

Elite Home Care Service Limited

# Elite Home Care Service Limited

## Inspection report

18-20  
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13 September 2019

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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 Home Care Service Limited is a domiciliary care service providing personal care to people in their own homes. 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 providing personal care to 33 older people.

### People's experience of using this service

People told us they received a good service and felt safe with the support they received from staff. Accidents and incidents were recorded and investigated. Risk assessments were in place. The registered manager and staff understood their responsibilities about safeguarding. Arrangements were in place to protect people from the risks associated with the management of medicines and the spread of infection.

Recruitment procedures were in place and there were enough staff on duty to meet people's needs. Staff received appropriate training and supervision to provide care in a person-centred way.

People's care and support plans were detailed, regularly reviewed and updated. 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.

Staff had developed caring relationships with people they supported. People were supported to take part in decisions about their care and treatment. Their views were listened to. Staff respected people's independence, privacy and dignity. People and their relatives were aware of the provider's complaints procedure and felt confident to raise concerns.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. There was a quality assurance system in place to monitor the quality and safety of the service. There was a focus on continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This is the first inspection of this service which registered with CQC on 3 August 2018.

### Why we inspected

This was a planned inspection based on the date the service first registered with CQC.

### 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 Home Care Service 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Elite Home Care Service Limited is a domiciliary care service. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). 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 the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 September 2019 and ended on 13 September 2019. We spoke with people and relatives on the telephone on 12 September 2019 and visited the office location on 13 September 2019.

#### What we did before inspection

We reviewed information we held about the service and the provider, for example, statutory notifications and complaints.

We contacted professionals involved in caring for people who used the service, including commissioners and social workers. We contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

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 five people who used the service and one relative. We spoke with the registered manager, provider, operations liaison, care co-ordinator and one care staff.

We reviewed a range of records. This included four people's care records. We looked at the personnel files for four staff and records related to the management of the service.

After the inspection

We received written feedback from two relatives, five staff members and one social/health care professional. We sought clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us information in a timely manner.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the presence of staff and their needs were met safely. Comments included, "I feel very safe with the carers" and "I wouldn't change them for the world."
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Assessments of specific risks within people's homes had been completed and staff were provided with guidance on how to manage these risks.
- The provider had a business continuity plan in place to cover emergency situations, so people would continue to receive safe and effective care.

Staffing and recruitment

- The provider had effective recruitment procedures in place. Relevant checks were carried when new staff were employed.
- There were enough staff employed. People and their relatives told us staff arrived on time and did not rush them.

Using medicines safely

- Medicines were managed safely. Audits were completed regularly.
- People were happy with the support they received to take their medicines.
- Staff were knowledgeable about people's medicines and were suitably trained.

Preventing and controlling infection

- Staff followed good infection control practices. Personal protective equipment (PPE) to help prevent the spread of healthcare related infections was in use.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and reviewed to identify any lessons that could be learned.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question was rated good. 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 were assessed before the service began to provide care and support.
- Individual care plans were developed with the person and their representative where appropriate. They were continually evaluated and reviewed to ensure people received the support that met their changing needs.

Staff support: induction, training, skills and experience

- People and relatives were confident the staff had the right skills to provide the care and support they needed. One person told us, "Staff know what they are doing."
- Staff completed a comprehensive induction and training programme. Their practice was assessed through regular spot checks of the care they provided.
- Staff felt supported in their role and received regular supervision and appraisal.

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

- People were supported to eat and drink, when needed.
- Care plans included information about people's dietary requirements and preferences.

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

- People received ongoing health care support. Referrals were appropriately made to health care services when people's needs changed.
- Records showed staff worked with a range of external professionals to maintain and promote people's health. One professional told us, "The service goes above and beyond to meet people's needs."

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.

- At the time of the inspection no one who used the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- The registered manager and staff had a good understanding of the MCA.
- People confirmed staff sought their consent before providing personal care.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question was rated 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 were complimentary about the care provided. Comments included, "I am 100% happy with the care I receive", "The staff are very caring" and "They [staff] are part of the family."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. One person told us, "I have a good rapport with them and can have a laugh." One relative said, "[Name] has a good relationship with them. They perk up when the carers come."
- Staff understood the importance of treating people as individuals with rights. They were aware of equality and diversity issues and recognised each person was unique with their own lifestyle and needs.
- Where people were unable to express their needs and choices, staff understood their way of communicating. One relative told us, "Staff listen to us."

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

- People were empowered to make choices and have as much control in the delivery of their care, as possible.
- Staff involved people and their relatives in day to day discussions about their care. They directed people and their relatives to sources of advice, support or advocacy.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- Staff treated people with dignity and provided compassionate support in an individualised way. One person said, "The service has quality staff and the care is never rushed."
- Staff promoted people's independence, without compromising safety.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

This is the first inspection for this newly registered service. This key question was rated 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

- Electronic care plans were person-centred and regularly reviewed. They contained detailed information about people's daily routines and specific care and support needs.
- Staff knew people's needs and preferences well. They were responsive to people's changing needs.

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 were supported by staff to participate in activities which were meaningful to them. One person told us, "I enjoy going to the park, museum and visiting the coffee shops in town." One staff member said, "We have a few outings. We encourage people to join in with all the activities."

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 contained information about people's communication requirements.
- Most people using the service were able communicate their needs to staff without support.
- Where people had difficulties with communication, information could be made available in different formats.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place to ensure complaints were acknowledged, investigated and responded to.
- People and relatives knew how to make a complaint should they need to. They were confident if they had any concerns they would be addressed promptly.

End of life care and support

- The registered manager explained how people would be supported to make decisions about their preferences for end of life care. Professionals would be involved, as appropriate, to ensure people were comfortable and pain free.
- Staff were aware of good practice and guidance in end of life care. They knew to respect people's religious beliefs and preferences. There was no one receiving end of life care at the time of the inspection.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities. One professional told us, "Staff are very polite and efficient when taking telephone messages and will always respond and return my calls."
- People and relatives were complimentary about the registered manager and staff. Comments included, "Staff are extremely approachable" and "All the staff are very professional."
- The registered manager completed quality audits and safety checks. They undertook regular 'spot checks' to monitor the quality of the service delivered by staff.
- The registered manager was aware of their responsibility to submit statutory notifications to CQC following significant events at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and 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 service had a positive culture.
- The registered manager effectively supported the delivery of person-centred care. They were responsive to concerns identified and quick to put things right.
- Staff told us they worked well as a team to deliver high quality care.
- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives knew how to provide feedback to the service.
- Staff told us they felt listened to and the registered manager was approachable and supportive. Comments included, "I really enjoy working for Elite Home Care. I feel valued and part of a team" and "We receive consistent messages from management and are always kept up to date."
- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. People and relatives' comments included, "The service is very flexible", "The care provided is excellent" and "I have recommended this service to people."
- The registered manager was responsive to people's needs. They demonstrated a positive approach to

learning and development and was proactive in cascading changes in practice to staff.

#### Working in partnership with others

- The service had good links with the local community and worked with other agencies and key organisations, reflecting the needs and preferences of people it supported.
- People achieved positive outcomes because the relationships between the organisations were strong and effective. One professional said, "The registered manager will attend meetings at short notice and is always fully prepared to answer all queries."