

Elite Care at Home Ltd Support Service

56 High Street
Lockerbie
DG11 2AA

Telephone: 01576203934

Type of inspection:
Unannounced

Completed on:
30 May 2025

Service provided by:
Elite Care at Home Ltd

Service provider number:
SP2011011546

Service no:
CS2011286110

About the service

Elite Care at Home Limited is registered to provide a care at home service to people in their own homes aged 16 years and over. The provider is Elite Care at Home Ltd.

The registered manager and staff team work from the main office base in Lockerbie. The manager is responsible for coordinating the overall running of the service. Two care coordinators and two senior staff help to manage staff who provide direct support to people.

At the time of the inspection, 29 people were being supported by the service across the areas of Lockerbie, Ecclefechan and Lochmaben.

About the inspection

This was an unannounced inspection which took place on 28-30 May 2025 between 09:00 and 16:45. This inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- Spoke and spent time with eight people using the service and five of their relatives.
- Received 13 completed questionnaires (this included people using the service, relatives, staff and health professionals).
- Spoke with 10 staff and the management team.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- We saw warm and friendly interactions between staff and people who were being supported.
- People benefitted from a small, consistent management and staff team.
- People were supported by compassionate staff who knew them well.
- Staff felt supported by one another and the management team.
- The service should further develop detail in personal plans.
- The service had met one of the two areas for improvement identified at the previous inspection.
- One area for improvement was not fully met and has been reworded.
- From the findings of this inspection, we have made two areas for improvement.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

Quality indicator 1.3: People's health and wellbeing benefits from their care and support

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were treated with kindness and respect. There were warm and pleasant interactions between staff and people supported which highlighted the positive relationships they had. People were supported by staff who knew them well, enabling people to form good relationships.

People and their relatives provided positive feedback about the service. Some people told us "I couldn't fault them; they really are great. I have been blessed with this service." and "Elite- it is well named. I am happy with my support and know the carers well." Relatives told us "I don't know what we would do without them. They help me, make me laugh and have supported my relative to improve their mobility." and "Elite provide good support to my relative and the communication with them and response to any questions is excellent." This helped provide assurance that people were treated with compassion and support was person-centred to meet people's needs.

People's health benefited from the care and support provided. There was improved independence for people through consistent, encouraging and safe support. The service and staff were responsive to changes in people's health needs and shared this information with the right people. For example, relatives, management team and health professionals. This ensured people received responsive timely care which supported their health and wellbeing. There was effective communication within the team, and staff were confident to raise any wellbeing concerns with the right people. There was good partnership working with health professionals. They told us staff knew people well and could recognise when further assessment was needed. This helped people's changing health needs to be supported effectively.

Medication recording systems were in place for people where required. This was reflective of good practice and showed that people were receiving the right support at the right time. Staff had received training, to support this task safely. People were supported to remain in control as much as possible with their medication. There was oversight of medication management which included audits, reporting of any errors and action taken when required. We were confident that people's medication needs were being regularly reviewed and monitored. This provided confidence that people were being supported with safe administration of their medication.

The service held information on any legal agreements in place for people. This included detail of any legal representatives, agreements or documentation in place. For example, adults with incapacity certificates, guardianship or do not attempt cardiopulmonary resuscitation (DNACPR/ DNR/DNAR). Where people held any legal status, we were told they were kept fully informed by the service. As personal plan systems develop the service should ensure all agreements are well documented. This ensures staff follow any guidance to keep people safe and the agreements respected. (see area for improvement one)

Risk assessments were in place for people, and we saw actions taken to minimise risk of harm. Staff supported people to remain as independent as possible, whilst also ensuring risks were reduced and their needs were met. Where technology or other specialist equipment was in place staff ensured people had access to this on each support visit. This supported people to keep safe.

The service had conducted a survey to assess how the service was performing in their support and service delivery. People and their relatives fed back on their positive experience using the service. People felt confident to raise any concerns if they had any as they had good relationships with staff and the leadership team. The service had shared information requested through surveys through their newsletter to people. Newsletters kept people informed, provided information on the service and local community with opportunity to feedback to the service. This meant people are involved and have the opportunity to shape and improve service delivery.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure all personal plans include detail of any legal representatives, agreements, or documentation in place.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

How good is our staff team?

5 - Very Good

Quality indicator 3.3: Staffing arrangements are right, and staff work well together

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a stable and committed management and staff team, some of whom had worked in the service for many years. People spoke highly of the staff and told us, "They are all very good. I know them well and I look forward to them coming." And one relative told us "Communication is very good. They are a great support to me as well as my relative."

The service had a staff team who worked well together. Staff spoke highly of working in the service with people telling us, "It is a pleasure to work with this agency, we take pride in our work." "I feel supported by Elite and confident to carry out my duties competently and respectfully with people." And "I love working for Elite. It is such a warm and welcoming company. I couldn't imagine my life without it."

Staff were recruited safely into their role. The service followed safer recruitment guidelines and supported staff well while being inducted into their role. The service had collaborated with the workforce team in the NHS to ensure the right support was in place for international staff. The service had created an information pack for new staff alongside an induction programme. This included key things to know about the service Elite provided and the local community they lived in. This helped staff feel supported and fully informed.

People and staff were supported to get to know each other alongside trained and experienced staff. New staff completed shadow shifts alongside existing staff to build positive relationships with people receiving care. One staff member told us "Since recently starting all carers have been so nice and helpful. I can ask them questions, and they help me and show me how people like their care." The service was flexible during staff's induction period and adapted the programme where need. For example, extended shadow shifts to get to know people well and build confidence. Additional supervision meetings were held with staff during their induction period. This supported staff's learning needs.

