

Dove Caring Ltd

# Dove Caring Ltd

## 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

About the service:

Dove Caring Limited is a domiciliary care service that provides personal care and support for adults living in their own homes. At the time of our inspection the service was providing support for two people. The service covered Nottingham and the surrounding areas.

People's experience of using this service:

The provider had improved their systems that were in place to monitor and review the quality of care people received. This was an improvement from our last inspection and the provider was no longer in breach of Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance.

Safe recruitment procedures were now followed and appropriate pre-employment checks were made. This was an improvement from our last inspection and the provider was no longer in breach of Regulation 19 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

People were very satisfied with all aspects of the service provided and spoke highly of both care staff and the registered manager. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

Risks to people's safety had been assessed so they were supported to stay safe while their freedom was respected. Staff had received training in keeping people safe. There were systems and processes to safeguard people from situations in which they may experience abuse including physical harm.

Staff had received all the training required to support people safely but did not receive regular supervision and annual appraisals.

Care files had improved since our last inspection. They contained more detail and included personal histories and files were reviewed regularly.

People were protected by there being arrangements to prevent and control infection. People were supported to eat and drink sufficient amounts to meet their nutritional needs.

People had been supported to live healthier lives by being supported to have suitable access to healthcare services so that they received on-going healthcare support.

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.

The service regularly visited people in their homes and sought feedback about the service they received.

No complaints had been received in the last 12 months. People had access to information about lay advocates if necessary.

The service had a small staff team of two care staff and a registered manager. All staff delivered care calls.

Good team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. Staff were clear about the vision and values of the service. In addition, the registered manager worked in partnership with other agencies to support the development of joined-up care.

More information is available in the full report.

Rating at last inspection:

Requires improvement June 2018.

Why we inspected:

This was a follow up inspection as the previous inspection found there were breaches of our Regulations. There was a breach of Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance and a breach of Regulation 19 HSCA (Regulated Activities) Regulations 2014 Fit and proper persons employed.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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.

# Dove Caring 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. 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 was carried out by one inspector.

#### Service and service type:

Dove Caring Limited is a domiciliary care service that provides personal care and support for adults living in their own homes. At the time of our inspection the service was providing support for two people. The service covered Nottingham and the surrounding areas.

The provider was also the manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the registered persons 48 hours' notice because they are sometimes out of the office supporting staff or visiting people who use the service. The office inspection took place on 6 and 15 February 2019.

#### What we did:

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

On our first day of inspection we had agreed to meet the registered persons at their office, but they arrived over two hours later than planned. This was a repeat of what had happened during our last inspection. The

registered persons did not communicate effectively with us about the delay.

We visited one person at their home and spoke with another by telephone. We spoke with the registered manager at the office and both staff members after our office inspection. In addition, we looked at the care plans of both people who used the service and any associated daily records such as the daily log and medicine administration records (MARs). We looked at both staff files as well as a range of records relating to the running of the service such as duration of care calls, staffing, quality audits and training records.

# Is the service safe?

## Our findings

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

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

At the last inspection in June 2018 we rated this key question as 'Requires Improvement.' We found that safe recruitment and selection processes were not always followed. Care plans contained limited information for staff to follow to reduce risks associated with the provision of personal care. Medication administration records were not always completed safely. At this inspection we found the service had made improvements in all these areas and people received a safe service.

### Staffing and recruitment

- ☐ We checked the recruitment files of both care staff and safe recruitment and selection processes were now in place. This improvement meant the service was no longer in breach of Regulation 19 (Regulated Activities) Regulations 2014 Fit and proper persons employed.
- ☐ The service had a small staff team. Both people using the service told us they were happy with the staff. One person said, "I always get [staff name] coming to see me." This showed people were supported by staff they knew.

### Assessing risk, safety monitoring and management

- ☐ A range of risk assessments had been completed for each person's level of risk. One person was at risk of falls and a risk assessment was in place that explained how to reduce this risk.
- ☐ Records and people's care files did not always contain signed consent that confirmed people or their representative had been involved in creating these risk assessments. People confirmed they were consulted about their risk assessments and the registered persons regularly reviewed these. Where signed consent from people receiving a service was not present the registered persons agreed to get these.

### Using medicines safely

- ☐ During this inspection we reviewed two medicines administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had been signed appropriately. This was an improvement from our last inspection.
- ☐ People confirmed they were happy with the support they received to take their medicines. One person told us about the support they received with their medicines and said, "I don't have any problem with them [staff support], in anyway, shape or form."
- ☐ Staff had medicines training as part of their induction and their competency had been assessed before they were able to support people with their medicines. The registered persons informed us that medicines administration and awareness was regularly discussed with both staff.

- The service had guidelines for staff to follow when administering medicines and other guidelines for as and when required medicine should be administered. We reviewed monthly medicine audits and these had been completed regularly.

