

Elite Domiciliary Care PVT Ltd

# Elite Domiciliary Care Pvt Ltd

## Inspection report

Studio 8 Initiative House  
Campbell Road  
Stoke-on-trent  
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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 Domiciliary Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. At the time of inspection six people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People said they felt safe with the service provided. They trusted the workers who supported them. There were sufficient staff hours available to meet people's needs in a safe and consistent way.

Not all people said they were kept informed if their call was going to be late and calls did not always happen at the agreed time.

People and relatives said staff were kind, caring and supportive of people and their families. Privacy and dignity were respected and people's independence was promoted.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support.

The service assisted people, where required, in meeting their health care and nutritional needs. Staff worked together, and with other professionals, in co-ordinating people's care.

Systems were in place for people to receive their medicines in a safe way. Risk assessments were in place and they identified current risks to the person as well as ways to keep them safe.

Records provided guidance to staff to ensure people received safe, person-centred, appropriate care and support. Information was accessible to involve people in decision making about their lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns. The provider undertook a range of audits to check on the quality of care provided.

Staff said they felt well-supported and were aware of their responsibility to share any concerns about the care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 26/06/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 Domiciliary Care Pvt Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the provider. We reviewed a range of records. This included five people's care records and four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

After the site visit we contacted one person and three relatives of people who use the service and two support workers. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first rated inspection of the service. At this inspection this key question is good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were sufficient staff to support people. Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met.
- Staff stayed for their allocated time. One person said, "The workers aren't rushed they stay and do everything they need to do."
- Not all relatives said staff were reliable and arrived as arranged. One person commented, "The timings of calls can be erratic. Staff can be early for calls or half an hour late." Not all people said they were informed if staff were going to be late. One relative told us, "I've had to contact the office to see if someone was coming." A staff member commented, "We'd let the office know if we were running late so they could inform people. Morning can be busy because of traffic or road works." We discussed people's feedback with the registered manager who told us it would be addressed.
- Safe and effective recruitment practices were mostly followed to help ensure only suitable staff were employed. Not all references were obtained from people independent of the prospective employer. Some references for staff were written by the registered manager of the service as they had worked with them previously. We received information that this was addressed on the day of inspection.

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

- Systems were in place for people to be protected from the risk of abuse. People and relatives told us people felt safe with staff support and trusted staff.
- Staff were trained in how to safeguard people.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. A staff member said, "The registered manager would respond if I raised a concern."

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks. A staff member said, "I feel safe when I go out to work alone."
- Where people required equipment to keep them safe, these were in place.
- A system of reviewing risk assessments was in place.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. A relative said, "We were given all the contact numbers when the service started."

### Using medicines safely

- People received their medicines in a safe way, where support was required.
- Staff received regular medicines training and systems were in place to assess their competencies.

#### Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice
- Gloves and aprons were available to staff to reduce the risks of infections spreading. People confirmed staff used the aprons and gloves.

#### Learning lessons when things go wrong

- People were supported safely and any incidents were recorded and monitored. Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.



# Is the service effective?

## Our findings

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

This was the first rated inspection of the service. At this inspection this key question is good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 that, 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 when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- No one was subject to any restrictions under the MCA.
- Staff had received training about the MCA.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people received care a detailed assessment took place to check if people's needs could be met.
- Information from risk assessments was transferred to care plans to promote and support people's care and well-being.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their food and drink where needed.
- Staff supported people with the preparing of their meals and drinks and care plans where required, described people's eating and drinking needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service worked alongside local community and medical services to support people and maintain their health.
- Assessments had been completed for people's physical and mental health needs.

- Where people required support from healthcare professionals staff followed guidance provided.

Staff support: induction, training, skills and experience

- Staff followed a comprehensive training programme to develop their knowledge and skills. A staff member said, "I'm planning at my next supervision to discuss doing a diploma at level three in health and social care to progress myself."
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. A staff member said, "I've been doing the Care Certificate since I started working for Elite and I shadowed other staff for a week."
- Staff received regular supervision and appraisal. A staff member commented, "We have supervision meetings every three months." Staff said they were well-supported.

# Is the service caring?

## Our findings

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

This was the first rated inspection of the service. At this inspection this key question is good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were provided with kind and compassionate care. People and their relatives were positive about the care provided. One person told us, "The service is fantastic." A relative said, "Staff are very attentive, they do everything we ask."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Relatives told us staff were introduced to them through shadowing, so they always got to meet them before they provided their care. One relative said, "We know all the staff who visit." A staff member said, "I think it's great the way we get to support the same people for continuity of care."
- Care plans were written in a respectful, person-centred way. They outlined how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.

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

- Guidance was available in people's care plans which documented how people communicated.
- People and relatives were consulted about people's care and involved in their decisions. One person told us, "Staff always explain what they are doing and ask me." A relative said, "We have meetings about [Name]'s care package."
- No-one was using an advocate at the time of inspection.

Respecting and promoting people's privacy, dignity and independence

- People and relative's all maintained privacy and dignity were respected when people were supported. One relative told us, "Staff are very respectful and certainly maintain [Name]'s dignity."
- Care plans were written in a respectful, person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.
- Staff supported people to be independent. People were encouraged to do as much as they could for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This was the first rated inspection of the service. At this inspection this key question is good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support needs were assessed and planned in partnership with them and their relative. A relative said, "We all had a meeting to discuss [Name]'s support needs."
- Care plans were bespoke and took account of people's likes, dislikes and preferences. They were detailed so staff had clear information about how best to support the person, in the way they wanted and needed.
- Care was personalised and responsive to people's individual needs. It was delivered by staff who knew people well. A staff member said, "We get information about the person to read before we start to support them." One relative said, "The service is very flexible, [Name]'s call was altered the other day as they wanted to go swimming with friends."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information could be made available in an accessible format depending upon people's needs.
- Where English was not the person's first language interpreters would be used.
- Information was available in people's care records about how they communicated.

End of life care and support

- Relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- Information was available about people's end-of-life wishes.
- No one was receiving this care at the time of inspection.

Improving care quality in response to complaints or concerns

- A complaints policy was available. No complaints had been received. A relative told us, "I know I can contact the office if I needed to make a complaint."

# Is the service well-led?

## Our findings

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

This was the first rated inspection of the service. At this inspection this key question is good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. Care plans were person-centred to ensure people received individualised care and support.
- Most people and relatives were very positive about the service provision. One relative told us, "Best service we've had."

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

- The service was committed to protecting people's rights with regard to equality and diversity.
- Staff told us communication was effective. One staff member told us, "We're kept up-to-date by text, emails and post and we can call into the office. Office staff pass on messages." Another said, "The office staff are very organised."
- Staff told us they were listened to and it was a good place to work.
- Relatives and people were involved in decisions about care and asked for feedback about their care. One person had recently commented, "Overall the care is excellent, well done." Another person had responded, "I have found the agency really good from management to staffing levels. They are extremely caring."

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

- People, relatives and staff told us the manager was approachable. One relative said, "The manager is very helpful and approachable." A staff member said, "It's the best agency I've worked for and the manager is a good boss."
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- Regular spot checks took place to gather people's views and to observe staff supporting people. A relative commented, "The manager will contact us and ask us how things are going." A staff member said, "The manager has just been out to do a check to observe me working."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.
- The aims and objectives of the organisation were discussed with staff when they were employed.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required.

Continuous learning and improving care; Working in partnership with others

- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Staff communicated effectively with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.