

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

Elite Care Providers

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Tel: 01772735222

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17 July 2013
12 July 2013
09 July 2013

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2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Elite Care Providers Limited
Registered Manager	Miss Gayle Aldred
Overview of the service	The agency Elite Care Providers is registered to provide the regulated activity 'personal care'. The agency is managed from offices located in Ashton in Preston. Services are provided to support adults to live independently in the community.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 July 2013, 12 July 2013, 17 July 2013 and 19 July 2013, 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 carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

We visited the agency on the 9th and 19th July 2013 and we also spoke to people using the agency, relatives and staff on 12th and 17th July 2013. We looked at outcomes 2, 4, 11, 12 and 16 and found that the agency was compliant with these outcomes.

People using the service told us they were satisfied with the support they received from the agency. Assessment of people's needs was thorough with focus on their individual circumstances and immediate to long term needs.

Care plans emphasised people's right to self-determine their care and how their care was delivered by the agency so they lived their lives as independently as possible within their community.

Peoples' capacity to make their wishes known was recorded and appropriate communication methods used.

The right of people to take informed risks had been acknowledged and risk assessments ensured a balance of safety and choice.

People said they were visited by the providers' representatives and were consulted all the time about the service they received.

People had access to an effective complaints system provided in a format that met with their needs.

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

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke to two people that used the agency and a family member of a person using the agency by telephone. We also spoke with nine staff, seven at the agency office and two by telephone. People using the agency said they were satisfied with the service they received. They said their support workers were very good and provided the support they wanted. They told us they received regular visits from the same staff. One person said, "The same staff visits all the time I have my team. I tell them what I want to do. They help me to make meals, go shopping and remind me about my meds (medicines), but I'm in charge". Another person told us, "Staff will make me a boiled egg or a bacon sandwich. I say what I want to eat and they make what I want and will do anything that I ask".

The family member of a person using the service said their relative was always involved in decisions about their care as well as being in regular contact with the agency. They said, "We get the same regular carers which is very good. Because of her Alzheimer's my wife does not make many decisions. I give them (staff) permission to do only certain things for her. It's part of their quality control and what's in her care plan. I have given them permission to help with her personal care and medication. They tend to work with her and involve her in everything they help her with and if she said no to them helping her, I am sure they would not do something".

We saw the care and support plans of four people who used the agency. These were written to guide staff on how to support people. Plans were detailed and included information about people's routines, choices and preferences so staff had information to provide individual care. Support and care plans were person centred in the way they included people's personal routines. The team managers for the service regularly reviewed care and support plans with people that used services. They said that they recognised that more work needed to be done to describe the support and care that people needed to reflect in more detail the support that had been agreed with them. For example the agency had a form to record best interest discussions between the agency, people's family members or professional involved in their care. This was not consistently used but was part of the agency's policy on mental capacity.

We spoke to three care support workers all who were recently recruited to the agency about training on The Mental Capacity Act 2005. They confirmed they had not yet completed the training. The manager confirmed that this training was to take place for all staff. The staff we spoke to had knowledge of capacity and consent to treatment from previous work experience and was able to give us good examples of their understanding. One care support worker told us, "I always assume clients have capacity and encourage them to make decisions. There are no clients I work with where capacity is a problem. For instancemakes all her own decisions, she is fussy about her shopping list so she tells us exactly what she wants and we have to get it right".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke to said they were happy with the service they received. They said that they received consistent care and support from the agency. People told us they received support to remain healthy and well. A person said, "Staff knows when I'm getting down. They had to call the doctor as I just couldn't get out of bed. They tried to reason with me but I was just down. I ended up going to see my doctor and a psychiatrist. I have new tablets and they are brilliant and I'm not as down. Was telling them (staff) to 'get out and to go away, stop checking on me' and they did as I told them. But they kept coming and checking on me and I know they were helping me and I agreed to the help in the end. They showed just how much they care".

We looked at four care and support plans in detail at the office. We found care and support planning was based on activities required at specific times. For example support to get washed and dressed, bathing, meal preparation, medication support and social care. The care and support plans we saw were more person centred than our last visit and the manager and coordinator said that they needed to develop them further to provide staff with guidance about how people wanted their care to be delivered. This meant that care and support would be provided in a more person centred way.

Where people had identified health care needs this was recorded in their assessment and care and support plan. We saw the agency did not manage the health care needs of people using the agency but saw that they had regular contact with families and other health care professionals. We saw evidence that the agency had made referrals on behalf of people who did not have family or other carers to support them. People that used the service told us that they could be supported to attend appointments. One person told us, "I was feeling quite ill a few weeks ago and didn't know what was wrong with me. They were concerned enough they called an ambulance. Thankfully I am feeling much better now. I take all my own tablets and see my doctor when I want to but they keep asking me if I need any help and I know I can ask for it if I need to".

The family member of a person using the agency told us that the care their relative received was both flexible but consistent and supported their relative's needs. They said, "They tend to work around me as care for my wife when I am working or need a few hours break. They were recommended by social services I think. They involved me from the

beginning and we have had them for about six months. They asked if they could do a full risk assessment of our home and my wife and cover all aspects of safety. They have an emergency contact number if they need to get me. They provide overnight care and know her routines. We agreed if she doesn't want to sleep then let her do what suits her. She's well cared for and I trust them".

Staff told us that when changes in person centred plans were made they were given copies of the new plans. There was evidence staff maintained daily records demonstrating they were meeting their duty in providing the right care and support. Records were detailed and written with respect and sensitivity.