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

- People told us they felt safe when staff supported them. One person told us, "I feel very safe...get safe support." A relative said they have, "Absolutely no worries or issues about safety."
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered manager. There were no visible contact details for the local safeguarding authorities in the office. This information would enable staff to access the information quickly and easily should they needed to raise a safeguarding concern. We shared this with the registered persons who agreed to display this information in the office.
- The provider ensured that staff received relevant training to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

#### Preventing and controlling infection

- Staff had received training on infection control and prevention. One person said, "They [staff] always use a throw away apron (like in hospital) when I get help in the bathroom." Policies and practices in the service ensured people were protected by the prevention and control of infection.
- Staff who supported people with food preparation had received food and hygiene training. A person told us, "Staff wash their hands very frequently and use hand gel." This helped to ensure people would be protected from the risks of infections.

#### Learning lessons when things go wrong

- From the previous inspection we found the registered manager did not follow up things when things had gone wrong. The provider had learned following the last inspection and had put systems in place to make sure people were receiving safe care. Systems to report accidents, incidents and near misses were in place.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in June 2018 we rated this key question as 'Requires Improvement.' Care plans had limited information about people's preferences and were not reviewed regularly. Information about people's health conditions were not available in care plans. At this inspection we found the service had made improvements in all these areas and people received an effective service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they started using the service to ensure their needs could be met. Assessments covered people's health and social care needs. Once the initial assessment was completed a more detailed care plan was completed with the person.

- Assessments contained personalised information about the person, for example their life histories, and how they wanted their needs met.

- Care plans were reviewed every three to four months or sooner if there was a change. We did not always see signed consent by the person or their representative when care plans were reviewed. People confirmed the registered persons had visited regularly and talked to them about their care needs. The registered persons agreed to get the care plan reviews signed by people.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, qualifications and skills. We reviewed records that showed staff had received an induction. This included a mix of face-to-face training and shadowing the registered persons during care calls. One staff member said, "The training is fantastic and is in small groups where we can ask lots of questions and we do lots of practical assessments with equipment [moving and handling]."

- Records showed that staff attended mandatory training including administration of medicines, fire safety, first aid, food hygiene and nutrition, health and safety, infection control, mental capacity, moving people safely and safeguarding adults. We found training was now due for renewal and the registered manager showed us that training had been booked and was due to be completed the following week. A staff member said, "The training is good because it's face to face."

- Staff had received supervisions, but these were not regular and we saw no records of staff receiving annual appraisals. We spoke with the registered manager about this and they agreed to put a schedule in place.

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

- People told us they were happy with how staff supported them at mealtimes. One person said, "They know exactly how to do it [make my breakfast]. If I want something different they'll do it. Whatever I ask for they'll do it!".

- Where people needed support with meal preparation and drinks this information was available in people's support plans. Details of people's food and fluid intake were recorded in their daily summaries.

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

- One person was supported by another care agency at different times of the day. This person told us both services worked well with each other to make sure their needs were met.

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

- People using the services were supported by their family members when attending appointments. The registered manager was also a qualified nurse (RGN) and had systems and processes for referring people to external services when required. The care files now had guidance for staff about people's health conditions, examples included rheumatoid arthritis and diabetes.

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 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. The requirements and principles of the MCA were being followed. One person said, "Staff know how I like things but still ask me how I want things done."

- All staff had had training on the MCA and staff were able to explain the principles of the MCA and how this impacted on people's daily lives.

- The registered manager told us that at the time of inspection, people did not lack mental capacity to make day to day decisions and to consent to their care with the service.

# 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

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

At our last inspection in June 2018, we rated this key question as 'Good' and found that people received person-centred care from staff who cared for them and knew them well. People were involved in making decisions relating to their care and were encouraged to maintain their independence. At this inspection we found people continued to receive a caring service.

Ensuring people are well treated and supported

- ☐ Staff were knowledgeable about the support needs of people they cared for and were easily able to describe the person's care needs and things that were of interest to them. People were satisfied with the way they were supported. One person said, "Definitely have a laugh [with staff]." Another person told us, "[Staff] always ask about my wellbeing and you get chatting about their [staff] things too. We talk about what's going off in the world and catch up on soaps."

- ☐ A staff member told us when supporting people it was not just about delivering care and said, "I always make sure there's time to talk. .... I might be the only person they see today."

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

- ☐ People's care records showed they had been involved in initial discussions about how they wished to receive their care and support. Support plans were reviewed and updated but not always signed by people or their representatives, but people told us they were always involved in reviews.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's care plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. People we spoke with confirmed staff respected their wishes and maintained their dignity when receiving support with personal care. Staff told us they respected people's privacy and dignity. One person said, "Staff know to open the curtains when I have had my care."

- ☐ Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain relationships with family and friends. People told us they enjoyed the company of staff. We were told staff also made sure they sat and spent time with people having a natter over a cup of tea. These conversations and discussions were valued by people and reduced isolation which promoted happiness and wellbeing. The registered manager told us during people's initial assessment they were asked if they had any religious needs. People we spoke with told us they did not follow a faith.

