

Elite Choice Home Care Limited

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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

About the service

Elite Choice Homecare Limited is a domiciliary care service providing personal care and support to people living in their own homes. The service primarily supports older people, people with physical disabilities and some people who are living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was supporting 33 people.

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

People were complimentary of the care and support that they received. People and their relatives confirmed that they felt safe and stated that they were supported by a regular team of care staff who treated them with dignity and respect.

Risks associated with people's health and care needs were assessed and staff were given clear guidance and direction on how to manage identified risks so that people could be kept safe from harm.

People received their medicines on time and as prescribed. Medicine management systems in place supported this.

The service currently had appropriate staff availability to support people safely. Each staff had been checked and verified to ensure that they were safe and suitable to work with vulnerable adults.

People were supported to maintain a healthy and balanced diet where this was an identified need. Where required the service helped people to access appropriate health and social care services to promote and maintain a healthy lifestyle.

Staff were regularly supported and trained so that they could effectively carry out their role.

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 supported this practice.

People told us that care staff were kind and caring. We were also told that staff knew people well and supported them in a person centred and individual way which was responsive to their needs.

Care plans were person centred and detailed every aspect of each person's care and support needs and the ways in which people wanted to be supported with these.

People and their relatives knew who to speak with if they had any concerns or complaints to raise and were confident these would be addressed and resolved appropriately.

The registered manager and the management team had implemented several checks and audits to monitor and oversee the quality of care people received. This enabled the service to learn, develop and improve the quality of care provided.

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 21 June 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Elite Choice Home Care Limited

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 and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. 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

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager who was also the nominated individual, one director and the deputy manager. We also reviewed a range of records. This included five people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed records relating to the management of the service, including quality assurance records.

After the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We also spoke with one team leader and three homecare workers. We continued to seek clarification from the provider to validate evidence found. We looked at training data and staff rotas.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected and safeguarded from the risk of abuse.
- People told us that in the presence of their allocated homecare worker they felt safe and protected from harm. People gave us examples of carers using the key safe properly and announcing who they were before entering their home.
- Relatives also felt reassured and confident that their relative was safe with homecare workers from Elite Choice Homecare Limited supporting them. One relative explained, "That's the safe thing about this agency, [person] see's the same staff all the time."
- The registered manager and the staff team understood and demonstrated a clear understanding of safeguarding and their responsibilities around protecting people from the risk of abuse.
- Homecare workers were able to describe how they would identify possible signs of abuse and named appropriate individuals and professional bodies they would report their concerns to.

Assessing risk, safety monitoring and management

- The service assessed and documented risks associated with people's health and care needs. Each person's risk assessment detailed the identified risk, how the risk affected the person and how staff were to support the person to keep them safe from harm.
- Assessments covered risks associated with moving and handling, specific health conditions such as urinary tract infections and diabetes, skin integrity and the use of a catheter.
- The service also assessed environmental risks that may have been present at people's homes and surrounding areas, to ensure safety measures were in place to keep people as well as staff safe from harm.

Staffing and recruitment

- People and relatives told us that they received care and support from a regular team of homecare workers who almost always arrived on time. Where homecare workers were running late people and relatives were informed of this.
- We found that for the number of people the service currently supported, there were sufficient numbers of staff available to meet the need. Rota's evidenced that homecare workers were allocated sufficient travel time between each care call. Homecare workers confirmed this.
- Recruitment processes in place checked care staff suitability to ensure that only those assessed as suitable to work with vulnerable adults were recruited.
- Checks included proof of identity, right to work in the UK, disclosure and barring criminal record checks and references evidencing conduct in previous employment.

Using medicines safely

- Where people received personal care, we also saw records of people receiving support with the administration and in some cases management of their daily medicines.
- Records confirmed, and people told us that they received their medicines on time and as prescribed.
- Records were complete and there were no gaps in recording.
- Where people had been prescribed 'as and when required' medicines a protocol was in place which give information and direction to staff on how and when this type of medicine needed to be administered. 'As and when required' medicines can include pain relief or medicines used for the relief of constipation or anxiety.
- Homecare workers had received the appropriate training on medicines management and administration. Following their training, each homecare worker was regularly observed administering medicines to assess and confirm their competency in this area.
- The service carried out weekly medicines audits to check and ensure that people were receiving their medicines safely and as prescribed. Where issues were noted these were addressed immediately with the team.