Supervision and appraisal sessions provided staff with an opportunity to talk about their wellbeing and areas of work practice. The staff recently enjoyed a staff building day activity and staff told us they felt supported and encouraged to develop in their role. The management team ensured staff wellbeing was supported, this was discussed informally and at supervision so there was continued oversight of this. This helped identify any wellbeing and learning needs for the staff team.

Staff were competent and confident in their roles and undertook regular training and development opportunities at the service. This included service specific training courses such as continence promotion, post-traumatic stress disorder (PTSD) and end of life care and bereavement. We discussed with the service exploring further training that may be helpful for staff when supporting people's different needs such as diabetes awareness and multiple sclerosis (MS) awareness where appropriate. The service planned with staff when to complete refresher training to ensure staff are fully up to date with training required for their role. This ensured that staff had the right skill set to carry out their work and support positive outcomes for people. There was a system in place to monitor the appropriate registration of staff members. This meant that there was clear oversight of when registrations required to be renewed.

Staffing arrangements supported positive outcomes for people. People were supported by a small number of staff that they knew well. People told us it was staff they knew that supported them and if there was changes to support, they were well informed. As people were supported by staff that knew them well staff were able to identify and be responsive to people's changing needs. Staff were flexible to changing situations to ensure that care and support is consistent and stable. For example, where people required changes to their support outwith their agreed support schedule the service made effort to be reactive to this. The service was also flexible in reviewing and changing support shift times where possible to meet these changing needs or requests by people. This reassured people that the service was responsive and flexible to meet their needs.

People using the service experienced compassionate, kind and friendly support because there were good working relationships between staff. There was good communication and team working within the service. We saw evidence of the channels staff used to communicate with each other and that regular team meetings took place. Staff told us they felt very supported in their roles and found the leadership team approachable and responsive. This showed commitment and ensured staff work well as a team to benefit people.

How well is our care and support planned?

4 - Good

Quality indicator 5.1: Assessment and personal planning reflects people's outcomes and wishes

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's personal plans provided a good level of detail to guide staff on getting to know someone well and support them safely. Staff had all completed training in care planning. People and where relevant, their families, were fully involved in developing their personal plans. Examples showed us there had been communication that informed parts of people's personal plan. The service should further develop these plans with people ensuring detail is added of people's life history, passions, likes and dislikes. This ensures conversations and meaningful interactions with people, inform the quality of personal plans. (see area for improvement one)

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's care needs were monitored regularly. Reviews captured the involvement of people. Where people were unable to participate, their representatives helped share their preferences to shape their support. This helped ensure the right people were involved in leading and directing care and support.

People were receiving the right support that suited them, however outcomes for people had not yet been documented. The service had plans to support people to document their agreed outcomes in their personal plans. This ensures people are supported with their personalised outcomes to support their health and wellbeing. (See area for improvement one)

People had good detail on how staff were to provide support in their personal plans. These were seen to be personalised to people and respect people's wishes and wants on the care they received. For example, noting people's personal preferences on how to enter their home and during personal care which respected their dignity and privacy. This ensured staff supported people in a person-centred way that had been agreed with people or their representatives.

The service had started to support people to think of their future wishes. Some people and their relatives had been involved in future care planning (previously referred to as anticipatory care planning) about their care and support. The service should continue to support people to implement their future plan. This ensures people's rights are respected, and arrangements are clearly documented to ensure all staff are aware and follow agreed plans. (See area for improvement one)

Recording of people's needs being supported and met was well documented. Staff ensured personalised recording on each support visit providing valuable handovers to other staff and relatives. Accurate recording of care needs provides confidence people's needs are being met.

We found that although people's needs were being met and supported, personal plans did not always hold all relevant information needed. The service had implemented an online personal planning system which was being used alongside another format of personal plans that people kept in their home. These did not always hold the same information for supporting people. The service should ensure personal plans for people are accurate and hold all information needed for people and staff to access. This ensures personal plans accurately reflects individual needs. (See area for improvement one)

Areas for improvement

1. In order for people to benefit from care that is person centred; the provider should ensure personal plans have appropriate detail. This should include but is not limited to:

- Personal plans held online accurately reflect the plans in people's home and hold all relevant information.
- Outcomes of people's support are documented and reviewed regularly.
- Future wishes are agreed with people, relevant others and held in people's plans.
- Improved detail in personal plans of people's health needs, life history, passions and interests

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14) and "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

So people can be confident their wishes and preferences for care are recorded in more detail. The provider should review the structure and format of personal plans with a view to getting them closer to best practice. This should include:

- time for staff to learn about personal planning
- greater involvement of service user/representative in the personal plan
- consider how formats can be adapted if necessary for people with communication support needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

This area for improvement was made on 31 May 2023.

Action taken since then

The staff team had completed training on care planning, and this was now part of ongoing training for new staff.

People and their representatives told us they had been involved in personal planning. However, some personal plans could include more detail to assist in getting to know that person well. This should include but not limited to health needs, life history, passions, wishes and interests.

The service have introduced an online personal planning system. This was in place alongside another format of personal plans that people had access to in their homes. The service should ensure all formats of personal plans hold the same information for people and staff.

This area for improvement has not been fully met and a new reworded area for improvement has been made under "How well is our care and support planned?"

Previous area for improvement 2

So people can be confident the service monitors quality and checks practice, the service provider should implement a localised quality assurance policy with clear systems for staff to follow. This should include more defined audit and self-evaluation which informs the improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

This area for improvement was made on 31 May 2023.

Action taken since then

The service had implemented a localised quality assurance policy. This documented systems to follow including audit and self-evaluation of service delivery. The manager completed regular audits of service delivery which fed into the service's improvement plan. The service should ensure analysis is documented within the auditing system highlighting any themes, trends or action taken.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.