Elite Care Agency Limited

Elite Care - Unit 2 Deans Farm

Inspection report

Unit 2
Deans Farm Buildings, Stratford Sub Castle
Salisbury
Wiltshire
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Tel: 01722323223

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31 May 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

The inspection took place on 31 May 2018 and was announced. We gave the provider 48 hours' notice because the service provides domiciliary care and we wanted to make sure the manager, or someone who could act on their behalf, would be available to support our inspection. The service provides personal care to people living in their own houses and flats in the community. It provides a service to 44 older adults.

The service was last inspected on 1 and 2 September 2016 and was previously rated as requires improvement. Action had been taken to address the breaches in regulation 12 and 18 identified at the previous inspection. At this inspection, we found the service to be rated as good.

Not everyone using Elite Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager 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.

People were told us they felt safe. Staff understood their responsibilities in relation to safeguarding and the service had systems in place to notify the appropriate authorities where concerns were identified. Medicines were administered and managed safely.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage those risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff had the training and skills required to support people effectively. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and applied its principles in their work.

People and their relatives told us the service was caring. There were sufficient staff to meet people's needs. The service had safe recruitment practices.

People knew how to make a complaint if they needed to. We observed a complaints policy and procedure in place and any concerns were investigated thoroughly. Areas for development and learning were identified and actions taken to improve the quality of the service.

The service was well managed and sought people's views and opinions and acted upon them. There was a good level of communication and people spoke positively about the management team and organisation of the service.

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 had improved and was safe.

Medicines were administered and managed safely. Robust medicines auditing practices were in place to ensure accuracy and safety.

There were sufficient numbers of staff deployed to meet people's needs.

People told us they felt safe and safeguarding procedures were in place.

Risks to people were assessed and managed.

Is the service effective?

Good

The service was effective.

People's individual needs were assessed prior to accessing the service.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received one to one supervision from their line manager and had access to developmental opportunities.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate, respectful and treated people with dignity.

Staff gave people time to express their wishes and to offer emotional support.

The service promoted people's independence and people were

involved in their care.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance on how staff were to support people.

People were treated as individuals and their diverse needs were respected.

Is the service well-led?

Good

The service had improved and was well-led.

The service had systems in place to monitor the quality of the service.

Audits were carried out regularly and improvements made.

The service worked closely with their local community and other agencies.

The service sought feedback from people, relatives and staff.

Elite Care - Unit 2 Deans Farm

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.

The inspection took place on 31 May 2018. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we needed to make sure the manager, or someone acting on their behalf, would be available to support our inspection.

The inspection team consisted on one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
We reviewed notifications sent to us by the provider. Notifications are information about important events which the service is required to send to us by law.

We spoke with five people, three care staff, the administrator, the care liaison officer and the registered manager. During the inspection we looked at four care plans, three staff personnel files, medicines records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection the service was in breach of Regulation 18, Staffing. We had found people were not being supported by sufficient numbers of staff to keep them safe and meet their needs. At this inspection we found improvements had been made. There were sufficient numbers of skilled staff available to meet people's needs.

The registered manager told us the actions they had taken to meet Regulation 18. They had reduced the number of people they supported by half, to ensure sufficient staff availability. They had undertaken a recruitment and staff retention drive and had employed only those members of staff who were suitable. They were continually monitoring their staff/people ratios and the registered manager told us they "would only take on new clients if we have the capacity to fulfil their requirements."

People told us that they mostly had regular carers and no missed visits were reported. One person told us, "It is usually one of the [staff] I know, sometimes I don't know who is coming" and another told us, "Yes, I have the same [staff] they are all very pleasant."

At the last inspection the service was in breach of Regulation 12, Safe care and treatment. We had found people were not protected from the risks associated with the unsafe use and management of medicines. At this inspection we found improvements had been made. Medicines were administered and managed safely.

The registered manager told us the actions they had taken to meet Regulation 12. Staff had received further training in the correct completion of medicines administration charts (MAR's). The MAR's we observed had been completed thoroughly. Guidance for staff had been reviewed and we observed clear instructions written on people's charts. For example, 'only sign if you witness the medicine being taken, otherwise use one of the codes on the reverse'. The policy had been reviewed and updated. Thorough and robust processes of auditing medicines administration were also in place.

The staff we spoke with confirmed they had received comprehensive refresher training in medicines administration. One staff member told us this included a questionnaire confirming their knowledge. For example, 'what would you do if a client asked you to remove a medicine from the packet for them to take later in the day?' the answer given was 'never, always administer at the correct time and witness'.

