

Elite Care Solutions Ltd

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Inspection report

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20 April 2018

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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 16 and 20 April 2018 and was announced.

Elite Care Solutions is a domiciliary care agency. It provides personal care to both adults and children living in their own homes with a range of needs including physical and learning disabilities and dementia related conditions. At the time of this inspection 56 people were being supported by the service.

There was a registered manager at the service. 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. In addition, there was also a manager in post at the time of the inspection, although it was their last day at the company. They were managed by the registered manager and assisted with the daily running of the service.

This was a comprehensive inspection that looked at whether the service was safe, effective, caring, responsive and well-led.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by sufficient numbers of staff. Staff had been recruited safely and were knowledgeable about how to keep people safe from harm. Risks were identified and clearly documented in people's care plans.

Staff administered people's medication as prescribed and supported independence with this wherever possible. Guidance was in place to support staff to administer medications, but some of these required more detail. We spoke with the registered manager and they agreed to rectify.

People received effective support from staff that were knowledgeable about their individual needs and able to support them in line with their preferences. People's care plans were person-centred and reflected their needs, health conditions, interests and how they wanted support to be provided.

People were supported by qualified and skilled staff to meet their needs. Staff were supported in their role and encouraged to access ongoing training, as well as having regular supervision and appraisals.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005. 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. People

were supported to make their own decisions and consent was gained before care or support was provided.

Staff were caring and understood the importance of confidentiality and respected people's privacy. People were supported to be independent and were treated with respect. They were involved in care planning and attended regular reviews of their care. Staff were responsive to people's needs and supported them to access healthcare services and pursue their hobbies and interests.

People's views were listened to and responded to. People felt able to complain in the event they were unhappy with the service they received. There were effective quality assurance systems in place to monitor the quality of the service provided, understand the experiences of people who used the service and identify any concerns.

There was a positive culture and the registered manager was committed to driving improvement. Staff worked in partnership with other organisations and professionals to achieve outcomes for people who used the service and keep up-to-date with best practice.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Elite Care Solutions Ltd

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 was a comprehensive inspection. This inspection site visit took place on 16 April 2018 and was carried out by two inspectors. This inspection was announced; We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available during the inspection, so we could access relevant records at the service's office. A second inspection day took place on 20 April 2018 and was announced so people who used the service and staff could be contacted for feedback on the telephone.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service, including statutory notifications, which the provider had submitted. Statutory notifications contained information about important events which took place at the service. For example, safeguarding notifications, which gave us information about how incidents and accidents had been managed. We also contacted the local authority's contracts monitoring and safeguarding teams and Healthwatch. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection we spoke with five staff members including the manager. We spoke with six people who used the service including one relative. On the second day, we spoke with the registered manager on the telephone as they were unavailable during the first day.

After the inspection we requested feedback from five professionals and received feedback from two.

During the inspection, we looked at the care records of five people who used the service, which included support plans, risk assessments and medication records. We reviewed five staff files and their training and

supervision records. We also looked at a selection of documentation relating to the management and running of the service. These included minutes of meetings with staff and people who used the service, quality assurance documentation, policies and procedures, complaints and maintenance records.

Is the service safe?

Our findings

People were supported safely and told us they felt safe. A relative told us, "Carers do absolutely everything that needs doing."

Staff were knowledgeable about people's needs and how to support them. Risks were assessed on an individual basis in conjunction with the person or their family, and risk assessments provided details of ways to minimise potential harm and how to respond to certain situations. For example, the risk of aspiration or falling. The registered manager told us, "[Relative's name] was involved in developing [name's] risk assessment, they wanted it in an easy read format and helped choose the language."

Staff completed risk assessments on people's properties to check the safety for both the people who used the service and staff. The registered manager also checked the MOT and car insurance of staff who used their vehicles to transport people. This helped ensure vehicles were suitable and safe to use.

A safeguarding policy was in place. Staff had received both children and adult safeguarding training and were aware of when to report concerns and what signs to look out for to protect people from the risk of abuse.

Staff supported people to take their medications safely including managing their medication independently if this was possible. One person told us, "I have an alarm on my phone to remind me to take my medication. If [staff] see I switch it off and I haven't remembered to take [my medicine], they will remind me." Medication Administration Records (MARs) had been completed. Staff received training in medication and their competency was checked by a more senior member of staff.

