

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Elite Care - Unit 2 Deans Farm

Unit 2, Deans Farm Buildings, Stratford Sub  
Castle, Salisbury, SP1 3YP

Tel: 01722323223

Date of Inspection: 13 December 2012

Date of Publication: January  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
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<b>Requirements relating to workers</b>	✓ Met this standard
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<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
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## Details about this location

Registered Provider	Elite Care
Registered Manager	Mrs. Theresa Trevett
Overview of the service	Elite Care is a domiciliary care agency which provides a service to people in their own homes. Services are provided in the south of Wiltshire including the city of Salisbury.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We visited four people in their own homes and spoke with six people on the phone in order to gain their views about the service.

Each person told us they were very happy with the support they received. They said staff were always friendly, supportive and caring. People told us they were generally supported by the same staff member which enabled good relationships to be established. They said staff arrived on time unless there was an emergency or a particular difficulty such as additional traffic. If staff were going to be very late, they said the office would call them to let them know.

People told us they were involved in developing their plan of care which staff always followed. They said they would have no hesitation in reporting any concern to staff or the office. People said they were often asked if they were happy with their service. They said they were encouraged to give suggestions about how the agency could be improved upon.

Staff were fully aware of their responsibilities to recognise and report any suspicion or allegation of abuse. All staff had recently undertaken training in safeguarding vulnerable people. Improvements had been made to ensure a more robust and rigorous recruitment procedure was in place. Improvements had also been made in relation to the standard of record keeping and the development of a detailed quality assurance system.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

People told us they were asked about the support they needed, when they first enquired about the agency. They said their needs were discussed in detail and a care package was agreed. People told us they had a copy of their care plan in their home. They said they could always increase their care package or change their mind about the tasks they wanted staff to complete. They said the agency was flexible and responsive to their needs.

People told us their rights to privacy, dignity and independence were maintained. They said staff were always very friendly, sensitive and respectful. People told us staff always knocked on their front door and called out to them when they entered their house. One person told us staff were very respectful of their home. Another person told us staff were sensitive when helping them with a shower.

Staff told us they were very aware they were a guest in people's own homes. One staff member said "it goes without saying, respect is key. I always treat people like I want to be treated." Another staff member showed empathy in terms of the difficulties people might experience when being supported with their intimate personal care routines. Staff gave examples of how they promoted people's privacy and dignity. Such examples included making sure curtains were closed and ensuring people were well covered when being supported to wash.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People told us they were happy with the service they received. One person told us "they're worth their weight in gold". Another person told us staff were helpful, cheerful and very supportive. They said staff knew exactly what their needs were so they just "got on with things rather than having to ask questions". Another person told us "I can't fault any of them. Even those I don't know so well are very good."

People told us they generally had the same staff member so they built up a good relationship with them. However, some people commented there had been a period of time when many staff had been off sick at once. This meant they were allocated staff they did not know so well. People said that whilst this was a little unsettling, it did not cause too much of a problem.

People told us staff were very reliable. They said they generally arrived on time unless there were difficulties with traffic in the city centre. People said the office would inform them if there had been an emergency and staff were going to be very late. People told us staff stayed the allocated time and did not rush off earlier than expected. They said staff completed all tasks which were documented in their care plan. One person told us staff were very competent when using the hoist to move them safely. Another person said staff always left them comfortable with everything they needed around them. People told us staff completed extra little tasks if they asked them to. This included watering house plants and taking the post. One person told us they appreciated staff staying with them whilst their partner waited for an ambulance to take them to hospital. Another person said staff delivered their Christmas cards to people in the village.

Staff confirmed they generally supported the same people on a regular basis. They said they always looked at the person's care plan and a number of daily records before providing any support. They said this ensured they were up to date with each person's needs. Staff told us they always followed the person's care plan. Any requests from the person about changing their support significantly were discussed and agreed with the manager before being undertaken. Staff told us they had sufficient time to support people properly and to travel to their next visit without rushing.

The manager told us they had significantly developed the format and content of people's care plans. An assessment in relation to people's risk of developing a pressure ulcer was

now in place. There were also assessments which identified any risks to staff from each person's environment. There were body maps to document any identified bruising or sore areas to a person's skin. The care plans we looked at were detailed and corresponded to the support people told us they received.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People told us they felt safe with the staff who supported them. They said they trusted them and were not at all concerned about them being in their home. Some people told us staff had access to their key pad code so they could let themselves in. They said this made it easier, as they did not need to get up to answer the door. People were confident the code numbers were kept securely and would not be given out without their permission.

