received creams for skin conditions, yet risk assessments recorded there were no risks to skin viability. The registered manager and compliance officer told us how they had immediate plans to improve quality assurance within the service.
- The provider had met their legal responsibilities by promptly informing CQC of notifiable incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew the registered manager and one person told us, "The gaffer knows me, the one who it is at the moment is alright. Staff told us they found the registered manager supportive and one staff member shared, "The registered manager is open and approachable".
- Staff told us they felt that morale amongst staff was positive, with one staff member telling us, "I love working here, I have recommended it to friends looking for work. I like the work and the colleagues".
- The registered manager was able to speak knowledgeably about people receiving care and informed us of how they were looking for opportunities to improve the service.

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

- We saw that feedback was sought from people, this was mainly positive, however where there were concerns raised we saw that these had been addressed. An example being one person had remarked that they had encountered issues with specific carers and we saw that this was investigated and disciplinary action had been taken, with the staff were no longer employed by the service.
- Staff had been asked for their feedback as part of a survey and told us that they felt sufficiently supported to raise any concerns with the management team.
- The registered manager told us of the difficulties in arranging staff team meetings due to staff members schedules, but that regular memos were sent to staff to share information. The registered manager told us

that staff could also come into the office to see her at any time and staff reinforced this. Staff told us how spot checks were also carried out on staff members competency to care for people appropriately.

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 registered manager understood their responsibilities in relation to the duty of candour regulation and we found they had been open and transparent when reporting any incidents.
- We found that learning was taken from any incidents and that this was shared with staff, so they were aware of any actions they needed to take.
- Staff understood the need to raise concerns and issues and one staff member told us, "I was given the whistle blowing policy on induction and I know what to do to whistle blow". A whistle-blower exposes any information or activity that is deemed incorrect within an organisation.

Working in partnership with others

- We saw that the registered manager and staff worked in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.