Elite Care Services (UK) Ltd

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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 26 and 27 June 2018 and was announced. This was the first inspection of this service since it was registered with the Care Quality Commission (CQC). This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the Tameside area of Greater Manchester. At the time of our inspection 21 people were using the service.

People told us they felt safe with the service. Care workers were trained to identify signs of abuse and they told us they would feel confident in raising any concerns. Processes were in place to support the investigation of any concerns.

Risks to people were assessed and where people may be exposed to risk, measures were put in place to allow them to do the things they chose as safely as possible. We saw these assessments were regularly updated.

People told us the care staff didn't rush them and if they finished their care tasks they would stay and have a conversation with the person. Care workers told us their rotas were well managed and allowed them the time to spend with people.

Appropriate checks were made on applicants before they were offered work and new staff underwent appropriate training and shadowing before they were allowed to work unsupervised.

Procedures were in place to support people with their medicines. Where people did need support, they were involved in drawing up a plan of what support they needed. Medication records were regularly audited and had been redesigned shortly before our inspection to make them easier for the care workers to use and reduce the risk of people not receiving their medicines correctly.

People we spoke with told us the care workers used personal protective equipment (PPE) such as disposable gloves and aprons and infection control techniques such as washing their hands. Care workers received infection control training and supplies of PPE were available to them.

People and their relatives told us they felt their choices were reflected in the care they received. Where people had cultural or religious needs these were included in the way they were supported.

In addition to the mandatory training and assessments for care workers, additional training was offered to give them greater insight into particular health conditions or areas of care they were interested. Care workers were encouraged to undertake vocational qualifications and were supported through the process. Care workers told us they felt very supported by the office staff.

People using the service spoke highly of the care workers and felt they were treated in a respectful and caring way. Relatives of people using the service also commented that they too felt supported by the care

workers.

People were encouraged to be as independent as possible. People using the service gave us examples of how this was done and their care records emphasised that care workers should encourage people to do the things they are able to. The dignity and privacy of people was protected and people using the service gave us examples of how the care workers achieved this.

The care workers were punctual to their visits and people using the service told us they felt they could rely on the care workers turning up when they were due and were always informed if for any reason the care worker was running late.

Care records contained detailed information about the life history of the person and people we spoke with told us they felt the care workers knew them very well and understood how they wanted to be supported. People told us how care workers had suggested trips out that they had enjoyed because they knew their interests well.

Information on how to make a complaint was available to people and people we spoke with told us they felt happy to raise any concerns they had. Where complaints had been made they had been investigated and apologies had been given where appropriate. Complaints were analysed to identify any learning or trends. Learning was shared across the organisation either through a conference call or through regular team meetings.

The service had supported people as they approached the end of their life and care workers had received training in end of life care. Care workers were also given the opportunity to visit a funeral director to understand what happened to someone's body after they died. Care workers told us this allowed them to answer questions and provide reassurance to people who were dying and their relatives. Support was also offered to families after their relative had died.

The service had a registered manager in place. 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. The registered manager had a clear understanding of their responsibilities.

The service had been awarded a Top 20 Homecare Provider (NW England) by a popular care review website and had been nominated for other local awards. They had achieved Daisy accreditation, which is a nationally recognised standard for providing dignity in care.

People using the service were engaged in developing the service and were asked frequently to share their views and suggestions. Care workers were also involved and felt suggestions they made were listened to.

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 told us they felt safe and care workers were trained and confident in raising any concerns.

Appropriate checks were made on people before they were offered employment and the service had enough staff to allow people to receive support in an unhurried way.

Risks to people were assessed and managed so they could do the things they chose as safely as possible.

Is the service effective?

Good

The service was effective.

People told us they felt their choices were respected when deciding how they would receive support.

Care workers told us they felt very supported by the management team and were offered additional training in areas that interested them.

When needed appropriate referrals and support was sought from other healthcare professionals.

Is the service caring?

Good

The service was caring.

People told us they received emotional as well as practical support.

Care workers knew the people they looked after well. People using the service spoke very highly of the care workers.

People's independence, privacy and dignity was promoted and

protected.

Is the service responsive?

Good

The service was responsive.

People told us they felt very involved in their care.

People were encouraged to maintain links in the community and were assisted to take part in activities that interested them.

Procedures were in place to help support people as they approached the end of their life and support was offered to them, their relatives and the care workers.

Is the service well-led?

Good

The service was well-led.

The management team had a clear vision of wanting to continually improve.

The service had been accredited for providing dignity in care and had been nominated for and received a variety of awards.

Feedback and suggestions from people were encouraged and where improvements were identified changes were made.

