Care Quality Commission

Eyam Domiciliary Service Ltd

Eyam Domiciliary Service

Inspection report

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Date of inspection visit:
10 February 2016

Date of publication:
26 April 2016

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

This inspection took place on 10 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records.

Eyam Domiciliary Service provides personal care and support to people who live in their homes in and around the Dronfield area of Derbyshire. At the time of this inspection 65 people received support from the agency.

There was a registered manager at the service at the time of our inspection. 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.

People told us they felt comfortable and safe with the care provided by Eyam Domiciliary Services. Any risks to people's health or risks in their homes were identified and assessed in care plans with people. Contingency plans were also in place to manage any risks to the delivery of the service. Staff recruitment and deployment was managed safely. Procedures were followed to ensure people receiving medicines were supported to do so safely.

The provider's policy on the Mental Capacity Act 2005 was being updated to clarify the role of the service and the role of care workers in making assessments of people's capacity when needed. People's consent to their care and support was obtained in line with guidance. People received support from staff with the skills and knowledge to meet their needs, including how to support people with their nutrition and hydration needs. People were supported to access other healthcare provision when required.

People were cared for by staff that were kind, polite and caring. Staff told us they had developed positive and caring relationships with the people they cared for. Staff supported people with their independence and promoted people's dignity and privacy. People were involved in planning their care and support.

People were supported to raise any worries or concerns, and where people had done so these had been resolved. People received personalised and responsive care and their views and preferences were respected. People's views were valued by the service and led to changes and improvements.

The service promoted an open and inclusive culture. The registered manager was well known by people using the service and they demonstrated an inclusive style of leadership. Arrangements to check on the quality and safety of people's care were regularly completed by senior staff.

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.

Staff employed by the service had been subject to pre-employment checks to make sure they were suitable to work at the service. People received care that was safe and risks were identified and assessed. Staff followed guidelines to ensure medicines were managed safely. Sufficient staff were available to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported to have good health and nutrition. Staff received training and development so they had the right skills and knowledge to provide effective care. Improvements were in progress to the provider's Mental Capacity Act policy and people's consent to care and support was obtained in line with guidance.

Is the service caring?

Good

The service was caring.

People felt staff were kind, polite and caring. Staff understood the principles of dignity, respect and independence and supported these principles as part of their day to day work. People identified what care and support they required and their views and decisions were respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed. The views of people and their preferences were respected. Any concerns were managed with an open and transparent style and resolved.

Is the service well-led?

Good

The service was well-led.

The management and culture of the service was inclusive, open and empowering. Leadership was focused on providing good quality care and support to people's satisfaction. Processes were effective in checking that the care provided met with people's expectations.

Care Quality Commission

Eyam Domiciliary Service

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.

This inspection took place on 10 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector.

Before the inspection we looked at all of the key information we held about the service. This included notifications. Notifications are changes, events or incidents that providers must tell us about. We also looked at the results of a questionnaire sent to people who used the service, their relatives and staff, asking them about their views. We received responses back from 17 people who used the service, two relatives or friends and four members of staff. In addition, during our inspection we spoke with five people who used the service or their relatives. We also spoke with the registered manager and three members of staff.

We looked at four people's care plans. We reviewed other records relating to the care people received and how the agency was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Good

Is the service safe?

Our findings

People felt the care and support they received from Eyam Domiciliary Service helped them to stay safe. One person told us, "I definitely feel safe with [my carers]." Another person told us, "I feel comfortable with [my carers]." In addition, the results of our questionnaire recorded people and their relatives had all answered they felt safe with the care workers providing the service.

People told us they knew who to contact if they had any worries and people we spoke with told us they felt confident to do so. Staff had been trained in safeguarding people and understood the type of issues that would require a safeguarding referral to be made. The service also operated a uniform policy that helped people identify care staff. People told us they appreciated it when new staff were introduced to them by an existing member of staff, to help them feel safe with the person, however this did not always happen. One person told us, "Generally if someone is new, they are brought along with someone else." The registered manager told us where possible new staff were introduced to new people. These actions helped people feel cared for safely by the service.

We saw that staff supported actions to address specific risks to people by including the input of other professionals in people's care plans and risk assessments. For example, where assessments from other professionals had resulted in the supply of pressure relieving equipment, such as cushions and mattresses, the details of these were included in people's care plans. The registered manager also told us how an occupational therapist had worked with staff to understand one person's specific needs and we found care plans contained information from the occupational therapist for staff to refer to. This meant staff were well supported to understand individual risks to people and to take action to reduce those risks.

Any risks to a person's environment were also identified. For example, we found staff had identified a smoke alarm was missing in a person's home. Staff told us that other risks, such as poor lighting were also identified. The provider also had a business continuity plan in place to manage any foreseeable emergencies affecting the delivery of care. This included plans to manage the service during periods of severe weather conditions.

Staff reported any accidents or incidents in line with the provider's reporting process. The registered manager reviewed all reports and recorded how each accident or incident was investigated and resolved. This meant any risks to people were managed safely.

The registered manager checked to ensure staff employed were suitable to work with people using the service. They also discussed with prospective new employees the quality of care expected by Eyam Domiciliary Service. When we checked staff recruitment files we found checks on people's suitability to work with people had been completed. This included references from previous employers and checks to confirm people's identity. This helped to ensure people with the right skills and approach to working in care were employed by the service.

