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Elite Homecare Services

Inspection report

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Tel: 01733704328

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service:

Elite Homecare Services. This service is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. At this inspection it provided the regulated activity of personal care and support to three people.

People's experience of using this service:

- People continued to feel safe living at the service. Risks in relation to people's health, safety and welfare had been identified and action taken where appropriate. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed.
- Staff were skilled and competent and knew the people they supported well. People's care and health needs were identified so staff could meet these. People were supported to maintain good health. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People continued to receive care from staff who were kind and caring. Everyone we spoke with was very complementary about the care provided. People's privacy and dignity was protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.
- People received person centred care that met their needs. Care plans gave details of how people would like their needs met. People said they knew how to make a complaint, but everyone told us they had no complaints to make.
- People and staff told us the service was well managed and had an open and friendly culture. Staff said the service had a family atmosphere and they felt well-supported. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

Rating at last inspection:

Good (report published 31 August 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next inspection is

scheduled accordingly.

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 Homecare Services

Detailed findings

Background to this inspection

The inspection:

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

Consisted of one inspector.

Service and service type:

Elite Homecare Services. This service is a domiciliary care agency. It provides care to people living in their own houses and flats

The service is not required to have a registered manager as they are registered as an individual owner. This means the provider is 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 48 hours' notice of the visit to the office because we needed to be sure that staff would be available.

What we did:

Before the inspection we reviewed all the information relating to we have in relation to this service. The provider had 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 other information we had relating to the service, including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with one person, the provider, one member of staff and a relative of a person who uses the service.

We looked at one person's care and support records. We viewed records relating to the management of the service. These included training records and medication recording.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes.

- The provider had effective safeguarding systems in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training.
- People who lived at the service told us they felt safe. One person said, "I feel safe here when the staff are supporting me. They have been coming a long time to help me."

Assessing risk, safety monitoring and management.

- Care plans contained explanations of the control measures for staff to follow to keep people safe. Staff understood and were able to describe where people required support to reduce the risk of harm. For example; supporting people when bathing. Records used to monitor those risks such as falls and pressure care were well maintained.

Staffing levels.

- People told us they received care in a timely way. One person told us, "They are always on time and [name of provider] would ring if they were going to be late."
- The manager assessed people's needs on a regular basis and ensured that there were enough staff on duty.

Using medicines safely.

- Staff were able to describe the process for administering medicines to people who required support.
- People told us they were happy with the support they received to take their medicines. One person told us, "The [staff] always help me with my tablets every morning. Staff will collect my tablets on their way to see me if they need collecting from the chemist."

Preventing and controlling infection.

- Staff were able to explain infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- The provider was able to explain the action they would take following an accident or incident to reduce the risk of these reoccurring. They had had no recent accidents that had occurred. The provider told us they would always share any learning with the staff to prevent a further occurrence.

Is the service effective?

Our findings

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

Good: 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.

- Assessments of people's needs continued to be undertaken for those who used the service.
- Care plans contained information about people's needs and was regularly reviewed. It was evident that staff knew people extremely well. All the people receiving a service had been known to the provider for a number of years. They said, "They are like part of our family."

Staff skills, knowledge and experience.

- Staff were knowledgeable and skilled to carry out their roles effectively. One person told us, "[Name of staff] knows me very well. They are very good at their job."
- The provider told us if they should employ any new staff, they would complete an induction and training programme. Each member of staff had a folder that contained information of the training they had completed and when they are due to undertake a refresher session. Staff told us they felt supported.

Supporting people to eat and drink enough with choice in a balanced diet.

- People who required help were supported to eat and drink. Information was recorded in people's care plans appropriately.

Staff providing consistent, effective, timely care within and across organisations.

- Staff had access to information from health care professionals, where people were happy to share this information.
- Staff followed this advice, which was included in their care records.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. No

applications had been made for people who received care from this service.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People were treated with kindness and were positive about the staff's caring approach. We received feedback from people supporting this. One person told us, "The staff are extremely good and I am treated very well." A relative said, "We couldn't ask for a better service. The staff are all very kind and helpful."
- People who received a service had been with the provider for many years. People told us staff knew their preferences and used this knowledge to care for them in the way they liked.
- Staff we spoke with, enjoyed working at the service, to ensure people received a good service. One member of staff said, "I love my job, that's why I have done this for a long time."

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

- Peoples care calls were recorded in their care plans for when they required their care call. One person told us, "I always have a call in the morning and that's when I want it."
- Staff told us they provided care to people in a way that the person preferred. The provider gave staff enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.

Respecting and promoting people's privacy, dignity and independence.

- People and their relatives told us that staff respected their privacy. One person told us, "Staff always knock on my door and ask to come in. Staff always protect my dignity."
- Staff encouraged people to do what they could for themselves. Everyone we spoke with told us they try and be as independent as they can be.
- People's confidentiality was maintained; records were kept securely in the office.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Personalised care.

- People were enabled to make choices and have as much control and independence as possible, which included developing care and support plans.
- People had care plans in place that were personalised and written in detail. They provided staff with guidance on how to respond to people's needs effectively and safely.

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback to the provider about their experiences of care and the service provided a range of accessible ways to do this. One person said, "I regularly speak with [name of provider] and we discuss my care. My daughter is always here to discuss my care."
- People knew how to make complaints should they need to. They all told us they believed they would be listened to and acted upon in an open and transparent way by the management, who would use any complaints received as an opportunity to improve the service. One person said, "I have never had to make a complaint. The staff are fantastic. I couldn't ask for better care." A relative said, "No complaints I can always talk with [name of provider] if we need to sort out [family members] care. Excellent service."

End of life care and support

- The service was not currently supporting anyone receiving end of life care. The manager told us that if they had anyone that required end of life care they would seek the support required at the time.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility.

- Provider and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The provider positively encouraged feedback and acted on it to continuously improve the service, for example by undertaking regular reviews with people about their care and support needs.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The service was well-run.
- Staff told us they liked their job. One staff member said, "we are a family and all work well together."
- Support is provided on an ongoing basis.

Engaging and involving people using the service, the public and staff.

- The service involved people and their relatives where appropriate in day to day discussions about their care. One relative told us, "[Name of provider] is very good at keeping me updated, and lately they have contacted me after every evening visit to let me know how [family member] is."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.

Working in partnership with others.

- The service worked well with other professionals such as district nurses, and GP's as appropriate.