- ☐ The service was aware of advocacy and information was available in people's service user guides about how to access local independent advocacy services. Independent advocates represent people's wishes and

what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

- ☐ One person said, "I have a key safe installed." This enabled staff to let themselves in and out of this person's home without the person having to answer their door. Where key safes were in place staff would let people know they were coming into their house.
- ☐ Information about how the service was run was stored in the registered office. Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

# Is the service responsive?

## Our findings

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

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

At our last inspection in June 2018 we rated this key question as 'Requires Improvement.' We found not all care files contained sufficient assessment information and those that did were task centred. People did not have access to information about how to make a complaint. At this inspection we found the service had made improvements in all these areas and people received a responsive service.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ When people received support one person said, "First thing they do is ask how I am and then what I would like to do." Another person said staff, "When they come in they ask, how are you, do you want a shower, or do you want to stop in bed. They're always asking [what I would like to do]."

- ☐ Care plans had improved since our last inspection. Care plans contained sufficient details of people's preferences and care needs. People and their relatives, where agreed had been involved in creating the care plans to make sure care was person centred.

- ☐ The registered manager regularly visited people in their homes. One person said, "She [registered manager] comes in every other month, talks to me about how I am and how the support is. She comes in for about 40 minutes when she reviews care and gets my feedback." Regular reviews of care plans had taken place but were not always signed by people or their representatives to confirm they were consulted. The registered manager agreed to visit people in their homes to get their reviews signed.

- ☐ People spoke positively about having the same staff support them regularly. If staff were away or poorly the registered manager would cover the care calls. A person talking about the staff said, "I can't fault them."

- ☐ Staff told us their competency was regular assessed to make sure people were getting a responsive service. One staff member said, "The [registered manager] does regular [unannounced] spot checks on us."

Improving care quality in response to complaints or concerns

- ☐ People told us they did not need to make a complaint and if they had any concerns about the service they would contact the registered manager. People confirmed if staff were running late the member of staff would call and let them know.

- ☐ The registered manager was aware of the Accessible Information Standard which came in on 1 August 2016. This Standard made sure people who have a disability, impairment or sensory loss get information that they can access and understand from their service provider in the format they need. People we spoke with did not require information in alternative formats.

#### End of life care and support

- ☐ No one was receiving end of life care. Discussions were had with people about their funeral wishes and these were recorded in people's care files.

# 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.

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

At our last inspection in June 2018, we rated this key question as 'Requires Improvement.' We were unable to access the registered office on several attempts. Care records lacked detail and quality audits of care files and staff files had not been carried out. IT systems to access records were not accessible. At this inspection we found the service had made improvements in most areas and people received a well led service.

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

- ☐ One person said, "[Registered manager] gets stuck in like any of the others [staff]." Another person told us, "[The registered manager] is very caring, as are the staff definitely."
- ☐ Systems were in place that ensured compliance with the registered provider's responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment. The registered manager described how they had followed up on their action plan from the last inspection which led to improvements across the service.
- ☐ One staff member shared how it was important to have a passion for care and said, "When I'm working in care it means the world to me because I'm helping people be independent."
- ☐ Staff were aware of the registered provider's whistle-blowing processes. They also knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- ☐ The registered manager had an effective system to regularly assess and monitor the quality of service that people received. The registered manager completed a number of audits that covered care records, medicines and staff training. Reviews of people's care were carried out and recorded in a timely manner. This improvement meant the service was no longer in breach of Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance.
- ☐ We reviewed both staff files and saw limited records of supervision and no annual appraisals. The registered manager agreed further improvements were required in relation to supporting staff with their personal development.

- Notifications had been received which the provider was required by law to tell us about. This included a death of a person using the service or could include allegations of harm to a person using the service. There were systems in place to ensure policies were in place and up to date and available to staff.
- The service is required to display their latest CQC inspection report so that people, visitors and those seeking information about the service can be informed of our judgments. We found the service had displayed their rating as required in the office and on their website.
- A staff member said about the registered manager, "They're there when you need them and always get back to you." The same staff member also said, "I was really ill and [registered manager] was really understanding which was so appreciated."

#### Engaging and involving people using the service, the public and staff

- The registered manager regularly sought feedback through telephone calls and visiting people in their homes. We did not see written evidence of these conversations but spoke with people using the service who confirmed they were regularly asked for feedback. One person said, "[Registered manager] definitely, respects my views and wishes." Another person told us, "I feel really confident [person always felt listened to]."

#### Continuous learning and improving care

- The registered manager had regular meetings and discussions with the both care staff working at the service.
- Both staff members we spoke with told us they were always consulted and asked their views about the service. One staff member said, "Everything is really really good. There's nothing that is bad or that needs improving."
- The service had a business continuity plan. This set out the arrangements that would take place if events that disrupt the running of the service occurred. The plan covered traffic delays, severe weather, staff sickness, loss of IT and telephone, office damage and any other disasters.

#### Working in partnership with others

- One person supported by the service said, "I have another care company during the day. Both are very good." They then shared that both providers worked well together to make sure their needs were met.