

# Elite Specialist Care Limited

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### **Inspection report**

376-378 Pinner Road

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### Ratings

Overall rating for this service	Good •
Is the service safe?	Requires Improvement
Is the service well-led?	Good

# Summary of findings

### Overall summary

About the service

Elite Specialist Care Ltd is a homecare agency providing personal care. At the time of this inspection four people received support from the agency.

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

Our previous inspection identified that appropriate risk assessments were not always in place and we found a breach of regulation in respect of this. During this focused inspection, we found that the service had taken action to improve this. Appropriate risk assessments were in place and covered areas such as the environment, physical health and personal care. These also contained guidance for minimising potential risks associated with the COVID-19 pandemic. We found the service no longer in breach with this regulation. However, we discussed with the registered manager that risk management guidance lacked some detail in how to manage the assessed risk.

Our previous inspection found that there were some instances where the service failed to effectively check various aspects of the service and we found a breach of regulation. During this focused inspection, we observed that the service had made improvements and had an effective system in place to monitor the quality of the service being provided to people.

People who used the service told us they were well supported by care workers. Relatives we spoke with confirmed this. One relative said, "[Name] is 100% safe with the carer."

Policies and systems were in place to safeguard people from the risk of possible harm. Care workers told us that they had received training and report any issues to the registered manager. The service had safe recruitment procedures in place. Currently nobody was assisted with their medicines.

People who used the service and relatives told us that there had been no issues with punctuality or missed care calls.

Care workers we spoke with told us that they felt supported by the registered manager. They told us that management were approachable and they raised no concerns in respect of this. People and relatives confirmed they were involved in their care and feedback was actively sought about the quality of the 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 and update: The last rating for this service was requires improvement (published 10 April 2019).

#### Why we inspected

We previously carried out a comprehensive inspection of this service on 28 January 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Wellled.

The ratings from the previous comprehensive inspection for the key question not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elite Specialist Care Ltd on our website at www.cqc.org.uk.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?	Requires Improvement
The service was not always safe.	
Details are in our safe findings below.	
Is the service well-led?	Good •
The service was well-led.	
Details are in our well-Led findings below.	



# Elite Specialist Care 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 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Elite Specialist Care Ltd 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.

Inspection activity started on 24 February 2021 and ended on 2 March 2021.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse.

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.

We also reviewed the last inspection report and information we had received about improvements made.

#### During the inspection-

We visited the office location on 24 February 2021 to see management staff and review a range of records which included people's risk assessments, staff files in relation to recruitment and spot-checks and call monitoring records.

#### After the inspection -

We called people who received care from the service and relatives after the inspection. we spoke with one person and two relatives about their experiences of the service. We spoke with three care workers. We also had contact with one care professional who had worked closely with the provider.

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, training records, staff and service users' feedback surveys and quality assurance records.



### 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found risks to people had not always been assessed effectively and this meant people were at risk of receiving unsafe care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this focused inspection we found that these shortfalls had been addressed and the provider was no longer in breach of regulation. However, we found that risk management plans lacked some detail in how to ensure the risks to people were managed safely, in a consistent way by care workers.

#### Assessing risk, safety monitoring and management

- Risk assessments had been prepared for people. However, we found that these lacked clear guidance for minimising potential risks such as risks associated with pressure sores, falls and repositioning of people who were confined to bed. For example, one risk assessment stated that the person needs to be repositioned but did not provide clear guidance how the person was to be repositioned. We discussed this with the registered manager. They confirmed that they would ensure further detail was incorporated in risk assessments.
- We saw that the service undertook also environmental and COVID-19 risk assessments, to ensure that care workers work in a safe environment and people were protected from unnecessary transmission of the virus.

#### Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies detailed the process for reporting concerns. They also provided information to ensure staff were recruited safely.
- We discussed the safeguarding and whistleblowing procedures with the registered manager. They were aware of her responsibility to report such allegations and concerns to the local authority safeguarding team and the CQC.
- Care workers told us that they had received safeguarding training and training records viewed confirmed this
- People who used the service told us that they felt safe with their care workers. One person said, "I am 100% safe with my carer."

#### Staffing and recruitment

- Staff records showed recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- The registered manager told us they were safely able to meet people's needs with the current number of care workers they had.

• People who used the service and relatives raised no concerns with us and told us that staff were punctual and never had missed any visits.

#### Using medicines safely

- The registered manager confirmed that the service did not currently assist people with taking their medicines. As a result of this, we did not look at how the service managed medicines as part of this inspection. However, we noted that the service had a medicines administration policy in place for use, if and when the service administered medicines to people.
- We asked people who used the service, relatives and care workers if they were assisted with medicines and all confirmed that the service had not been involved in this task.

#### Preventing and controlling infection

- There were suitable arrangements for the control and prevention of COVID-19 and other infections. Care workers told us that they had access to sufficient stocks of Personal Protective Equipment (PPE) such as gloves, aprons and masks.
- The service managed the control and prevention of infection. They had policies and procedures in place along with guidance.
- Management carried out spot checks to ensure care workers wore PPE correctly. We saw documented evidence of these checks.

#### Learning lessons when things go wrong

- The service had a system for recording accidents and incidents. The registered manager advised that no accidents or incidents had taken place in the last year. Prior to, and during, our inspection we did not receive any information to suggest that any accidents and incidents had taken place.
- Care workers told us that they would report any accidents and incidents to the registered manager One care worker said, "I would call the office, but I never had any problems."



### 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure their auditing systems were robust enough to assess and improve the quality and safety of the services provided to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this focused inspection we found that these shortfalls had been addressed and the provider was no longer in breach of regulation.

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

- People who used the service and relatives told us that they had been involved in the planning of their care. One relative said, "[Name] visited us and we spoke of what my relative's needs were and how they were able to help us."
- Care workers told us that the registered manager and all office staff were open and listened to their concerns and challenges they had with peoples care. One care worker said, "The manager is very good, she is always there to help."
- One external professional told us that the service had improved since our last inspection. They said, "They have improved a lot and always listen to what we have to say for the benefit of the patient."

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 knew of her responsibility under the Health and Social Care Act 2014 and the importance of notifying the CQC of any significant events at their service.
- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong.
- Care workers were provided with information on what was expected from them and this was detailed in their job descriptions.

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

- The service had a system in place to assess and monitor the quality of the service provided. Monitoring checks were carried out in areas including care support plans, staff records and supervisions.
- Care workers told us that during the COVID-19 pandemic the service continued to undertake spot checks, which were done virtually. We saw records of these spot checks in peoples' care records.
- Review meetings with people and their relatives were held to discuss people's individual care and

progress.

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

- The provider asked people and relatives for their feedback through service users' satisfaction questionnaires and regular telephone calls. We viewed a sample of the satisfaction surveys and noted that feedback obtained was positive and no concerns about the service had been raised.
- Staff meetings provided care workers with the opportunity to feedback about the service and to discuss any concerns and best practice. During the pandemic, these meetings were held virtually.
- We asked people if care workers showed an understanding of meeting their cultural needs and on relative told us that the staff was very respectful in ensuring their relatives cultural and religious needs were met.

Continuous learning and improving care; Working in partnership with others

- •The registered manager told us that she regularly attended calls arranged by the local authority to learn from other providers. They also said that they would access training provided by the local authority.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.
- •The registered manager spoke positively about working with local authorities. They told us that the host local authority had provided support and guidance during the pandemic.
- A healthcare professional was positive about their engagement with the service. They told us communication with the registered manager was good.