People told us they would tell staff, the manager or their family if they were concerned about any aspect of their support. People were confident they would be listened to and any issue would be satisfactorily sorted out.

Staff told us they would immediately report any incident or allegation of abuse to the manager. One staff member said if the allegation was about the manager they would discuss the matter with another senior member of staff. Another staff member told us if the incident was serious, they would go straight to the police. Staff told us they carried incident sheets with them so they could document any concern without delay. They said they had recently undertaken training in safeguarding vulnerable people.

The manager confirmed all staff had undertaken recent safeguarding training. In addition, indicators to recognise potential financial abuse had been discussed with the staff team. All staff had been given a copy of the information shared with them during the training sessions. Certificates demonstrated the training staff had completed. The manager told us the online safeguarding training required an assessment of the staff member's knowledge. If staff failed the assessment, they were required to repeat the course. The manager told us training in the Mental Capacity Act had been undertaken yet due to the complexity of the topic, more sessions were scheduled.

**People should be cared for by staff who are properly qualified and able to do their job**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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## **Reasons for our judgement**

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People told us staff were very good at their job. One person told us "many of the staff are very experienced and really good at what they do. We have some young ones who are new and 'learning the ropes' but they're coming on nicely". Another person commented "they're always taking on new staff but that's good as it gives more when the usual ones are on holiday".

The manager told us thorough and robust procedures were used when recruiting new staff. They said improvements had recently been made to the recruitment documentation. They said this ensured each stage of the recruitment process was clearly recorded and therefore evidenced. We looked at three staff files and found all required information was clearly available. There was a detailed application form, written references, documentary evidence of the candidate's identity and a health questionnaire. Written notes of the candidate's interview showed areas, such as any gaps in employment, had been discussed. References identified the capacity in which they were given. This made it easy to identify whether the referee was a personal friend, a work colleague or present employer. The manager told us a reference from the candidate's current employer was always requested yet not always received. They said that if this happened, a further reference would be requested and possible reasons for the refusal would be discussed with the candidate.

Staff told us they had heard about their job through "word of mouth". They said they completed an application form and had an interview. Staff told us they had to wait for their Criminal Record Bureau (CRB) check to be returned before they started work with people. This showed they were suitable to work with vulnerable people. Staff told us they spent time with the manager when first appointed to their role. They said they then shadowed more experienced staff members for a series of visits. Staff told us they were able to say when they felt confident to work on their own.

Staff told us they undertook a range of training when they first started, to help equip them to do their job. They said they felt well supported and could always ask for advice whenever needed. Records showed new staff had a probationary period before becoming a permanent member of staff. There were details of the staff member's probationary review on file.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

### Reasons for our judgement

People told us they were regularly asked about the service they received. They said they were encouraged to raise any concerns and suggest any improvements which could be made. One person told us all staff including those in the office were approachable and open to suggestions. They said staff always listened and took account of what was being said.

One person told us "the office keeps a good check on all the staff. All of them know a spot check could take place any day, any time so they have to be on their toes all the time". Another person told us "they turn up to see everything's done alright. Sometimes it's when they're here or it might be when they've just left to check everything's been done properly".

The manager told us they had recently made significant improvements to the quality auditing systems in place. They said people were given questionnaires so they could comment about the service they received. We saw the comments received were fully recorded and there were action plans in place if improvements were required. Details of all actions taken were documented. This showed people were being listened to and their views were being addressed. Some feedback such as people's satisfaction levels were shown in "pie chart" formats. This clearly indicated an overview of the quality of service provision at a glance.

The manager told us "spot checks" of staff were an integral part of quality auditing. They said the spot checks took place in people's own homes at the time of their support and also when staff had just left. This was to ensure everything was left as required. The manager said staff were also assessed whenever they visited the office. For example, they noted if staff were not wearing their identity badge or their full uniform. Staff told us they were fully aware of these checks and the reason for them being in place. They said the agency had high, professional standards which they were expected to promote and maintain at all times.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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