People's care plans included information about what medication they had and what support they would need. However, in one care plan it needed to be clearer who was responsible for managing the medication. Some guidance for people's medication was clear and detailed for specific medicines, which were as and when required (PRN). However, for others, greater clarity was required to improve these protocols, to support staff to administer people's medication as prescribed. We discussed this with the manager who agreed to amend these.

People were supported by sufficient numbers of staff. The registered manager told us, "[Staff] rotas are done bespoke, around the needs of the client and skills of staff available to meet the client's needs." One person said, "Carers are never late or miss calls." Staff were recruited safely in line with the organisations policies and procedures. This included making appropriate checks to ensure only suitable staff were employed.

Procedures were in place to protect people from the spread of infection. Staff had access to gloves and aprons. A member of staff said, "I always wear gloves, aprons and shoe protectors." People confirmed staff wore protective equipment. Spot checks were carried out on staff to check their competency in this area.

Staff recorded and responded appropriately to accidents and incidents. The registered manager had

oversight of this which helped to drive improvement and reduce future incidents.

Is the service effective?

Our findings

Staff provided effective care and supported people to achieve outcomes. A person who used the service said, "Carers are always asking if I would like to do something and will do it with me."

People's needs were assessed before receiving a service. The manager told us, "When we assess people, we go out and do a general meeting with the person, because it is important to build a rapport before the assessment." They also explained, "We go into hospitals to assess people to ensure we are getting to know people's needs. We attended monthly discharge meetings at the hospital."

For those who required support with eating and drinking, staff supported them to maintain their nutritional needs and offered choices. One person told us, "I get all my meals... [Staff] leave my kitchen very tidy." People were supported with shopping or meal preparation dependent on their needs. People's nutritional needs were clearly documented in their care plans.

Staff received a range of training to support their practice and enable them to provide effective care. A relative told us, "[Staff] are all well trained and professional." Staff received an induction and completed ongoing refresher courses. They received training in specific areas to support people with their individual needs. Staff were encouraged to continue learning and development and received regular supervisions and yearly appraisals.

People were supported to access healthcare and healthy lifestyles were promoted. People's healthcare needs were documented in their care plans and staff worked closely with other health professionals to meet their health needs. The manager attended forums for specific health conditions to share best practice and attended regular discharge meetings at the local hospital to facilitate smoother hospital discharges.

Staff supported people to achieve their outcomes and have more control over their care. For example, they supported a person to use a piece of health equipment to meet their health needs, which enabled them to be more independent as a result. The manager worked closely with the person to facilitate staff training to support the person to use the equipment safely. The manager said, "I think that's right they should have that control over their care."

Staff were aware of the Mental Capacity Act 2005 (MCA) and had received training on this. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 make decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that the principles of the Act were followed. People told us staff sought their consent before providing care and support and we saw they had signed consent forms before receiving a service.

Is the service caring?

Our findings

One person who used the service told us, "[Staff] treat you with great kindness." Another person said, "From previously being a carer myself, the care the staff provide, is as good as the care I provided. They go above and beyond."

People spoke positively about the staff. People described them as "caring" and a "friendly bunch". People told us, "Carers are very good" and "I find the [staff] very good."

Staff treated people with respect and valued their choices. A person who used the service told us, "[Care staff] slot into family life. They make a good job of not making my home feel like a workplace, but they are still professional." They also said, "I can have a laugh with them, which I think is important."

People were supported to be independent wherever possible. One staff member told us, "It's about making sure people live the best life they can." We saw that information contained in people's care plan supported people to maintain their skills and abilities.

Staff respected equality and diversity. Staff were aware of 'protected characteristics' and how to identify discrimination. The manager told us, "It's about making sure everyone can be how they want to be." People's diverse needs were respected and promoted. For example, staff supported a person to attend an organised event, which promoted their sexuality and diversity.

Staff respected people's privacy and maintained their dignity. A member of staff explained how they used items of clothing to cover a person's wheelchair straps to be more discreet. People could also choose if they preferred for staff not to wear their uniform when they supported them out in the community. One staff member said, "We close the door when [relative's name] comes in [when providing personal care]." The person who received this support confirmed this, "[Staff] close the door and keep me covered up." However, one person we spoke with, disagreed that carers maintained their privacy and dignity, when receiving personal care. We asked if they would like this to be raised with the registered manager, but they told us they wanted to resolve this themselves.

Staff were aware of the importance of maintaining confidentiality and people's personal details were stored securely. The registered manager told us "We have implemented a new IT system so all our records are electronically backed up." We saw that staff used passwords to access files on their computers and paper files were kept in locked cupboards.

