

Elite Careplus 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

About the service:

Care Plus Elite Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. People had a wide range of needs. At the time of the inspection it provided a service for 33 people. The Care Quality Commission (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.

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

People using the service and their relatives told us communications with the office were good. They said they were informed if staff were going to be late or if the person's care needs changed.

People told us they felt safe and were protected from the risk of abuse. The service had appropriate safeguarding procedures. Staff told us they received regular appropriate training in person and they knew how to safeguard people from abuse and the processes that should be followed where concerns arose.

Risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

There were appropriate policies and procedures in place to ensure people received their medicines safely. Appropriate training was available for staff on the safe administration of medicines. This together with appropriate supervision and monitoring meant when required people received their medicines, this was carried out safely and staff had clear guidance to follow.

The provider had ensured that appropriate training and supervision was available for staff. Most of the training staff received was classroom based. Staff told us this was more effective than other forms of IT based training. Training packages included understanding and how to manage best practice for infection control and the use of PPE.

There were systems in place to ensure that accidents, incidents and risks were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of events occurring in the future.

Together with referral information, assessments of need were carried out and these informed people's support plans which were reviewed and updated as people's needs changed.

People told us they were well supported by staff. They were supported to eat and drink according to their dietary requirements taking into consideration people's preferences.

People told us they received good quality care from kind and caring staff. They said their care was delivered by regular staff and this provided the consistency and continuity they needed. They told us they were treated with dignity and respect. They told us staff had the right skills to deliver appropriate care and support.

Staff were able to communicate with people well.

People and their relatives said the registered manager welcomed feedback and they said complaints were dealt with swiftly and professionally. People told us they thought the service was well led and that they were very happy with the support they received.

There were effective systems in place to monitor the quality of the service provided to people which ensured good governance. Technology was used effectively by the provider to ensure people were informed promptly about potentially missed or late calls. The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

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

Rating at last inspection and update:

The last rating for this service was good (published 22 January 2018).

Why we inspected:

This inspection was prompted because the service had not received a comprehensive inspection since January 2018.

Follow up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Careplus Ltd

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 2008.

Inspection team

This inspection was carried out by one inspector.

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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. We used this information to plan our inspection.

During the inspection

We visited the offices of this service. We spoke with the registered manager, the deputy manager, the field supervisor, the care co-ordinator and 2 care workers. We inspected 4 people's care files and 4 staff files. We also reviewed a variety of records relating to the management of the service. We spoke with 6 people who used the service and 3 relatives on the telephone about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to safeguard people from abuse. These policies and procedures followed best practice. Staff demonstrated a good knowledge of how to recognise abuse and knew what to do should concerns arise. They had received appropriate in person training for safeguarding people from abuse and we saw evidence of this and that the induction programme for new staff included this training.
- Staff understood the process for dealing with safeguarding concerns appropriately as well as working with the local authority safeguarding team around investigations and any safeguarding plans implemented.
- There were appropriate policies in place for staff to understand how to "whistle-blow". Staff knew the process to follow if necessary.

Assessing risk, safety monitoring and management

- Before people were offered a service, an initial assessment was undertaken by senior staff. This assessment involved looking at the referral information provided by commissioners and any risks faced by the person or by the staff supporting people. We saw that person centred risk assessments were undertaken in relation to mobility and falls, self-harm, security at home and possible behaviours that may challenge staff. Plans were put in place to minimise any risks identified for people and to ensure they were safe from harm.

Staffing and recruitment

- There were effective recruitment and selection processes in place to ensure staff were safe to work with people. This included application forms, interviews and pre-employment checks which included references from previous employers. Disclosure and Barring Service [DBS] checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use the service.
- People and their relatives told us they thought there were good levels of staffing to cover their needs. This was evidenced by staff rotas that showed staffing arrangements were appropriate to meet people's needs. Reviews of care plans including the review of allocated visiting times indicated staff had enough time to carry out the tasks required.
- Relatives told us their family members were well treated by staff and they felt their family members were safe with the support they received. They were complimentary about the services provided. Comments included, "They are very good indeed, we are very happy", "They have been very good so far, no problems".

Using medicines safely

- Some people were supported by staff to be prompted to take their medicines. For other people, this was done by their relatives. There was a policy and procedure in place that provided guidance about the

administration of medicines. A medicines risk assessment was also completed to help make sure people received their prescribed medicines safely and at the right time. Staff received appropriate training on the safe administration of medicines. They told us staff competencies were monitored regularly to help ensure people received their medicines safely. We saw evidence of the process that was in place.

Preventing and controlling infection

- A comprehensive policy and procedure was in place for infection control and food hygiene in people's homes and training on both was completed by the staff. They showed us evidence this would be a part of induction training for new staff.

Learning lessons when things go wrong

- The service had in place an appropriate policy and process for learning from mistakes. The registered manager reviewed accidents and incidents. These were analysed and reviewed to check if the person's care plan needed to be reviewed and identify actions that needed to be taken to reduce reoccurrences.

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 our last inspection this key question was rated good. At this inspection the rating has remained 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

- Prior to people receiving a service senior staff met with people and their relatives to assess their needs and risks and identify the level of support they required. These assessments were undertaken in line with national good practice guidance.