Preventing and controlling infection

- Homecare workers had received training on infection control and understood their responsibilities around the prevention and control of infection.
- Each homecare worker had access to a variety of personal protective equipment to maintain infection control within people's homes. These included gloves, aprons, a first aid kit and hand sanitising gel.

Learning lessons when things go wrong

- Each accident and/or incident was recorded in each person's care records. Records detailed the nature of the accident or incident, immediate actions taken in response and any follow up required by management to prevent future similar occurrences.
- Learning lessons to improve the quality of care people received was of key importance to the registered manager. The registered manager told us, "Where we have something specific we can bring it up at the team meetings. We can share experiences and consider reflective practises."

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

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

- People's needs and choices were assessed by the service so that they could determine whether or not people's identified needs could be met safely and effectively.
- The assessment collated information about the person, their support needs, moving and handling requirements, the environment and communication needs.
- The information formed the basis of the care plan which homecare workers used to get to know the person and deliver care and support in line with the relevant standards and guidance.
- Care plans were reviewed quarterly or sooner to ensure that care and support needs for the person remained current and any changes were reflected in order for homecare workers to deliver care effectively.
- People and where appropriate relatives, confirmed that they had been involved in the care planning process.

Staff support: induction, training, skills and experience

- People and relatives stated that they believed homecare workers were appropriately trained and skilled. One relative explained that the use of a hoist was required for their relative and this was always carried out in a professional manner, with little discomfort.
- Staff told us and records confirmed that they received a comprehensive induction, training and appropriate support which enabled them to deliver safe and effective care.
- The induction included staff receiving relevant training associated with the care role and shadowing a more experienced member of staff before being assessed as competent to work on their own.
- Training was refreshed on a regular basis.
- Staff told us that in addition to regular training they were also supported through supervision and development reviews which gave them the opportunity to discuss issues, areas of concerns and career development.

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

- People were supported to eat and drink as well as maintain a balanced diet where this was identified as an assessed need.
- People's likes, dislikes, support needs and any specific dietary requirements were recorded within people's care plans. This also included any cultural and religious requirements.
- People and relatives confirmed that homecare workers supported them with planning, making their meals and keeping them hydrated where required. People were always offered a choice. One person told us, "They prepare my lunch and always make sure I have something to eat and drink." One relative explained that the

homecare worker helped their relative compile a shopping list which was then sent to them to purchase the items.

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

- The registered manager and staff team worked effectively together and with other agencies to ensure people received appropriate, consistent and timely care.
- Care records completed on a daily basis ensured effective communication within the team so that where issues, concerns or changes in need had been identified, homecare workers had access to this information to deliver care effectively.
- People's health and medical needs were clearly documented in their care plans. Where required, people were supported in accessing a range of health care professionals to ensure people received the support they needed to live healthier lives.
- The service worked in partnership with GP's, social workers, occupational therapists and community nurses.
- Where homecare workers identified concerns with people's health and care needs we saw records confirming referrals had been made to the appropriate health care professionals requesting additional support.
- People and relatives confirmed that the service worked effectively to meet their and their relatives' healthcare needs. Communication was always maintained and regular updates provided where required. One relative told us, "The carers realised that mum was becoming frailer so they make her as comfortable as possible."
- People's support needs around maintaining their oral hygiene was clearly documented in their care plans. Homecare workers had received training on maintaining oral hygiene and described the importance of supporting people with 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;

- The service worked in line with the key principles of the MCA.
- People had signed their own care plans to confirm they had consented to the care and support that they received. Where people lacked capacity and were unable to sign their own care plans, relatives had signed to confirm that they had been involved in the care planning process.
- Care plans assessed and recorded people's mental capacity. Where people lacked capacity, best interests' decisions that had been made on the person's behalf were clearly documented and followed by homecare workers.
- Homecare workers demonstrated in-depth knowledge and understanding of the MCA and how its key principles were to be applied when delivering care and support. One homecare worker explained, "Whether people have capacity to consent or don't this gets assessed. It can change. I think personally we have to give

people the choice and make sure they are safe when making certain decisions."