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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 26 and 27 June 2018 and was announced. The inspection team consisted of one adult social care inspector. During the inspection we spoke with the owner of the service, the Registered Manager, office the training officer and the administrator. We spoke with four people using the service and seven members of care staff.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living in the Tameside area of Greater Manchester.

Prior to the inspection we considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about and contacted the local authority and the local Safeguarding team to seek their views about the service. The feedback from these people was positive. We did not ask the provider to complete a Provider Information Return (PIR) before the inspection.

We reviewed a sample of people's medicine records, four care files, four staff recruitment records, staff training and development records, records relating to how the service was being managed such as records for safety audits and a sample of the services operational policies and procedures. We also saw feedback from people given directly to the service.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe. One person we spoke with told us; "I feel safe you can trust them." Another person told us; "I feel very safe with them."

Care workers underwent safeguarding training and care workers we spoke with understood the signs they needed to be aware of which may indicate a person may be at risk of abuse. Care workers told us they would have no hesitation in raising concerns with staff in the office and were confident their concerns would be dealt with appropriately.

People's care records contained a number of risk assessments relating to their home and daily activities such as washing, dressing and moving around. A medication risk assessment was also in place to identify any risks the person may face when taking medication. Where risks had been identified, the records showed what measures had been put in place to allow the person choice in what they did but to do it as safely as they could.

Care workers underwent a through recruitment process and appropriate checks were made on applicants before they were offered work. This included checks with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work.

New care workers underwent an induction programme mapped to the Care Certificate that covered mandatory training topics and also any additional areas that they may need to support the people. The Care Certificate is a nationally agreed set of standards new care workers should work to. The nominated individual explained; "If we get a person who has additional needs then we source additional training. We had a person who used an EpiPen [to treat severe allergic reactions] so every member of staff went through the training."

The service had sufficient numbers of staff to support people. People using the service told us their care workers were not rushed and stayed for the full length of their calls. Care workers told us they were encouraged by the office staff to stay for the full time of the call and not to rush off. One care worker we spoke with said; "Our rotas give us time not to rush. We give the office our availability and they make sure we have time to spend with people. Another care worker said; "One of my people came out of hospital and needed a bit longer. I told the office and they rearranged my work so I could deal with [them] and not worry." People using the service and their relatives commented the care workers were very punctual and could be relied on to turn up. One person told us; "I can rely on them to turn up. Another person said; "They are spot on with times. If ever they have been running late I always got a phone call."

Where people received support with their medicines a risk assessment was done and kept in their care records. Additional information relating to what support the person needed and when they needed the support were detailed in their support plan. Medication Administration Records (MARs) we looked at had

been fully completed.

Some older MARs we looked at had handwritten additions on them and may have been confusing for care staff. The Registered Manager explained that MARs were regularly audited and the handwritten additions had been picked up during one of these audits and as a result the MAR had been redesigned to make it clearer to staff what changes had been made to people's medication. Any changes to people's medication were documented by the deputy manager and signed off by the registered manager as correct to provide a double check.

People were protected from the risk of infection. Care workers underwent infection control training and care workers were able to collect supplies of personal protective equipment such as gloves and aprons from the office. Care workers were also issued with a sanitising hand gel dispenser which they could fill up at the office. Care workers we spoke with understood their responsibilities to help protect people from infection.

Good

Is the service effective?

Our findings

People using the service who we spoke with told us they felt their choices were included when it was decided how they would receive support. One person told us; "We already had a routine so we told [the service] what it was and they worked with us to keep it the same." The nominated individual explained that the initial part of the care planning process was for staff in the service to get to know the person. They told us; "The first thing we do is have a chat. We find out what the person likes and doesn't like and what they want and what they don't want."

People's care records contained a "This Is Me" document containing a picture of them and information about their preferences and interests, such as what music they liked and what their favourite TV programme was in addition to how they preferred to be supported. A similar document was also completed by each care worker about their own preferences. The nominated individual explained that the folder containing these profiles was taken when people's needs were assessed so care workers could be matched to people receiving support and the person could get to know the care worker.

People's cultural or religious choices and preferences were included as part of their support plan. The nominated individual told us; "Once we've started to get to know the person we then do a full assessment of their needs and identify any additional training the care workers may need." Care records we saw showed people's preferences, including those relating to their culture had been included. Care workers we spoke with told us they received training in equality and diversity and also if they were supporting a person with a medical condition they weren't familiar with then an awareness training would be sourced by the management. One care worker we spoke with told us; "[The management] will always find us a distance learning course if we ask for it."

The service provided people with rotas for the week ahead showing when the visits were planned for and which care workers would be attending. The rota also had pictures of the care workers so people could recognise them.