People told us they felt the service was safe. Peoples comments included, "oh yes, I feel safe, they always lock the front door and look around to make sure I'm safe" and "I do feel safe with them, they're excellent."

Staff understood the different types of abuse and their responsibility to report any safeguarding concerns. The staff we spoke with told us they had received safeguarding training and they would report any concerns to their line manager. Staff were also aware of who they could contact externally, such as the local authority safeguarding team and the CQC (Care Quality Commission). One staff member told us, "If I felt that someone wasn't being looked after, I would go to CQC, the police and the local safeguarding team." The service had a safeguarding policy and systems in place to report concerns.

Staff were also aware of their responsibility to whistleblow. One staff member told us, "I have never had to [whistleblow], but I would, no problem." Whistleblowing is the term used when a worker passes on information concerning wrongdoing. Whistleblowing procedures ensure that the whistleblower is protected from reprisals when they raise concerns of misconduct witnessed at work.

Risk assessments were in place. We saw that where a person required staff to use manual handling techniques for safe transfers; risk assessments were completed and expert guidance from an occupational therapist was in place for staff to follow. Another person had a risk assessment as they had been identified as being at risk of developing pressure ulcers. The documentation seen gave clear guidance on monitoring the person's skin integrity. It then gave clear guidance to staff on how to reduce the risks, for example observing the area and monitoring any changes, hygiene and ensuring adequate drying of the area.

The service had safe recruitment practices in place. These included employment references, identity checks and DBS. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Staff had been trained in infection control practices and were able to describe how they would stop the spread of infection using methods such as thorough hand washing. Staff had access to a plentiful supply of personal protective equipment such as gloves and aprons.

There were systems in place for staff to report accidents and incidents. The registered manager analysed the reports for any trends and themes to identify potential patterns. The findings were discussed with the staff team at meetings. This meant that staff could reflect on what had happened, why and what they would do differently in the future. Appropriate changes were made where issues had been identified. For example, one person's medicines had previously been found to be the incorrect number expected. This could have been because the person was taking them at incorrect times or dropping them. In agreement with the person and the family a safe was installed into the house to keep their medicines accurately managed.

The service had also reviewed and revised their medicines policy. They had developed a comprehensive file containing staff signatures, numbers of GP's, audits, PRN protocols, medicine risk assessments and copies of MAR's. This ensured that up to date information and guidance was easily accessible regarding people's medicines. The service had also ensured that two members of staff carry out the monthly medicines audits to have a 'double check' of process and procedure.

Good

Is the service effective?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. There was evidence to show that people had been involved in their assessment. Care plans contained details of people's personal life histories, likes and dislikes, religious needs and people's preferred names. For example, "[person] likes a cup of tea with milk and two sugars" and "[person] does not eat pig." Care plans also contained interests and hobbies. For example, "[person] enjoys the theatre and coffee with friends" and "[person] enjoys her church and any event the church organises." One person told us, "They [who?] do everything the way I like, and everything I ask them or need."

People's care plans contained detailed information about their health and how to maintain their well-being. One person's care plan instructed staff to monitor their mood, "chat with [person] and report any concerns regarding [their] general mood or well-being." Another person's care plan documented that staff were monitoring this person's health as they were concerned they had a chest infection. The person was supported to attend an appointment with their GP.

People were supported by staff who had completed the providers mandatory training. Staff told us they had received training in several areas including safeguarding, moving and handling, dementia, mental capacity and medicines management. We observed the provider's training matrix which showed training was up to date for all staff with refresher dates in place to ensure their skills were current. The providers mandatory training was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life consisting of the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Staff told us they had received an induction awareness course prior to starting work independently. The probationary period lasted for 12 weeks. They shadowed more experienced members of staff before being signed off by the registered manager as being competent to work alone. Staff had regular spot checks carried out by the management team which included observations of rapport, conduct, appearance and record keeping.

Staff confirmed that they had received regular one to one supervision with their line manager as well as informal guidance when required. They also received an annual appraisal which supported them in their aspirations and future development.

People were supported to maintain a healthy diet of their choice. Some people needed support to prepare meals and these needs were met. People had their choices and preferences documented and instructions for staff to encourage adequate intake of fluid and food. For example, one person's care plan stated, '[person] will eat food if it is shown to her visually' and [person] chose chilli-con-carne for [their] lunch today'.

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. For example, people attended hospital and GP appointments as required. The service

sought professional advice from occupational therapists and speech and language therapists (SALT) and opticians where appropriate to the person's care needs. The registered manager liaised with an NHS trust relating to arrangements for a person being discharged from hospital to establish support could be safely and effectively provided on discharge.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service, applications to deprive people of their liberty must be made to the Court of Protection.

