

Elite Domiciliary Care PVT Ltd

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Inspection report

49-51
George Street
Newcastle
ST5 1JU

Date of inspection visit:
08 January 2021

Date of publication:
16 February 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elite Domiciliary Care PVT Ltd 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 with a varying level of personal care needs. At the time of inspection 96 people were using the service.

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

Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols to support people and highlight to staff when to administer the medicine.

The provider could not always evidence that they received a full employment history for members of staff. The provider had a range of audits they completed on a monthly basis. However, they were not always effective in finding issues that were found during the inspection.

Where people required support with moving and handling, risk assessments were in people's care files to guide staff to safely support people.

People and relatives told us staff wore the appropriate PPE when entering their homes and giving personal care.

People and their relatives were positive about the support they received from the service.

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

Rating at last inspection

The last rating for this service was good (published 19 July 2019). You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Elite Domiciliary Care PVT Ltd on our website at www.cqc.org.uk.

Why we inspected

We received concerns in relation to people's care and how the service was promoting people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed to requires improvement. We did not inspect effective, caring and responsive due to us wanting to limit ourselves and spend the least amount of time in the service as possible.

Follow up

We will aim to re-inspect this service within the published time scale for services rated requires improvement. We will continue to monitor the service through the information we receive.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 one inspector on site and an assistant inspector who made telephone calls to people and relatives.

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.

The service had a manager registered with the Care Quality Commission at the time of inspection. 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 24 hour's notice so we could clarify the service's COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding or COVID-19 positive so we could respond accordingly.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

Due to the national pandemic we completed a focused inspection therefore reducing the time we spent at the service. We spoke with the registered manager and deputy manager. We looked at eight people's records relating to wound care management, risk assessments, care plans and accidents and incidents. We requested further information after our visit, relating to the governance of the service.

After the inspection

We were sent a range of governance records which included care plan audits, medication audits and the accidents and incidents log. We gained feedback remotely from five people, four relatives and one professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely by the service.
- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place for prescribed medicines or creams to ensure that staff knew when to administer PRN medicine.
- Where people had been given PRN medication, the service did not always evidence the reason why the medicines had been given. This meant people were at risk of been given PRN medicines when this may not have been required.
- Staff had not always signed the associated medicine administration record (MAR) when people had been administered their medicines to say this had been given. However, audits introduced had identified that signatures had been missed on MAR charts and actions had been implemented to reduce the risk of the incident reoccurring.

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- However, the registered manager could not always evidence they had taken a full employment history of some staff. The registered manager was informed of this on the day of inspection, where they made changes to their application form and agreed to get this information now from current staff members.
- People told us that they didn't always receive the same care staff for their calls. They told us, "I have different girls, I would prefer the same ones, I never know who is going to turn up," and, "I don't always get the same care staff, but I am happy with all of them."

Assessing risk, safety monitoring and management

- We found for one person who was prescribed time specific medication, the guidance in their care file was not detailed enough. This stated, "I would like carers to assist me with one of my medications and a drink of my choice." This guidance did not highlight which medication was to be given and the amount of time to wait before giving them food. There was a risk that the person would not receive the correct medication or wait the required time to have food after having their medication which could mean it was less effective.
- The same person did not have a risk assessment in their care file to guide staff on how to support the person safely with this medicine. The registered manager told us a risk assessment should have been present and was going to ensure one was completed now.
- Where people required support with mobility, personalised risk assessments were in people's files to

guide staff on how to do this safely.

- Staff understood people's care needs well and were able to describe the type of support people required with personal care.
- People and relatives were mixed in their opinions regarding their call times; they told us, "The morning and evening calls are time specific, the [staff] are often late, I have called the office and they blame the [staff]". However other people said, "We have one call a day. It's not very often they are late."
- The registered manager told us, "We use 'care planner' (a type of electronic system), this helps me determine the calls and average information on the calls. If on a call someone has a medical emergency, paramedics are called, our staff stay with them."

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- People were supported by care workers who had a good understanding of safeguarding. Staff had received training in safeguarding and knew the process of raising a concern. One care worker stated, "I would report this to [registered manager]. I would identify a safeguarding through the types of abuse or somebody's care needs had changed or not been met."
- People spoken with confirmed they felt safe with the care they received from care staff.

Preventing and controlling infection

- Staff told us they understood the required practice for infection prevention control when going into people's houses to support them. One staff member told us, "I have received IPC training since the pandemic started. Before going into a home, I will put on a fresh mask, apron and gloves. When I leave, I take this off and put it into the outside bin."
- We were assured that the provider was using PPE effectively and safely. People told us that staff used appropriate PPE when completing care calls.
- Staff received training in preventing the spread of infection and there were policies and procedures in place to support staff knowledge.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had highlighted that accidents and incidents had not previously been recorded or reviewed. They told us that they had implemented a tracker system in November 2020, that looked at accidents and incidents and any action taken for learning.
- People's files contained body charts where an accident or incident had taken place and referrals made to relevant health care professionals.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- The registered manager completed a range of audits which included care file audits and medication audits. We found however; these audits did not highlight some of the issues that we found during inspection. For example, one person on time specific medicine did not have a risk assessment around this, people did not have PRN protocols in place and audits did not highlight that staff did not have a full employment history. Improvements were also required around staff recruitment checks.
- There was a clearly defined management structure within the service.
- Records were easily accessible and care plan documents had been signed and reviewed. Care file audits were completed three monthly and each person was rated red, amber or green, which highlighted their level of risk.

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

- Staff all spoke highly of the culture within the organisation and we positive about the support they received from the registered manager. Staff told us, "Yes I feel supported by the manager and I'm quite happy working for Elite."
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.
- Relatives were positive about the support their loved ones received. One relative said, "I feel very happy with the service, it is a weight off my mind, they are helping me as much as [relative]. I still go and see them every day, but I know they are taking care of them well."

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, to be open and honest when things went wrong.
- They told us, "As a manager we would take responsibility for any Duty of Candour, by remaining open and honest. We would then do a full investigation, apologise to client or clients next of kin/family and report the findings."

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

- The registered manager told us they were in the process of gaining their yearly feedback from people and relatives.
- The registered manager would have a three-monthly conversation with people around their support needs to identify changes and update their care files.
- People and relatives confirmed they were involved in reviews regarding their care. They told us, "I am happy with the care I get, I can let them know what I want" and, "I am always involved in my [relatives] care planning and we always have the final say about support they receive."

Working in partnership with others

- The registered manager told us the service has close working relationships with social workers, district nurses and the local authority. We saw evidence where the service had liaised with professionals during the inspection. One professional told us, "I deal with mainly [worker] who is very professional, and I get quite good feedback from them about [people]. I've got no concerns at all with the care they provide."