Care workers spoke highly of the training available to them and told us they were frequently offered new training courses. Care workers were encouraged to study for vocational qualifications and received an incentive when they passed. One care worker told us; "If you wanted extra training that would be no problem. They always check that we are confident doing it and if not they will spend the time with us until we are."

Care workers told us they felt very supported by the management team and gave us examples of how they had been supported professionally and when personal issues arose, they told us how the management had rearranged their work so they could cope and given them guidance and support when liaising with other organisations.

We saw records of care worker supervisions which contained detailed information about the discussions held. There was an emphasis about the wellbeing of the care worker and we saw discussions had been had

encouraging staff to take regular annual leave.

Where the supervision had identified the care worker had a particular interest in supporting people with particular conditions or backgrounds, discussions were had about further training in that area that the care worker may be interested in.

People told us they were given a choice about what meals they would have. People's support plans included information about people's preferences but also emphasised that the person should be asked what they would like to eat and drink. Daily care records we looked at contained information about what the person had chosen to eat so a balanced diet could be encouraged by care workers on following days.

The service worked well with other organisations to ensure people received effective care when they moved between services or needed support from other organisations. The nominated individual told us each person had a communication book in their home for use by anyone involved in the person's care such as family members or other healthcare professionals such as the district nurses or GP. In people's care records we saw notes made where advice had been sought from the person's GP and referrals to district nurses had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible.

People we spoke with told us they were always asked before care workers supported them. People's ability to consent to care was taken into account in the care planning process and where people weren't able to make decisions for themselves people who knew them best such as family members were involved in agreeing how they would be best supported. At the time of our inspection the service was looking at the ways people's ability to consent could be recorded. Care workers had received training and in the Mental Capacity Act and understood its principles.

Care workers we spoke with gave us examples of where they had been involved in meetings as people were moving into nursing to discuss how they liked to be cared for as it was considered they knew the person best.

Good

Is the service caring?

Our findings

People told us they felt they were supported in a caring way and given emotional as well as practical support. One person we spoke with told us; "I was at a very vulnerable point when they started but they made me feel very reassured. They turned a very difficult period into something much easier."

Examples of feedback given directly to the service were; "This was the first time I have been able to go away and not worry about [my relative]", "In the past [my relative] would go into a care home when we were away but this year they insisted on staying at home as they felt safe and confident having you and your team supporting her."

Care workers we spoke with demonstrated they knew the people they supported well. They gave us examples where they had gone to other care settings to support a person with dementia as the person recognised them and it stopped the person becoming distressed. One care worker we spoke with told us; "We had a person with dementia go into a nursing home so we visited for a few hours each day [until she got to know the staff there]. She recognised us and started waving and smiling through the window as she saw us coming which was nice." Another care worker told us; "It's good we see the same people all the time as we get to know then and can tell when people aren't ok."

People we spoke with told us the care workers never rushed them. One person we spoke with said; "They are such nice girls. They ask me what I want them to do and they will do it how I want. If there is time left or I don't want anything doing they will sit and have a chat."

People told us they were encouraged to be independent. One person we spoke with told us; "It definitely does help me [be independent] because I get everything ready for the staff." A relative of someone using the service told us; "They allow [my relative] to do the things they can themselves rather than doing it for them." Another relative commented; "They respect that [my relative] likes to do things for themselves."

Care workers we spoke with were aware of the importance of maintaining people's privacy and dignity. A relative of a person using the service told us; "The care workers help [my relative] get in to the shower but then they stand outside the cubicle so he can shower himself with some privacy."

Good

Is the service responsive?

Our findings

People's care records reminded care workers to encourage people to be involved in making decisions about their support. Examples we saw were; "[Person] will choose their own clothes. Support to maintain their independence with dressing for as long as possible." and "At the night call ask [the person] if they would like to go to bed or not. If [the person] chooses to stay up please document." One relative of a person using the service commented; "They are very inclusive with me too and not just [my relative]."

People using the service told us the support they received helped them maintain interests such as enjoying the outdoors or attending church. Care workers explained that as they knew the people using the service well they were able to suggest activities the person might enjoy. One care worker told us; "We have one person who doesn't watch TV and isn't very mobile so I suggested we got the tram and went for a cup of coffee and a cake. They had a great time." Another care workers told us; "One person loves their garden and being outside so we went to Tatton Park. We ask the people what they want to do and we're allowed to use our initiative."

