

Elite Domiciliary Care PVT Ltd

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Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Elite Domiciliary Care PVT Limited is a care agency providing personal care to 51 people. The service provides support to adults with physical disabilities, dementia, sensory impairments and with learning disabilities or autistic spectrum disorders.

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

Quality checks needed to be more robust. People told us they wanted more consistent staff. People had detailed care plans and risk assessments in place. Lessons were learned when things went wrong, and improvements were made. Staff were safely recruited and completed appropriate training. People were kept safe from risk by staff who understood safeguarding policies and procedures. Medicines were safely managed. People were protected from the risk of infection by staff wearing the appropriate Personal Protective Equipment (PPE).

Staff accessed information electronically through an app on their phones. Staff supported people to maintain independence and understood to seek consent when supporting people with their care.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Staff were caring and people felt listened to. Staff were responsive to people's needs; amending care plans and taking into account feedback from questionnaires. People's communication needs were considered. Staff received end of life training and people had information in their care plans about end of life discussions.

Staff felt the manager was approachable and fair. The manager understood their duty of candour. The provider worked in partnership with other organisations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 January 2020 and this is the first fully comprehensive inspection. However, we did carry out a focussed inspection of safe and well-led (published 16 February 2021).

Why we inspected

We received concerns in relation to quality of care and staffing levels. As the provider had also moved premises, we undertook a comprehensive inspection. The overall rating for the service is good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last focussed inspection by selecting the 'all reports' link for Elite Domiciliary Care PVT Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors. One inspector visited the office location and spoke with staff at the office, while another inspector made telephone calls to staff. An Expert by Experience spoke with people using the service as well as their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, there was a care manager who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 5 people who used the service and six relatives. We spoke with 8 members of staff including the compliance and quality assurance manager, care manager, care coordinator, senior care staff and care staff. We viewed a range of records including 6 people's care folders and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last focussed inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough safely recruited staff.
- We received mixed feedback about the continuity of staff attending people's calls. However, people and relatives confirmed they received their planned calls. One person told us, "I get a lot of carers. It doesn't bother me, as long as they are here to do the job, that's fine by me." Another person told us, "I've got a regular one [staff member], the others are alright. I know most of the staff."
- One relative told us, "It's a jumble at the moment with staff leaving. It's different ones coming, but we always get them." Another relative told us, "Normally [person's name] gets the same staff so we know who they are and I know them quite well, but [person's name] does have some changes [in care staff]."
- The manager told us they had improved staff rotas to address issues of late calls and staff consistency. However, as this was very recent it needed time to embed.
- Staff were recruited safely. Staff had Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. References were also requested from previous employers to make sure staff were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse.
- People told us they felt safe and relatives told us they felt people were safe. One person told us, "I feel very safe. I appreciate everything they do for me." A relative told us, "I think [person's name] is safe with them [staff], they are careful with [person's name]."
- Staff understood how to safeguard people from the risk of abuse. Staff knew where to access the policies and procedures as well as who to report their concerns to.
- The manager reported concerns to the local authority when required.

Using medicines safely

- Trained staff administered medicines safely. One person told us, "They [Staff] give me my medication. I get it at the right times." A relative told us, "When I've been there, they make sure [relative] has taken their medication before they move on."
- Staff recorded in people's medication administration records (MARs) when they had given people their medicines. This information was electronic via an app on staff mobile phones.
- Staff received medicines training which was updated annually as well as through spot checks. Staff

confirmed checks took place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were being recorded and appropriate actions were taken in response to these.
- Lessons were learned as the manager had made improvements in line with the local authority improvement plan and from inspection feedback.

Preventing and controlling infection

- Staff protected people from the spread of infection by wearing the correct personal protective equipment (PPE), such as masks, gloves and aprons.
- People and relatives told us staff wore PPE in their homes.
- Staff told us they were wearing PPE in line with guidelines.

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 is the first inspection of this key question. This key question has been rated good.

This meant 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;
Supporting people to eat and drink enough to maintain a balanced diet

- People were supported in line with their care plans.
- The majority of people and relatives told us they were happy with staff support around eating and drinking.
- Staff told us how to access people's information, including about people's diets. Staff told us, "It's all on the app." And, "I read the care plans and I ask my double up if [they] know more about them [the person]."
- People had detailed care plans completed from their initial assessments which included people's preferences. The provider tried to accommodate people's preferences, however, where this was not possible, they worked with the local authority to find another suitable service to provide support.
- The provider recently started using an electronic system to support staff to access people's care plans through an app on their mobile phones. However, not all risk assessments were available to staff on the app and some information was in people's paper folders in their homes. Not all staff were aware of accessing the paper folders. The manager was receptive to our feedback and put plans in place to ensure staff knew where to access this information.
- Staff knew people care needs, including their dietary needs. Staff told us they had received specialised training face to face, such as PEG training, and the manager told us a healthcare professional delivered this training.