We spoke to three staff about access to up to date information. Staff said that care and support plans were updated as people's needs changed. Where people had health care needs this was recorded in their assessment. We saw people's needs were regularly reviewed. Risk assessments were completed. These identified potential risks to peoples' well being and safety. For example, the need for two support workers required for particular tasks such as moving and handling.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We saw that the agency had a risk management process in place to assess people's living conditions. The agency did not provide equipment directly to people using its services. Where staff was using people's own equipment in or outside of their home, the use of the equipment had been risk assessed. For example using people's kettles, microwaves or cookers for meal preparation or the use of wheelchairs when supporting people outside of their home. The manager said that they had identified the need to ensure that when assessing people who had their own mobility aids or equipment, care plans needed to record who was responsible for the maintenance of it. The manager also clarified that the agency was purchasing circuit breakers to test electrical appliances in peoples' homes so that staff could ensure they were safe to use. This was going to be added into the risk management process.

We saw that staff acted in the best interest of people they were supporting. We saw that staff alerted managers about potential and actual risk to people's health or well being. We saw good examples of how the agency sought consent from people using its services or families to raise risk with the relevant people. For example arranging that medication could be provided in blister packs was agreed with the peoples' families.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The three staff we spoke to told us they had found their recruitment to be thorough. They had completed an application form and had attended the office for interview. One staff member told us, "The interview was very hard. I was asked about my past experience and how I dealt with clients and other staff. I had to prove I had the experience. I have been a senior for four months and I like to keep myself up to date and have had to do a lot of refresher training. They have also started me on a senior and management course and I am meeting my assessor today. I couldn't start working with clients until my CRB was returned. My line manager is great and really supportive and that has helped me a lot".

We looked at three staff records in relation to recruitment within the agency. We found records of completed application forms, references received and evidence that, Disclosure and Barring Service (DBS) were checked against applicants prior to them working in the service.

There was evidence recruitment and selection took into account and applied Equal Opportunity for all applicants. This meant people were selected fairly and were the most suitable applicant to meet the needs of people using the service.

Staff employed had been given a contract of employment that included a range of human resource policies. This included policies on sickness, competence and performance issues. Staff had to complete their induction and this was usually before they commenced employment. This meant that they had completed the relevant training needed to do their jobs. There was evidence their ability to carry out their duties to an acceptable standard had been monitored and reviewed as spot checks were carried out. There were arrangements in place for them to contact the agency in an emergency, or for support should they need to.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Since our last visit the agency had introduced a nationally approved quality assurance system which included policy and procedures and document templates for all aspects of delivering the business. We saw that the agency had also been awarded with the Investor's In People award again. Lancashire County Council contract monitoring team had been working with the agency to monitor a number of improvements and we saw the action plan the agency had developed. The action plan indicated that the agency was making improvements in areas such as person centred planning training, person centred care, risk management and infection control and prevention.

We saw that there was a quality assurance process in place that monitored people's satisfaction with the service provided. The quality assurance process monitored staff training, care planning, recruitment, health and safety and complaints as some examples. We saw the results of the latest survey from March 2013 sent to people that used the agency. The manager said that the results of this would be put on the agency's website, which had recently been developed. Comments included, 'Pleased with the care I get', 'I just can't fault this agency, the carers make my life so much easier', 'We are very happy with your service and all the staff and timekeeping are excellent', 'On the whole Elite offer a great service, thank you' and '....gets on well with she has a good rapport with him and asks if he has plenty to eat'.

People told us that they received visits from the agency's senior staff that checked on their care and monitored staff practice. A relative said that they had regular contact with the agency and said, "The office contacts me regularly. ... is very good and has visited us at home on a number of occasions when the carers don't know. Everything has worked out fine for us. They (agency) give excellent care and a professional service to deal with".

Staff we spoke to said they could raise issues with the manager and provider. They were confident they would be listened to. They were opportunities to discuss personal development and any work issues they had.

The coordinator told us they completed spot checks on staff. We looked at records made of spot checks carried out on staff. People using the agency also told us that the team

managers visited or telephoned them to discuss if they were satisfied with the care they received. Staff told us that they had spot checks completed on them. One staff member told us, "You don't know about the spot checks they just arrive and we get to discuss if clients are satisfied. They check I know the care plans and that it is in place and up to date. I can also ask for advice or for care plans to be changed if they are not right. I can do that during spot checks or staff meetings". We saw that spot checks were logged on the care planning system when a check had been done by telephone. Otherwise records were seen of visits that had taken place to peoples' home address.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at the complaints records held by the agency. We saw that the agency had received one complaint since August 2012 which they had resolved to the satisfaction of the complainant.

We spoke to people using the agency and involved in their care. They were all able to tell us of their awareness of the complaints system. They were given support and reassurance should they wish to exercise their right to make a complaint or comment it would be acted upon and taken seriously. One person told us, "They called me twice to see if everything was alright and that I was satisfied, then came to see me to do a six month meeting and I said I was satisfied and did not want to lose them. I said at the time I had not read the complaints procedure as I was happy and if I had a problem I would tell the staff first or ring the office".

The three staff we spoke to said they were aware of the complaints procedure and process. They told us that the agency had different methodologies for recording if people were unhappy. For example people could report their concerns to staff, the office or through the complaints procedure.

We have received no concerning information about this service at the Care Quality Commission in the last twelve months.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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