Doves Healthcare 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?	Good

Summary of findings

Overall summary

Doves Healthcare Ltd is a domiciliary care agency providing people in their own homes. They provide live-in and hourly care to people. At the time of our inspection the agency was providing support to two people, one of whom was being supported by two people twenty four hours a day due to their health needs.

The inspection took place on 26 May 2016 and was announced. This was the first inspection of the service since it registered with CQC on 03 September 2014.

The agency had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The registered manager carried out appropriate checks before recruiting staff, but records did not contain copies of photographic ID. We recommended that records be updated to include photographic ID for all staff.

Policies and procedures were in place to assess and manage risks in order to keep people safe.

Staff understood their role in safeguarding people and knew how to raise concerns. The agency had a safeguarding policy that complied with legislation. We saw that staff had all received training in safeguarding.

Medicines were administered by trained staff and in line with the instructions of healthcare professionals. Measures were in place to respond to medicine errors should they occur.

People were supported by trained staff. Staff had a thorough induction and were provided with training and development opportunities.

Care was provided in line with current legislation. Staff demonstrated a good knowledge of the Mental Capacity Act (2005) and the correct processes were followed when providing care in somebody's best interests.

People told us that the staff who supported them were kind and friendly. Systems were in place that ensured people were matched with staff who they would get along with.

Care plans and assessments were person-centred and reflected people's individuality.

Systems were in place for people to complain or provide feedback and compliments.

The registered manager was looking at ways to improve the service as it grows.

Quality assurance audits were being frequently undertaken through spot checks and reviews. The registered manager has plans to improve auditing procedures when the service increases in capacity.

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.

Appropriate checks were being made before recruiting staff. However, copies of photographic ID were not documented in records.

Staff understood safeguarding procedures and systems were in place to respond to and record safeguarding concerns.

Risks were being assessed and managed to keep people safe.

Medicines were administered by trained staff and recorded appropriately.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and knowledgeable about their individual needs.

People enjoyed flexibility in eating and drinking when they wanted.

Care was provided in line with relevant legislation.

Staff worked alongside healthcare professionals to provide people with effective care.

Is the service caring?

Good

The service was caring.

Systems in place ensured that people and staff knew each other well.

People told us they found the staff caring and liked being supported by them.

People were provided with choices and supported in a way in which maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in care planning that ensured care was delivered in an individualised way.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well led.

Staff felt well supported by management and enjoyed working for the agency.

Quality assurance checks were being carried out to ensure that the care people received was of a good quality.

Systems were in place to promote an open and honest culture where staff could raise any issues that they had.

Doves Healthcare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 May 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector due to the small size of the service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by Care Quality Commission (CQC) which included notifications, complaints and safeguarding concerns. A notification is information about important events which the service is required to send us by law. On this occasion we did not request that the provider completed or returned a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. Instead we sought evidence of the quality of the service during the inspection.

At the time of our inspection, the service was providing support to two people. We spoke to one person who used the service, one relative, one member of staff and the registered manager. We looked at two people's care records, one staff file, training and supervision records, internal policies and procedures and the log of compliments and complaints.

Good

Is the service safe?

Our findings

People told us that they felt the care provided was safe. One person told us, "I do feel safe with them here." A relative told us, "They use the hoist safely to move (person)".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person's care records contained risk assessments for dehydration and pressure ulcers with the input of healthcare professionals. One person required the use of equipment for moving and handling. Two care staff were deployed to support this person in order for them to use equipment safely.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One member of staff told us, "If I thought there was abuse I would tell my manager. I'd expect her to take action but if not then I would speak to CQC or safeguarding team." Staff had completed training in safeguarding and the agency had their own safeguarding policy which was up to date with current practice.

There was a system in place for responding to accidents and incidents safely but there had been no accidents and incidents at the time of the inspection. There were forms that would be used in the event of an accident or an incident. These included the details of the accident/incident and also a space for staff to record the outcomes and who they have contacted. The registered manager informed us that staff would notify them of all incidents and these would be collated in order to identify any patterns that occur.

