

Dream Elite Care

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Inspection report

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20 February 2019
21 February 2019

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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:

Dream Elite Care is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. At this inspection it provided the regulated activity of personal care to 17 people.

People's experience of using this service:

- People felt safe having their care provided by staff. Risk assessments were in place to identify possible risks to people's health and well-being and measures were implemented to mitigate the risks. Staffing numbers were appropriate to meet the needs of the people using the service. Medicines were safely managed and people received their medicines as prescribed.
- Staff knew the people they supported well. They received regular training updates. People's care and health needs were identified so staff could meet these. People were supported to maintain good health. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's privacy and dignity was protected and promoted. People had developed good relationships with staff who had a good understanding of their needs and preferences.
- People told us staff were kind and caring and helped them. People were involved in discussions about their care and felt that communication with staff and the management was good. People told us they had not had to raise any concerns. They said they would be confident they would be listened to should they need to do so.
- People received person centred care that met their needs. Care plans gave details of how people would like their needs met.
- People and staff told us the service was well managed. Staff said the service had a family atmosphere and they felt well-supported. Managers and staff worked in partnership with other services to ensure people got the care and support they needed.

Rating at last inspection: This is the first ratings inspection for Dream Elite Care.

Why we inspected: The service was inspected as it had not had an inspection since registering with the CQC in December 2017.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next

inspection is scheduled accordingly.

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

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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Dream Elite Care

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

This service is a domiciliary care agency. It provides care to people living in their own houses and flats. Not everyone using Dream Elite Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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:

This inspection was announced. We gave the service 24 hours' notice of the visit to the office because we needed to be sure that staff would be available.

What we did:

Before the inspection we reviewed all the information relating to we have in relation to this service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we had relating to the service. including notifications. A notification is information about important events which the provider is required to send us by law.

We visited the office location on 20 February 2019 and visited three people in their own homes. We made

phone calls to relatives and some people who use the service on 21 February 2019

During the inspection we:

- Spoke with five people who received the regulated activity of personal care
- Spoke with the registered manager
- Spoke with six members of care staff
- Spoke with two relatives of people who used the service
- Looked at two people's care records
- Looked two staff files including all aspects of recruitment and training records
- Looked at records relating to the management of the service. These included audits of medicines, health and safety.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- The provider had safeguarding systems in place which staff had access to if they required further information.
- Staff told us they had received appropriate and effective safeguarding training. Staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse.
- People who used the service told us they felt safe. One person said, "I feel very safe. The staff have been coming a long time to help me." Another person said, "[Staff] always make sure my door is locked when they leave."

Assessing risk, safety monitoring and management.

- Risks to people were assessed and managed to enable people to live in their homes safely. Risk assessments related to moving and handling and the environment.
- Care plans contained detailed information for staff to follow to keep people safe. Staff were able to describe the action to take to reduce the risk of harm for people they supported. For example; when supporting people to bathe. Records for the identified risks such as falls and pressure care were well maintained.

Staffing and recruitment.

- People's care and support needs were assessed and there were enough staff to meet these needs.
- People told us that on occasions they had had a late care visit, but this had not impacted on their care. One person said, "On occasion my care call has been late, but the staff still stay for the required length of time." Another person said, "I always know who is coming and the office contact me if they are going to late."
- Suitable arrangements were in place to make sure that the right staff were employed at the service

Using medicines safely.

- Staff were able to describe the safe process for administering medicines to people who required support.
- There was guidance in place on the administration of medicines and gave details of who is responsible for the ordering and collecting.
- People told us they were happy with the support they received to take their medicines. One person told us, "The staff always help me with my medicines. They always ask me if I need any painkillers."

Preventing and controlling infection.

- Staff were able to explain infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The registered manager was able to explain the action they would take following an accident or incident to reduce the risk of these reoccurring. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.

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.

Good: 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.

- People's assessed needs were reviewed on a regular basis.
 - Care plans contained information about people's needs and were regularly reviewed. Staff knew people extremely well and were able to explain people's care needs in detail. All the people receiving a service had been known to the provider for a number of years. The provider had been part of the local community before they registered the service with the Care Quality Commission. One person said, "Staff are like being a member of my family, we all get on really well. I couldn't manage without them."
- Information contained in the care plan and speaking with people confirmed they had been involved in planning their care.

Staff support: induction, training, skills and experience.