Staff demonstrated their understanding and knowledge of the MCA and how they applied its principles in their work. One staff member told us, "I always ask, and if the person has capacity then it is their choice. If not, then their capacity is tested and a best interest is done." Another staff member said, "Always assume the person has capacity first, help them to make choices."

The service sought people's consent. Care plans contained documents evidencing the service had requested permission to undertake care tasks. Where people were unable to sign it was documented that verbal consent had been given. For example, "[person] has a severe vision impairment and is unable to sign this himself, verbal consent given." A staff member told us, "I always ask, as it is also polite."

The registered manager showed us a mental capacity assessment which had been completed regarding a person's inability to take their own medicines. A best interest decision had been made with the family. People's care plans also evidenced where a Power of Attorney was in place or in progress. A Power of Attorney is the legal authorisation to act on behalf of another person.

Good

Is the service caring?

Our findings

People were treated with kindness and had good relationships with the staff. Feedback from one relative was that the quality of care was "wonderful, very happy" and "[my relative] really misses the girls when they don't come." One person told us, "I get along with them all, we have a chat they are all kind."

The language used in daily logs was respectful and kind. They also detailed patient interactions which gave some companionship alongside personal care tasks. For example, 'sat with [person] whilst she ate and we chatted', 'I left a sandwich on the side and set the timer for (a favourite TV programme). Lovely chat', '[person] very chatty and smiling today, she remembered lots of family'.

There was documented evidence in the daily logs of providing emotional support where needed. For example, one person had dementia and sometimes became confused or agitated. The recorded entries showed how the staff member had tried to work out why the person was agitated and had shouted at the member of staff. The records described how the member of staff had discussed the issue and had worked out with the person what they had wanted the staff member to do. The language used in the recordings showed a calm, patient and kind manner. This meant that the person had been listened to and her agitation de-escalated. It was also a very dignified way of acknowledging the person's distress.

People had been involved in the creation and review of their care plans. Staff had met and spoken with people and their families, to gain their input into how plans were presented. This included the person's history and family members, things of importance to them and their preferences. The recordings were person centred and accompanying daily logs of care detailed how the person was feeling on a day to day basis.

The staff were compassionate. We saw recorded in the daily logs, close monitoring of two people who had become unwell. The staff member was concerned about the person and had continually checked and assessed their health and well-being at every visit. We saw where the staff member had regularly encouraged a person (who had capacity) to consult with their doctor. There was evidence of close observation, whether food had been eaten and how the person 'presented'. Recordings stating '[person] is feeling much better now', '[person] said [they] had slept well and was glad to be home' were written as the outcome to the period of illness.

Staff we spoke with confirmed that they had enough time allocated to be able to carry out their practical tasks as well being able to offer time and emotional support. One staff member told us, "I like making a difference, it is sometimes stressful but I have got time, my calls are organised."

The staff we spoke with were complimentary about being able to offer consistency to the people they support. One staff member said, "I love my clients, I have got to know them and they know me, it really helps." One person told us that they do have different carers sometimes, but they were all good.

We asked staff how they ensured the people they supported were treated with dignity. One staff member

told us, "I always ask people if there is anything else I could do for them, I talk to them to keep them orientated to what I am doing and ask if the temp of the water is OK and I use a towel to cover them up when washing and I dress the top half first and then the bottom half."

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. A data protection policy was in place and staff had been trained in issues around confidentiality.

Good

Is the service responsive?

Our findings

The service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw in one person's care plan (who had a hearing and vision impairment), clear instructions to staff; 'staff to ensure [person] receives constant and clear verbal instructions' and 'carers to speak clearly to [person] and check that he has heard'.

People were assessed and care plans produced to meet their individual needs. The staff we spoke with were knowledgeable about people's needs and told us that they supported people as individuals, respecting their diversity. For example, one person does not eat meat as part of their religion and this was documented clearly. A staff member told us about one person they support who is religious and likes to talk about it. They said, "[person] loves everything to do with their church and we chat about it."

The service ensured people's independence was promoted. One person's care plan included instructions for staff to encourage the person to eat and drink adequately whilst enabling them to be involved in the choice and preparation of meals. "[person] chose lasagne today and cut up all of the pasta [themselves] to a more manageable size" and "[person] had chosen cod today, and helped to serve." Another person's care plan stated, "assist with transfers into bathroom, [person] likes to continue to shower [themselves], but will need assistance to dry areas."