A password protected electronic rota system was used by care workers which enabled them to log in and out of visits using their mobile phones. The system also allowed them to update the office with any comments or concerns during the visit which the care coordinator in the office would see on their system immediately. The system would alert the coordinator if the care worker was running late so they could inform the person using the service and arrange an alternative care worker if required. Care workers we spoke with told us they felt reassured the office would be alerted if something happened and they were unable to get to a visit.

Any additional communication needs people had were identified and recorded. This information was shared with other care providers if the person needed support from other organisations meaning they could also communicate effectively with the person they were supporting.

The service kept a record of complaints it received and reviewed them to identify and trends in the subject or frequency of complaints. Records we looked at showed complaints were investigated thoroughly and apologies were given to people where appropriate. People's care records included a sheet explaining who to contact if they weren't happy with the service. People we spoke with told us they knew how to complain and would feel comfortable speaking to either care staff or staff in the office if they felt things weren't right. People told us they felt confident if they did complain their concerns would be dealt with appropriately.

Any learning from complaints was shared with care workers during team meetings. The nominated individual told us; "If we need to speak to all the care workers to share something important or urgent then we have a conference call facility that is free for the care workers to use. It's good because everyone hears things at the same time, first hand."

Compliments were dealt with in a similar way to complains and again were analysed to identify any good practice that could be shared. We saw examples were people had been thanked for sharing their

compliment and the care workers involved had been sent a letter of thanks and nominated for the care worker of the month scheme.

At the time of our inspection nobody was receiving care at the end of their life however the service had processes in place to allow this care to be given. The nominated individual explained that care workers had received training in providing end of life care and had experience of working with people's GPs and the district nursing team to allow people to be cared for in their own home as they neared the end of their life.

Care workers were given the opportunity to visit a local funeral director to learn how people's bodies were treated after their death so that they could answer questions people using the service or their relatives may have about what would happen to them after they die. Care workers we spoke with told us this had been useful and allowed them to feel more comfortable about discussing it with people.

When people using the service died, letters were sent to relatives offering condolences and also offering to assist with any arrangements the family needed to make. The nominated Individual told us; "We don't just stop caring, we want people to know we are here if we can help in any way, even if it's just to phone for a chat. We can signpost people to a funeral directors or bereavement counselling if they want it" Care workers were also offered bereavement counselling by the service when a person they were caring for died.

Good

Is the service well-led?

Our findings

The service had a registered manager in place and they had a clear understanding of their obligations and responsibilities. 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.

The registered manager understood their responsibilities and we saw records where incidents had been reported that appropriate organisations like the Care Quality Commission (CQC) and the local authority had been notified.

Care workers we spoke with spoke highly of the management team. One care worker we spoke with told us; "You want to feel valued doing a job and we do." Another care worker commented; "It sounds funny but we feel "Elite", I've never known a company like it. We are treated as people rather than just another care worker." Another care worker commented; "We are treated with respect."

The service encouraged care workers to raise issues. One care worker told us; "If you make a mistake there is no fear in admitting it. It's the same for the office staff too. We can be honest with each other." Another care worker told us; "If you had any problems they are approachable so I feel happy speaking out."

We saw evidence of how the service promoted equality and inclusion with its staff and had made adjustments to accommodate the needs of care workers with health conditions. A care worker we spoke with commented; "I was off sick for a while but they made sure I was supported [while I was off] and made sure I was well enough and ready to come back rather than rushing me."

The service had achieved Daisy accreditation which a nationally recognised standard for providing dignity in care. When staff are recruited they are encouraged to sign up to the Dementia Friends and Dignity In Care schemes. The nominated individual told us; "The in-house trainer is accredited to provide Daisy training. We're proud of the Daisy award but we want to keep improving. We are looking to get Investors in People accreditation next"

External consultants had visited the service to assess their processes and we saw findings from their report had been implemented.

The service had received a number of awards including the Top 20 Homecare Provider (NW England) award by a homecare review website and had been nominated for the Pride of Tameside Business Awards. The service had also been invited to be one of the representatives for The Parliamentary Review for 2018/19. This is a series of publications allowing businesses and public-sector bodies to share and promote best practice.

People were engaged in developing the service in a number of ways. The service employed a Client Liaison Officer to visit people and discuss the care they were receiving and act as an independent voice for any

people who may not want to contact the office directly. The nominated individual told us they were planning to introduce a similar role for care workers.

Surveys were sent out to people using the service and their relatives twice a year and the results analysed to identify where any improvements could be made. When documentation was collected from people's homes people were asked to complete a quality feedback form. People we spoke with told us; "It's nice they keep asking if everything is ok."

The service worked well with other agencies to promote good outcomes for people using the service. We saw examples where information had been appropriately shared with the local authority with regard to incidents and the service had assisted with investigations.