Staff were deployed in a way that ensured people received live-in care at home, without gaps in support. The agency's policy stated that staff were to remain with people until the next staff member arrived. There were clear channels of communication between the registered manager and care staff. Staff rotas showed that the right numbers of staff were being deployed to the correct people and people told us that staff arrived promptly.

The provider carried out appropriate recruitment checks which helped to ensure they employed suitable staff to work at the service. The provider had obtained appropriate records as required to check prospective staff were of good character. These included two written references, proof of the person's identification, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager told us that she had seen photographic identification for each new member of staff but these had not been copied and kept in the recruitment records.

We recommend that all staff files are updated so that they contain photographic ID. This is to ensure that there is a record of staff member's identities having been verified along with confirmation of their right to work in the UK.

Peoples' medicines were managed and administered safely. There were safe medicine administration

systems in place and people received their medicines when required. Medicines were stored in people's homes and staff administered them from blister packs. Medicine Administration Records (MAR) were kept in people's homes and once completed they were returned to the office. All staff had completed medicines training and were signed off as competent before administering medicines to people. There had been no medicines errors at the time of the inspection. Staff were aware of the medicines policy and would report medicines errors to the registered manager and complete an incident form.

Good

Is the service effective?

Our findings

A relative told us, "The carers seem to be effective. They have good training and know what they're doing." Staff told us they had the training and skills they needed to meet people's needs. One staff member told us, "I can ask for any training that I need and they will arrange it."

An external training provider delivered induction training to staff. Modules for the induction included safeguarding, health and safety and moving and handling. As well as attending training, all staff were required to read and sign internal policies and procedures and acquaint themselves with people's care plans before providing support to people. They would then work alongside a senior member of staff before working alone in people's homes. Staff told us that they felt the induction prepared them well for their roles.

All staff were offered the chance to complete a care certificate. Staff files showed that some were in the process of completing it. Another member of staff we spoke to had already completed the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It covers subjects such as safeguarding adults, basic life support, working in a person centred way and health and safety. The registered manager told us, "We want to expand and offer more training to staff." This showed a commitment to improving the effectiveness of staff by supporting them to further their skills and knowledge.

Staff could discuss their training and development in one to one supervision. One staff member told us, "It's where you pick up training needs and you can give ideas on things to improve. It is a good opportunity." Staff files contained record of these discussions and we could see that staff were able to raise specific issues about their own needs and advice on the people that they supported and any training that they might need.

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's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. One staff member told us, "If I wasn't sure I would ask for a mental capacity assessment and if needed I'd work in their best interests." Staff had completed training on MCA and one person's care records contained a letter from a healthcare professional confirming that the person lacked mental capacity and that care was to be provided in their best interests. Documentation showed that healthcare professionals and relatives had been involved in reaching the best interests decision.

People were supported to have a meal of their choice by organised and attentive staff. A relative told us, "(Person) can have what they want, staff make whatever is in the fridge and offer a choice." Care plans contained details of people's preferences, how to support them to eat and guidance from healthcare professionals. For example, a healthcare professional had requested food and fluid charts be completed for

one person. Food and fluid charts were completed and the registered manager informed us that healthcare professionals used these to monitor the person's condition. The person's care records contained details on the approach staff should take in order to encourage this person to eat.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. Staff attended health reviews and as well as providing care they provided an important source of monitoring. For example, one person had developed pressure sores and turned the person regularly, as directed by healthcare professionals. Turning charts were completed so that staff and healthcare professionals could monitor this. One person's long term condition meant that they were under the care of a specialist nurse. Records showed that staff were documenting important information, such as food and fluid intake, that were requested by the nurse.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "They are really caring and kind. They are good at looking after people." A relative told us, "The carers are lovely people and they work really hard." A compliment from a person who had used the service read, "(Staff member) is a lovely lady. She has a really gentle approach, so thank you."

The registered manager told us that they tried to provide live-in staff who were a good match for the people that they would support. Initial assessments explored people's wishes and preferences. The registered manager told us, "We interview staff in the same way that we would clients. We find out about their personality, hobbies and interests to make sure that they are a good match." For example, one person had found it difficult to settle with one care worker. Using the person's assessment, the registered manager was able to find a new care worker whose personality suited the person. This person has since become more settled working with this member of staff.