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. 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 told us that they were supported by homecare workers that were kind and caring and that they supported them with respect.
- Comments from people about the homecare workers that supported them were overwhelmingly positive and included, "The girls are one in a million, I don't know what I would do without them", "They [homecare workers] are very kind and attentive" and "The care is 99.9% brilliant."
- Feedback from relatives about the care that their relative received was also highly complementary. Relatives told us, "They are lovely, very nice girls and friendly and chatty" and "The carers are the icing on the cake."
- Care plans documented people's religious and cultural needs as well as their preferences around whether they wished to be supported by a male or female homecare worker. One person stated, "They know all my peculiarities."
- Homecare workers told us that they had got to know the people they supported well. They were aware of their likes and dislikes and how they wished to be supported. One homecare worker explained, "It's about person centred care and getting to know their likes and dislikes."
- Homecare workers understood that each individual person had different diverse needs in relation to their culture, religion, disability or sexual orientation and needed to be supported accordingly. One homecare worker told us, "We treat everyone as individual and we respect their religions, cultures or sexuality."

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

- People and their relatives told us that they were involved in every aspect of daily decision making around the care and support that they received. People told us, "They do anything I ask" and "They always ask me "Is there anything else you want me to do"."
- People told us that they felt listened to, with one person telling us they felt that their homecare worker treated them as a real person.
- Care plans documented people's preferences and the specific ways in which they wished to be supported. One person's care plan documented, '[Person] has a full strip wash. A bar of soap is kept on the yellow tray and towels and flannels on the radiator. [Person] will take nightdress off and then prefers to be washed from legs up. Please ensure that [person] takes her slippers off, and that her feet are washed.'
- Homecare workers gave examples of how they involved people in their care and always asked their permission before carrying out any task related to their care and support. One homecare worker told us, "Consent is very important. I will always ask before we do something."

Respecting and promoting people's privacy, dignity and independence

- People told us that they were always treated with dignity and respect and that their privacy and confidentiality was always maintained.
- We were given specific examples by people and relatives about the ways in which homecare workers respected their privacy and dignity. One person told us, "Brilliant, the carers treat you as a real person, like a human being."
- Homecare workers also gave us examples of how they respected people's privacy and dignity. In addition, they described ways in which they promoted people's independence and encouraged them to do the things they could for themselves, whilst monitoring them to ensure their safety. One homecare worker explained, "Promoting independence is about letting people do as much as they can and keep an eye on things."

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. 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

- Each person receiving care and support from Elite Choice Homecare Limited had a person centred and comprehensive care plan in place.
- Care plans documented people's life history, care and support needs and how they wished to be supported. This enabled homecare workers to provide care and support that was responsive to their needs.
- Care plans were reviewed every three months or sooner where change had been noted.
- The service used an electronic care plan system which homecare workers had access to through their mobile phone. Care plans were accessible at any time which also included all relevant updated information about people so that care could be provided in response to people's most current needs.
- Homecare workers used the electronic care plan to document details of each visit, tasks undertaken and significant observations or information that needed to be communicated to other visiting homecare workers and the office. This supported effective communication so that people received care and support that considered any changes or updates.
- Homecare workers told us that with care plans available electronically they had access to the most current information about people with immediate access to updates and actions that needed to be taken in response to people's needs. One team leader told us, "You can go into each individual person's care plan and their activities. It tells us individually what they like to be done, it's all tailored to the individual."

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.

- Care plans documented people's specific requirements around their communication and accessibility of information needs. This included people's support needs and aids they may use for hearing or their eye sight.
- The registered manager explained that they would make information accessible to people in alternative formats where this was required, to support people's communication and understanding.

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 and relatives told us that they had developed positive and friendly relationships with the homecare workers that supported them.
- One person told us, "They [homecare worker] have made a big difference in my life." Relatives told us,

"They always stay behind and help if they need to" and "I don't know what we would do without them, they are extremely friendly."

- Most people engaged in their own interests and hobbies with the support of their relative or friends. However, where required homecare workers also supported people to access and participate in activities of their interest. One person told us, ""They take me out for a walk so I can get some fresh air." One relative told us, "They always escort my relative down to the restaurant."