Is the service responsive?

Our findings

People's care plans were person-centred and contained detailed information about their abilities, health needs, likes and dislikes. This enabled staff to provide person-centred care, and support people in line with their preferences.

Staff regularly reviewed people's care plans to allow staff to respond to people's changing needs. One person receiving a service told us, "The care coordinator will come out and look at my care plans and ask questions about how things are going." We saw that people had received at least annual reviews.

The registered manager and staff took a person-centred approach to the support they provided. The manager told us about how the service worked in partnership with another care provider to ensure a person's needs were met while they had a short stay in a residential home. This helped to provide continuity of care and prevent this person from becoming distressed.

Staff supported people to pursue their hobbies and interests and access social and leisure activities in their community. One staff member told us, "We have issues finding suitable changing facilities for [person's name] who has physical disabilities. The registered manager goes to the carers group and shares information with us about these facilities." They explained knowing where suitable toilets were located, enabled them to take the person to a range of activities they enjoyed including the cinema and shopping. The manager told us about a person they had recently supported to return to their home town on a holiday. They told us, "It's person-centred; if that's what they want, if they haven't got any family to take them, we can support them."

Staff responded to people's individual needs. The manager said, "We have a non-judgemental approach... we do treat people differently, because we treat people in line with their different needs. For example, if they need different support to communicate." There was detailed information in people's care plans about people's individual needs including their communication needs.

A complaints policy was in place and people told us they knew how to make a complaint. A person who used the service said, "I have got the email and phone numbers." People were happy with how their complaint had been handled. One person told us, "I did make a complaint about [staff member's name]. [The registered manager's name] listened to me and asked me what I wanted the outcome to be. They listened to me and took on board my comments." We saw that where complaints had been received, these had been responded to appropriately.

Staff were not supporting anybody at the end of their life at the time of our inspection. Staff had received training in this area and had previously supported people at the end of their life to have a comfortable, dignified and pain free death. The manager told us, "I attended an end of life network group to look at how end of life care is being managed in the area." This helped the service to keep up-to-date with best practice.

Is the service well-led?

Our findings

A registered manager was 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. In addition, there was also a manager in post at the time of the inspection, although it was their last day at the company. They were managed by the registered manager and assisted with the daily running of the service. The registered manager told us they would continue to in their role without recruiting another manager and consider if this was needed in future.

The registered manager had a clear vision to deliver high quality care and promoted a positive culture within the team. They told us, "We are looking at how we can improve everything for people all the time."

The manager told us, "The organisation is transparent and really open. We have a happy culture...people feel supported. We ensure people feel we are available whenever they need us." The registered manager developed a staff mentor role, after staff consultation, so staff would always have somebody they could seek support from if the manager or registered manager were unavailable.

There was a positive team culture and the values of the organisation were shared by staff. One staff member told us, "We have heard from other professionals we have a good reputation." Another member of staff said, "I just love my job and find the company such a nice company to work for. Any problems I have ever had have always been addressed." The registered manager and manager had an open door policy and were accessible to staff.

The registered manager valued the importance of learning and development. They identified that it was not always easy to organise training and told us about plans to build a new training room, which would make face to face training more accessible for staff. Following the inspection, the registered manager advised CQC this had now been completed. The registered manager also supported staff with ongoing development and was supporting one member of staff to attend a management course.

The registered manager had effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. Regular audits had been completed including diary entry notes, care plans and medication records.

Staff worked in partnership with other agencies and professionals to share best practice and had developed community links. The manager said, "We strongly believe in partnership working." The registered manager attended a number of multi-agency meetings including learning disability partnership, children and young people's partnership and the local safeguarding adults board. The registered manager chaired the Cross Sector Provider Partnership, which contributed to sharing learning and development with other services. They also held a monthly meeting for small groups of staff, to raise standards across staff practice.

Staff kept in touch with one another through a variety of means including face to face meetings, texts,

emails, phone calls and a secure online chat system. One staff member told us, "If I need advice or support I can always go to management. I have no problems going into the office and speaking to anyone with any concerns." Another staff member told us, "Communication is very good." The manager told us, "Communication with staff is good, but we are continuously trying to improve." The registered manager had systems in place to boost staff morale including sending inspirational quotes out to staff via text and an 'employee of the month' award.

The registered manager was aware of their responsibility to inform CQC of notifiable incidents and these were sent appropriately.