



Inspection Report on

Elite Domiciliary Care Ltd

**14a
Woodland Terrace
New Tredegar
NP24 6LL**

Date Inspection Completed

30th November 2023 & 20/12/2023

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About Elite Domiciliary Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Elite Domiciliary Care Ltd
Registered places	
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since the service registered in Wales in March 2023..
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive a service from a company that is heavily focused on respect, giving people choice and maximising peoples outcomes. There is an extremely high level of satisfaction in the standard of care that people receive and in people's opinions of the staff providing the care and leading the organisation. The organisation has a strong commitment to maintaining quality through regular reviewing and ongoing monitoring of performance. A happy and motivated workforce support people. Staff are not rushed to undertake calls and have confidence in calls being covered by other members of staff if required. A suitably qualified workforce is also recruited in a robust manner demonstrating a strong commitment to maintaining safety and high standards. The Responsible Individual (RI) is very involved in the service and has good oversight of the needs of people and the service as a whole. Legal requirements for reporting and monitoring of the service are being met. The service is currently relatively small and may require more office-based staff if it were to grow, to maintain the high standards seen.

Well-being

People receive support from a service that has their well-being at its core. At the present time, the service is relatively small, and it is clear from discussions with a number of staff members that they have an excellent knowledge and understanding of the needs of the people that they support. Consequently, a support package is developed that supports their needs whilst ensuring choices are understood and respected. The service has a manager and deputy manager that also provide care and support to people alongside day to day management of the service. People and staff told us that this helps the management team to truly understand the needs of the people being supported. In addition to management and support workers, the service employs a person centred director whose role it is to ensure people's choice and well being outcomes are being met. We saw some examples of excellent pieces of work being undertaken with people to encourage them to engage, work towards goals and ultimately help improve their quality of life. An example of this included support provided to enable someone to regain some cooking skills despite physical health constraints making this challenging. We saw evidence of the service taking time to discuss goals, breaking this down into manageable steps and assisting with steps that were too challenging. Throughout this process, evidence could be seen of the process being fully risk assessed and documented and feedback being sought following the task which was very positive. Other examples seen of work carried out includes steps undertaken to support people to access the local community, support with anxiety and taking time to work with people who find it difficult to accept care. Consistency could be seen in the process that the service adopts in terms of thorough documentation, risk assessment and review.

Feedback received from those supported by the service is extremely positive. One person advised how even when given the choice to leave if tasks have been completed that staff will remain for a chat. Another commented "*they are marvellous, very gentle. I can't fault them.*" Similarly, family members spoken to report a confidence in the service that is provided to their loved ones.

The service demonstrates a commitment and desire to truly understand peoples needs. This is seen in support plan documentation. Throughout all documentation reviewed, a strong commitment could be seen towards people's needs, dignity, wishes and overall well-being. Support plan documentation heavily focuses on people's choices, strengths, and maximising independence. Examples could be seen of the service establishing how they could best support one person to undertake some personal care tasks independently through taking time to demonstrate the task with the person and thus gaining a greater understanding of what could be achieved.

Care and Support

People have close working relationships with the service which is reflected in the quality of the personal plans. All documentation reviewed consistently demonstrates a focus on people's needs, wishes and choices together with a strong emphasis on achieving people's desired outcomes. It is evident that the service places a strong emphasis on knowing the people that they support well. Detailed social history information could be seen across all files reviewed. This information is then used to further develop documentation in partnership with people and their families. All support plan documentation demonstrates discussions taking place around desired outcomes and what matters to people in line with legislation. Consideration is also given as to what support is required to enable people to make their own choices and decisions around their care. An example seen related to how a family member despite having a diagnosis of dementia likes to help with their loved one's tasks. We observed the service respecting and facilitating this choice where possible. In addition to documentation being completed in conjunction with people and their families, people also have access to this information for their records and this was evidenced when we visited people.

There is a clear focus on ensuring the care being provided is beneficial, in line with people's needs and wishes and is making a difference. This is reflected in the reviewing process when care is set up. A review takes place after 24 hours, after one week and then three monthly. Evidence could be seen of an action plan being taken forward from reviews and being acted upon. Feedback on the reviews is very positive. One person stated, *"I can tell the carers really care."* Feedback on call times is very positive. People appear to have calls at the times scheduled. This was further supported by call monitoring information. People told us that they generally know which staff member is visiting and that they have a regular group of staff. This was further supported when we visited one person and saw evidence of 'a support worker schedule' for that week.

Care is provided by a workforce that are happy and motivated in their role. Feedback gained from staff members is overwhelmingly positive with one stating *"the whole organisation is amazing"* while another stated *"everything is person centred. I have enough time to do tasks and if I don't someone else will cover."* Staff have regular access to face-to-face supervision and receive thorough training and ongoing monitoring on the job.

Leadership and Management

Robust recruitment practices are in place that ensure suitably qualified staff are recruited. This includes details of a full employment history, references and disclosure and barring service checks. Staff undergo a thorough induction, have access to regular training and undertake shadow shifts with other members of staff until both they and the organisation feel confident that they can work alone. Staff are also subject to regular competency monitoring and medication administration checks. Detailed, relevant, and up to date policies are in place that staff are required to have knowledge of. The service is committed to finding ways of ensuring an understanding of these for example through discussion at team meetings. A strong commitment to maintaining quality care could be seen through reviewing systems in place, competency monitoring of staff, monthly medication audits and regular staff and family feedback questionnaires together with action points to take forward.

The RI has very good oversight of the service and currently provides care to people alongside managing the service. They acknowledge that this may not always be possible if the service grows in size and requires a more office-based role. They are performing their responsibility to meet with people and produce a report on the service every month which is over and above the three-monthly requirement stated in the regulations. Evidence could be seen of a thorough quality assurance report that includes a detailed analysis of the service over a six-month period, taking into consideration views from staff, people, and external professionals. A recognition of both successes and areas for improvement is evident. A statement of purpose; a report of who and what the service is, is kept up to date and accurately describes what we saw. Evidence could be seen of a user friendly written guide given to all people receiving care informing them of all aspects of the service. Discussions with people demonstrated a sense of confidence in knowing who to contact if they were not satisfied.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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