People told us that they received care from the same staff. This consistency meant people could build positive working relationships with staff and helped staff to get to know the people that they supported. People's care records contained details of their hobbies and interests and preferences. Staff rotas showed that the same staff were being deployed to the same people in order to ensure consistency.

Staff knew how to involve people in their care and support them to make choices. For example, one person had a fluctuating condition and this could influence their ability to make a choice. Care records contained information on how staff should offer choice to this person, depending on their condition that day. A member of staff told us, "People know what they want and you have to find out from them and ask relatives to help make choices."

People told us that staff respected their privacy and dignity. The registered manager told us that she was careful to employ people who embodied good values. People told us that staff treated them with dignity and respect when coming into their own homes. People's files were stored in a locked cupboard and during phone calls the registered manager took sensible precautions not to discuss confidential information in front of people. This demonstrated to us that people's privacy was taken seriously.

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. For example, one person enjoyed speaking to family by telephone or Skype and attending a local voluntary organisation. This information was clearly recorded in the care plan with other important information about this person's care.

Where people's needs changed, staff worked alongside healthcare professionals and updated their care plans to reflect their changing needs. For example, records showed how one person's changing needs had been responded to and tasks added to the care plan following advice from healthcare professionals. Reviews took place every month and a full re-assessment of needs was carried out every six months to ensure that care plans reflected the current needs of people.

People told us that the live-in carers were flexible and staff worked around their individual routines. Care plans took into account people's preferences and how their condition may impact upon their daily routines. For example, one person sometimes suffered insomnia. This information was in their care plan and staff told us that if this person has not had a good night's sleep they started morning routines later than usual.

Information about people's lifestyle and interests was gathered at people's assessment prior to receiving a service. Care plans contained information on what was important to people and staff would look for ways for people to pursue their own hobbies and interests. For example, one person enjoyed gardening. Staff were in the process of working with healthcare professionals to get a wheelchair so that this person could be supported to go into the garden to participate in their hobby, The registered manager told us, "We talk to the client and come up with a care plan that incorporates what they like. We talk to family too with consent."

People told us that they knew how to make a complaint. At the time of the inspection the service had received no complaints but a complaints policy was in place and people who use the service were informed on how to raise any concerns. The registered manager took a proactive approach to feedback and routinely asked people about the service that they were receiving during monthly spot checks. Any feedback received was documented and where needed acted upon. Staff told us that they were confident that if they had to raise a concern or pass on a complaint from a person, that the registered manager would respond appropriately.

Good

Is the service well-led?

Our findings

The registered manager promoted a positive culture. One person told us, "I haven't ever had to make a complaint." Staff spoke highly of the management. They told us, "Personally and professionally, they are very good." Staff told us that they could discuss training needs and any concerns that they had in an open way.

Staff were able to raise issues with management in a variety of ways. Team meetings happened every six months and minutes of meetings showed that staff could discuss any issues that they had. For example, at the last meeting staff had a discussion about training that was available. Management have now offered all staff the opportunity to complete the care certificate.

As well as the team meetings and one to one supervision, staff told us that the registered manager was approachable and they could contact her whenever necessary to raise issues or to make suggestions. There was a whistleblowing policy in place which staff were aware of. Staff told us that they felt comfortable raising concerns with the registered manager but knew the procedure to follow if they were concerned with how they were handled. In the event of any emergencies, staff could contact the registered manager outside of office hours to seek support or advice.

There was a registered manager in post and staff spoke highly of the leadership that she provided. The registered manager was aware of incidents that required a notification to the Care Quality Commission but at the time of the inspection there had been no incidents that required reporting.

The registered manager had put in place systems that enabled her to assess the quality and safety of the service and make improvements. These included an accident form so that if accidents occurred then these could be analysed to make sure that they did not reoccur. The registered manager had also set up systems to monitor people's experience of their care. To do this, monthly spot checks were carried out by the registered manager. These involved the registered manager visiting people in their own homes whilst staff were caring for them.

The registered manager told us, "I use it as an opportunity to speak to people and ask how they are getting on." Feedback from spot checks was documented in people's care records. This system of quality assurance and gathering feedback was sustainable due to the current size of the service and as the service grows.