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they had any complaints or concerns about the care that they or their relative received and were confident their concerns would be addressed appropriately. One person told us, "I certainly have no complaints."
- The service had not received any formal complaints since the last inspection. The registered manager told us that any minor niggles were dealt with immediately.
- We saw systems in place to record, investigate and respond to complaints which were in line with the providers complaints policy.

End of life care and support

- At the time of this inspection, the service was not providing end of life care.
- Each person's care plan documented information regarding whether a valid 'do not attempt cardiopulmonary resuscitation' (DNACPR) was in place. However, only some care plans recorded people's advanced care planning decisions and wishes.
- The registered manager explained that attempts were made to gather as much information from people and their relatives about how they wished to be cared for at the end of their life. However, as this was a sensitive topic for discussion people and relatives were reluctant to discuss this.
- The registered manager also told us that all staff had received training from a local hospice on supporting people at the end of their life. The aim going forward was to gather as much information possible so that people could be supported responsively according to their needs and wishes.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and homecare staff team worked towards ensuring that people received person centred care which was inclusive and achieved good outcomes for people. A team leader told us, "I treat people the way I would like to be treated, making care more human and genuine. All the staff and people I work with are very genuine and dedicated."
- People and relatives knew the registered manager and senior staff team well and spoke highly of the service they received and the way in which the service was managed. One person stated, "I can't praise them enough." A relative told us, "I am more than happy with the agency, they are brilliant."
- People and relatives told us that the registered manager was regularly in touch with them, and that communication was very good. One person told us, "They ring me to see if I'm okay." A relative stated, "They are easy to reach by phone and you always get a quick reply."
- People and relatives were sent a copy of the weekly rota so that they were aware of the homecare workers scheduled to attend to the care call.
- Homecare workers and team leaders spoke positively of the management systems in place and told us that they felt well supported in their role. The registered manager and other senior managers were always available even out of hours. One homecare worker told us, "If we need them [managers] we can pick up the phone and call them. I'm in the office quite a lot as well."

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 clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- People and relatives were provided with access to the electronic care planning system where possible. This enabled them to view all records and communication about their and their relatives care.
- The registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

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

- A clear management structure was in place to ensure each staff member understood their role and responsibilities. Homecare workers understood risk and ensured that all concerns or identified issues were reported back to the office for immediate action.

- The registered manager had implemented several checks and audits to monitor the quality of care and support that people received.
- Daily, weekly and monthly audits were completed which monitored timekeeping, daily recording, medicines administration and management and care plans. Audits checked that records were current and complete, and that people were receiving the appropriate care and support as required.
- Where issues were found, actions were taken to address these and further learning and development was communicated to the staff team so that the service was continually improving the quality of care people received.
- In addition to audits, staff were also observed in their usual work practice during 'spot checks'. These were to check that staff were working to the required standards.
- The registered manager and management team present were all positive about the inspection and welcomed the opportunity to receive feedback.

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

- The registered manager and senior managers encouraged people, relatives, staff and other stakeholders to be involved, where possible, in the provision and delivery of care.
- People and relatives told us that they had been involved in the assessment of need as well as regular reviews and welfare checks to ensure they were receiving a good service. Ideas and suggestions for improvement were also welcome. One person told us, "They [managers] came around a few weeks ago to see if I am satisfied, I've certainly got no complaints about the care I get."
- People and relatives were also asked to give feedback through the completion of an annual satisfaction survey. This exercise had last taken place in October 2019. Responses had been overwhelmingly positive. The registered manager was in the process of writing to everyone with the results and outcomes from the survey.
- Homecare workers told us that they were actively involved in the delivery of care and regularly received updates and information relevant to their role.
- Monthly staff meetings enabled the staff team to come together and discuss topics of interest, issues and concerns and share practices. Agenda items included medicine administration, care plans, duty of candour and service users' issues. One homecare worker explained, "Meetings are really good. We get to ask questions and talk about clients, new equipment. It's nice to be able to all share experiences and try different strategies."

Working in partnership with others

- The service worked well in partnership with a variety of health care professionals such as GP's, community nurses, the local hospice and social workers, to maintain the health and wellbeing of the people they supported.
- The service also worked in partnership with the local authority and local care homes to access training and share resources where possible.
- Where there had been referrals, appointments or on-going engagement with other health care professionals, this was clearly documented in people's care files with details of outcomes and actions to be taken.