The service was responsive to people's changing needs. People and their relatives were involved in updating or reviewing their care plans. This happened at a formal care plan review or when circumstances or needs had changed. A staff member told us that if there are any changes to a person's care then an updated version is completed, "every individual change, when you know your client, you know something has changed." Due to an increase in supporting people with dementia, the service had identified a requirement to have a lead in dementia care with opportunities to have specialist training which could be cascaded to the whole staff team.

The service had systems in place to record, investigate and resolve complaints. The registered manager told us "If an issue is raised it is dealt with quickly. We have a spreadsheet to monitor the progress and show what actions need to be done when and by whom." Any complaints were acknowledged within five days, investigated within 14 and responded to within 28 days. The people we spoke with said they knew how to make a complaint if they needed to. One person told us, "I've not found anything wrong or to complain about, but if would ring the office."

The service had enquired about end of life wishes for the people they support. Initial assessments included the person's DNAR status (do not attempt resuscitation). There was no end of life support plans in place, according to the current wishes of the people supported.

Good

Is the service well-led?

Our findings

There was a registered manager 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.

People we spoke with knew the management team and office staff and felt the service was well run. Comments included, "I have met the manager, she is very nice", "I can always get through and talk to someone" and "if there is a delay they always let me know." During the inspection, we heard helpful and considerate conversations on the telephone. When a relative came into the office we observed a friendly and helpful interaction between them and the office staff.

The staff we spoke with were complimentary about the service and had confidence in how it was managed. Comments included, "if I need help, they are always there and are very flexible", "I can come in at any time, the door is always open", "any issues are dealt with straight away" and "my route and call visits have all been organised." The staff we spoke with also felt appreciated and supported in their work/life balance.

The registered manager told us, "We have carers awards and can also offer our staff complimentary therapies in our therapy room." A staff member was pleased to say they had been awarded 'the carer of the month' on two occasions and had received a small bonus as a commendation. The registered manager told us, "We hold regular meetings with our staff and encourage an open-door policy. You get more back. We have recently increased carers meetings to every 2-3 weeks as a request from them." A staff member told us, "Staff meetings are now more regular it's nice to get together and it's nice to feel appreciated."

The service had a positive culture which was based around their ethos of continuity of care. Staff we spoke with said "I love my job, I love that we've got continuity" and "we get to know our clients really well", "we have trust and a routine and work together well." Another staff member told us, "We are a team, everyone has a contribution to make."

The management team (consisting of the care liaison officer and the registered manager) had a clear and strong vision for the service. The registered manager told us, "Continuity is important, it's the reason we're here. We have longevity and experience. We provide support to our clients to meet their needs whilst aiding their recovery and general wellbeing."

The service was open and honest. Throughout our visit, management and staff were keen to demonstrate their practices. The registered manager spoke openly and honestly about the service and challenges they faced, they told us, "Recruitment is perpetual. We are not over reaching ourselves in terms of staff/client ratios, we are focussing more on keeping the balance right. We don't take on clients if we can't meet their needs. At the moment we have staffing capacity to take on more clients."

Accidents and incidents were recorded and investigated. For example, one incident recorded related to a

staff member being unable to gain access to a person's home, or raise their attention. The staff member and the on-call person tried for a while to raise a response, eventually they called the police who gained entry and found the person asleep and well. The outcome was an agreement with the person to have a key safe fitted.

The registered manager monitored the quality of the service. Concerns and complaints, accident and incidents, supervision, spot checks, training, reviews, medicines and questionnaires were quality checked monthly. A full review of people's files, staff personnel files and training were audited six monthly. The service development plan and all risk assessments were audited annually.

The service sought feedback from people, relatives and staff. We saw that questionnaires were completed by people and their relatives on issues such as 'how do you rate the overall quality of the service?' All questionnaire responses we saw had positive comments, such as 'excellent service' and '100% happy'.

The service worked in partnership with local authorities, health care professionals and other agencies in their local community. The registered manager told us, "We have been working closely with Wiltshire Council about brainstorming ideas for what is needed for the new tenders for social care. We sponsor two local football teams, a category in the South Wiltshire Business of the Year Awards and the carers award in the Local Heroes of the year award too."

One staff member had an idea to host a Christmas party for people using the service. Invites were sent to everyone, they hired a local hall and invited family and friends and local businesses to make donations. Each person in the office and management team shared the cooking. They had the children from the local school singing carols to entertain the guests. Around half of the people supported came to the lunch. One person did not have family locally so their carer plated up a Christmas meal and took it to them.

The service had 'joined forces' with two other local domiciliary care services to prepare and deliver food parcels in boxes to a local charity at Christmas. We hold regular meetings with one of the local residential homes to network, the registered manager told us, "it works if we all work together."