- Staff told us they received enough training and support to carry out their roles effectively. Each member of staff had information on their files about the training they had undertaken.
- New staff were able to explain their induction. They told us they worked alongside other experienced colleagues until they felt confident to work alone. One member of staff said, "I feel very well supported and can ask any questions. There is always someone to ask and willing to help me."
- Staff all told us they received regular supervision and support to carry out their roles effectively.

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

- People who required help were supported to eat and drink enough. Information on the support required was recorded in people's care plans appropriately.

Staff working with other agencies to provide consistent, effective, timely care.

- The registered manager told us that when people's care and support needs had changed they would liaise with social services, with the persons GP or other health professionals.

Supporting people to live healthier lives, access healthcare services and support.

- Staff supported people where needed to make or attend health care appointments. One person told us, "Staff would help me to arrange a doctor's appointment if I needed them to. Although my family usually do it for me."

Staff told us if they had concerns about a person health or wellbeing they would speak with families, the registered manager or liaise with the GP on the person behalf.

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 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. No applications had been made for people who received care from this service.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.
- We were told that no one being supported with the regulated activity of personal care lacked mental capacity. A person said, "[Staff] listen and respect my choices."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- Staff had a caring approach when supporting people. People were very positive about the care they received. One person told us, "I am treated extremely well. I couldn't ask for better care." A relative said, "The staff are all very kind and always ask if there is anything else that needs doing. They look after me as well."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person said, "Some staff have been coming for a long time and know me well."
- Staff we spoke with, enjoyed working at the service. One member of staff told us, "We are here to meet people's needs and treat them like we would like to be treated." Another member of staff said, "I love my job, we are like a big family."

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

- People's care calls and the time of the call were recorded in their care plans. One person told us, "I couldn't manage without staff coming to help me."
- Staff told us they provided care to people in a way that the person preferred. One member of staff said, "We are given enough time to meet people's needs. There is always time for a chat."
- People told us that they are asked for feedback about the care that is provided. One person told us, "I have the office number so I can ring at any time."

Respecting and promoting people's privacy, dignity and independence.

- People and their relatives told us that staff respected their privacy and dignity. One person told us, "Staff always knock on my door and ask to come in." Another person said, "Staff always check with me before doing anything (provide care)."
- Staff encouraged people to do what they could for themselves. Everyone we spoke with told us they try and be as independent as they can be.
- People's confidentiality was maintained; records were kept securely in the office.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Personalised care.

- People were enabled to make choices, develop their care and support plans. People were supported to have as much control and independence as possible.
- People had personalised care plans in place. These were detailed to provide staff with guidance on how to respond to people's needs effectively and safely.
- Staff were knowledgeable about the care that each person required. One person said, "The staff know me very well and know what I need doing, they are wonderful."

Improving care quality in response to complaints or concerns.

- People were provided with opportunities to give feedback to the registered manager about their experiences of care and the service provided a range of accessible ways to do this. One person said, "Yes I have completed a questionnaire and [name of manager] speaks to me regularly to find out how things are going."
- A complaints procedure was available to everyone in their information pack. Staff told us they would ensure that the registered manager was informed if a person raised any concerns. People knew how to make complaint. They all told us they believed they would be listened to and action would be taken. One person said, "I have no complaints I couldn't ask for better carers." A relative said, "No complaints we receive a fabulous service." The service had also received a number of compliments which thanked staff for an "amazing job"

End of life care and support.

- The service was not currently supporting anyone receiving end of life care. The registered manager told us that if they had anyone that required end of life care they would seek the support from other health professionals required at the time
- A number of the staff had completed end of life training courses prior to starting at the service although training for end of life care was in the process of being arranged.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service
- The registered manager encouraged feedback and acted on it to continuously improve the service, for example by undertaking regular reviews with people about their care and support needs.

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

- The service was well-run.
- Staff told us they liked their job. One staff member said, "We all work well together. It feels like we are one big family." Staff confirmed support is provided on an ongoing basis.
- Staff were aware of their roles and responsibilities. Staff told us the management were available to provide support when needed.
- The registered manager carried out spot checks on staff performance and sought feedback from the people and their families about the care provided.
- Checks were also made to monitor the quality and safety of the service provided. These included care plans, medicine management and health and safety

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

- Staff involved people and their relatives where appropriate in day to day discussions about their care. One relative told us, "We are always being asked if we have everything we need and if there is anything the staff could do better."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- Staff told us that they attended meetings in person where possible and minutes were available if they were unable to attend.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints would be used to drive improvement.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others.

- The service worked in partnership with health and social care professionals who were involved in people`s care.