Staff support: induction, training, skills and experience

- Staff were suitably trained.
- Staff told us they had an induction which consisted of training and shadowing care calls. One member of staff told us, "All our training is done online. If I need any extra training I would ask [manager's name]."
- Staff and management confirmed supervisions were completed and staff felt supported with their training needs. One member of staff told us, "I am more hands on [in learning]. [Manager's name] has been supportive and explains things as we go along."
- Most training was completed online, but staff confirmed having practical training with moving and handling. The manager told us about a staff member completing their 'train the trainer' course. This meant staff would be able to complete more training face to face to improve their learning and understanding.

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

- Staff worked in partnership with health and social care professionals and other organisations when issues

where raised. People's folders contained information from other professionals. One person told us, "I've had the OT out and they [staff] worked with them."

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People and relatives told us they were asked about what they needed.
- One person told us, "I like the people that come, if I ask for anything it's there." A relative told us, "Carers treat [person] well; they always ask if [person] wants anything else."
- Staff feedback about MCA training was mixed however, staff understood to seek consent when supporting people and when to raise concerns around decision making with the manager. One staff member told us, "We have done this online; I always ask for consent first. And if I was concerned about someone not being able to make decisions, I would report it to [the manager]."
- The manager was aware of their responsibilities in relation to mental capacity and knew when they would need to undertake MCAs. Relevant policies and procedures were in place.

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 is the first inspection of this key question. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Feedback was mixed about the care people received. One person told us, 'I've got no complaints whatsoever; they are all nice.' A relative told us, "Most of them [staff] you can tell that they care. Some of them are better than others. Some will do it; some will wait to be told." Another relative told us, "The carers are nice and kind, they try to do their best." The manager supported staff in their supervisions and team meetings and more often if this was needed. Staff told us they were able to request more training.
- Care plans were individualised and encouraged staff to promote people's independence with tasks.
- Staff received training around dignity and respect.

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

- People and their relatives were asked for feedback on the support they received.
- People told us they felt involved in their care. One person said, "Yes I was involved in my care planning and they do review it." Another person told us, "They sent a questionnaire. Things are better. They must have looked at my comments and made adjustments as needed."
- Relatives' views were mixed about care having been reviewed. One relative told us "No, I don't think I was involved and I don't think anything has been reviewed." While another relative told us, "I was involved right at the beginning. It's reviewed on an annual basis."
- The manager told us everyone's care plans were being reviewed at the time of the inspection to ensure they were all up to date.

Is the service responsive?

Our findings

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

This is the first inspection of this key question. This key question has been rated 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; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were personalised and people's preferences were included, such as the foods they liked/ disliked and things that were important to the person. One person told us, "They [Staff] did come to interview me about what I needed and my likes and dislikes. The care plan came back with things I had discussed."
- People were supported by staff to remain in contact with their families.
- The manager gave us an example of how they liaised with a family about a person who was lonely and wanted to socialise outside of their home. This was arranged with the family and has had a positive effect on the person.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Provision was in place to support people who needed information in a different format. The manager told us they would be able to support people to access their information in an alternate format or a different language.

Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to by the manager and resolved to the satisfaction of the complainant.
- Plans have been implemented to improve quality of care through the local authority action plan.

End of life care and support

- Staff completed end of life training.
- Care plans reflected conversations about people's end of life planning.

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.

At our last focussed inspection, we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance checks needed to be more robust, such as medicines checks and systems checks.
- Medicines audits were not being completed at the time of the inspection. The manager told us the electronic system flagged any issues which they would then address. However, we would expect to see regular audits as a further check. People had not come to harm. The manager was receptive to our feedback and implemented medicines audits swiftly. We will review the effectiveness when we next inspect.
- Care plans and risk assessments were detailed and in place, however, some staff did not know the information was stored in different places. For example, although care plans were available electronically on the mobile phone app, not all risk assessments were. Staff would have to view these in people's own homes in their paper folders. Not all staff were aware of this which could have led to risks not having been responded to appropriately. People had not come to harm from this. The manager was receptive to feedback and told us they would explore ways of alerting staff to additional information in people's homes.
- The CQC rating was not displayed on the provider's website in line with regulations. The provider had been made aware and told us they were addressing this; however, this had not been corrected.
- The manager was working with the local authority to achieve actions in their improvement plan and progress had been made. The manager was still working towards completing actions at the time of our inspection. We will check these at our next inspection.

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 manager understood their duty of candour and told how they dealt with complaints as well as whistle blowing concerns. The manager apologised to people when things went wrong and took appropriate actions to address concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Care was person centred, inclusive and promoted people's independence.
- The manager told us, "We always promote independence." The manager explained how staff had recently empowered a person to become independent with their medicines by enabling them to take these

themselves.

- The provider worked with other professionals and organisations to support people. We heard staff making telephone calls to other organisations to raise issues and address issues promptly.