Staff support: induction, training, skills and experience

- People received support from staff who had the knowledge and skills to undertake their duties.
- Staff completed an induction and mandatory training to ensure they were up to date with best practice guidance. Staff were complimentary about the training in that it was usually classroom based. Comments included, "So much better than e-learning", "I learn a thousand times better with face to face training" and "Best training I've done with any agency".
- Staff felt well supported in their role and they received regular supervision. A care worker told us, "If I have a question or need guidance, my managers are always there."

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

- Where required, staff supported people with their nutritional needs. People confirmed that they received this help when they needed it. People said they were able to choose what they wanted to eat, and staff supported them to prepare it.

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

- Staff did not directly support people with their healthcare needs. However, if people needed support with their health staff liaised with people's relatives and their GP. Staff were aware of signs of possible infection and would liaise with community nursing teams if they had any concerns, for example, in relation to catheter care.

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 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 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.

- People received support in line with the MCA. People's consent was obtained prior to support being provided and staff ensured they provided support that people were comfortable with.
- At the time of our inspection no-one was deprived of their liberty.

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 our last inspection this key question was rated requires improvement. This was because people told us they did not receive regular staff to support them. This meant people found it difficult to build a trusting relationship with staff. Significant progress has been made since the last inspection and people confirmed this with us. At this inspection the rating has improved to 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 their relatives told us they felt they were treated well, and care workers had built friendly, caring relationships with them.
- A relative told us, "We are very happy with the staff who support my [family member]. They are kind and compassionate." One person said, "I'm happy with the care I receive. I have the same care workers so it's been possible to build up a good level of trust."

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

- Staff provided support in line with people's wishes and choices. They involved the person and their family in their care and respected their decisions. Comments from relatives included, "We work together with staff to make sure our [family member's] needs are best met" and "Yes my [family member] is happy with the kind care they receive, it's good."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, particularly when supporting them with personal care. People's comments included, "Staff do respect my wishes when they help me with my personal care. They give me time and space, they respect my privacy and dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection this key question was rated good. At this inspection the rating has remained 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

- People received personalised care that met their needs.
- Staff liaised with people and their relatives to ensure their views were heard and integrated into their care plans. Comments from staff included, "With the IT support we have with our mobile phones we have all the relevant information we need, everything is made clear", "We have our work programmes on our phones that set out exactly what we need to do".
- People's care needs were regularly reviewed, and care provision was adapted according to any changes in people's health.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in a way they preferred and understood. Staff were aware of people's communication needs and adapted their communication style according to people's 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

- Care records included information about people's interests, likes, religion and cultural background. This enabled staff to have meaningful and engaging conversations with people and reduce people feeling socially isolated.

Improving care quality in response to complaints or concerns

- We reviewed the provider's complaints log. We saw that policy and procedures were followed and the complaints were resolved satisfactorily. People, their relatives and staff felt able to speak openly with the registered manager and knew how to make a complaint should they feel the need to. A relative told us, "I don't have any complaint but if I did I'd speak to the management team or to the registered manager."

End of life care and support

- The registered manager told us they were not providing end of life care for anyone at present. We saw there was an appropriate policy and procedure in place for when this became necessary.
- When appropriate, staff understood people's wishes regarding their end-of-life care and their wishes as to

whether they wanted to be resuscitated and the level of care they wished to receive should their health decline.

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 our last inspection this key question was rated good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led.

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

- People were very positive about the staff that supported their family member. Comments included, "Staff are pretty reliable, they do a good job" and "Communications to and from the office are good and they keep us informed of any changes." People told us they felt listened to and able to approach the registered manager about any concerns they may have. There was an appropriate complaints policy in place.
- We saw documentation to demonstrate the registered manager had processes in place to carry out competency assessments on staff members. This helped to ensure the staff team provide good care and support to people.
- People said there was an open and transparent culture at the service. The service provided was person centred and met the needs of the person they supported. It was clear that morale and motivation was high.

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 was aware of their registration requirements with CQC and of their duty of candour to notify CQC of specific events.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.

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 had in place systems to gather feedback from people and their relatives, staff and other associated professionals about the quality of service provision. This included unannounced spot checks and telephone monitoring calls to people. The registered manager undertook regular spot checks of staff practice. These monitoring checks looked at how staff were working practically with people as well as monitoring their performance. Questionnaires were sent out regularly to check and audit the work undertaken at the service. All the feedback information was analysed by the registered manager in order to identify trends and actions needed to improve the service.
- We saw policies and procedures in place that covered all aspects of the work undertaken at the service and this provided good support and guidance to staff regarding processes and good practice related to their work.
- There was a comprehensive staff supervision policy and procedure in place to help to ensure staff were well supported via one-to-one supervisions.

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

- The registered manager told us [and we saw evidence] that the service had access to onsite training facilities for all staff that offered more effective training. All new staff were expected to work towards completion of the Care Certificate and mandatory training to ensure they were up to date with best practice guidance. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. They went on to say that they believed in investing in their staff to ensure a good quality service was being delivered.
- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by the registered manager on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were developed to address any issues or concerns identified.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with people's relatives and health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.