People told us they felt the service had sufficient staff. One person told us, "I have a schedule sent each week

and they are on time." Another person told us, "They are never particularly late." Staff were organised to support calls based on geographical areas and this helped staff arrive on time. The results of our questionnaire recorded that people received support from familiar support workers who arrived on time and provided consistent care.

Staff supported people with their medicines safely. We reviewed care plans for people who received support to take their medicines and found staff received clear instructions on what people's support needs were with medicines. For example, care plans for one person instructed staff to ensure the person was prompted to use their inhalers. We found accurate records of medicines administered had been recorded on medicines administration record (MAR) charts. We found staff had signed to record medicines, such as prescribed creams, had been given. Where creams had not been applied the reason for this had been recorded in line with the provider's policy. These records had also been checked by the registered manager to ensure they were completed correctly. Staff training on medicines administration and management was based on the provider's medicines policy and practical scenarios. In addition, the registered manager assessed staff members' competency before they supported people with their medicines on calls. Processes were in place to ensure people were supported to receive their medicines safely.

Good

Is the service effective?

Our findings

People spoke highly of the staff that supported them with their care and support needs. One person told us, "I find them absolutely excellent, they're wonderful." Another person told us, "They're great carers, they look after me very well."

Staff told us the training they received was helpful to their job role. We saw staff had completed training in areas relevant to their work, for example, food hygiene, first aid and dementia care. Systems were in place to record dates of completed training as well as scheduling future dates for when training expired and would need to be repeated. This made sure all staff were kept up to date with relevant training.

Staff also received observations on their competency to provide care and support to people using the service. One member of staff told us they received feedback after their care practice had been observed. They told us, "It's good to know if what I do can be improved."

New staff were supported to learn the skills and approaches required for working in care through their induction period. The registered manager told us this covered the standards required for staff to be awarded the Care Certificate on completion of their induction. The Care Certificate ensures staff receive training in the skills, knowledge and behaviours necessary to provide compassionate, safe and high quality care and support.

We spoke with care staff who had mentored new starters. The mentoring role included introducing new staff to the people they would support and care for as well as providing advice and guidance on any questions new staff may have. They told us staff worked well together as a team and that support was always available. One staff member told us they helped to provide on call support to staff so that staff could receive support out of normal working hours. One staff member told us, "We work well as a team."

We saw records of supervision with staff that were regular and offered staff support and development in their roles. We spoke with a member of staff who had been supported to obtain an 'Award in Education and Training' (AET) which is a course designed to support people to be able to design and deliver training in areas relevant to their work. They told us they were going to be delivering medicines training for staff, and said, in respect of their professional development, "[The service] have been very supportive."

Staff told us they felt supported by the registered manager and other staff. Comments from staff included, "This is a nice place to work, it's easy to get on with the managers." Another staff member told us, "We all get on." We saw records of staff meetings where staff were asked if they needed any training. We also saw that the registered manager took the opportunity to thank staff for their hard work, as well as to remind staff about following good practice guidance in their work.

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.

We checked whether the service was working within the principles of the MCA. The service was not providing support, at the time of our inspection, to anyone where an application had been made to the Court of Protection. Applications are made to the Court of Protection when people require restrictions on their liberty in order to keep them safe.

People had been asked for their consent to care and treatment in line with guidance. For example, we saw that people had signed to say they had discussed their care and support and consented to it. We found people had been asked about their care and treatment and their choices, views and preferences had been recorded. All the consent forms we saw had been signed by the person in receipt of care and support, however there was an option on the consent form for families or advocates to consent on their behalf. This wording was not in line with the MCA guidance and the registered manager confirmed it would be amended. We also discussed the provider's MCA policy with the nominated individual as the policy statement on the roles and responsibilities of the service to assess people's capacity did not clearly reflect The Code of Practice in this area. The nominated individual confirmed the policy was in the process of being reviewed and shortly after our inspection sent through an updated policy that was in line with Mental Capacity Act Code of Practice.

If people lacked the capacity to consent to specific decisions regarding their care and support the service used a mental capacity assessment in line with guidance. We could see from one person's care plan where a mental capacity assessment had been completed which led to involvement of other professionals to support the person concerned. This meant that the service was supporting people who lacked capacity effectively.

People who received support with their meals had sufficient to eat and drink. One person told us, "The cooking is good, I like dinners done in the oven." This person also told us because they knew when staff would arrive, they knew when to put their dinner in the oven. This meant it was ready when the carers arrived. They also said staff left them a drink of juice and water out for the afternoon so they did not get thirsty. Another person told us, "Lunch is nicely done, sandwiches cut into quarters, I'm really pleased." Where concerns were raised around one person not eating and drinking sufficiently, we saw the registered manager had asked staff to closely monitor the person's food and fluid intake so that this could be analysed further and further actions taken if needed.

Staff we spoke with understood the importance of nutrition and hydration to the people they supported. They were able to tell us how to increase the nutritional content of food and drinks as well as being aware that some people may need prompting and encouragement to eat and drink well. We found care plans provided information of people's nutrition and hydration needs as well as listing their favourite foods. People were supported to have sufficient to eat and drink.

We saw from the log sheets of people's daily support and care that staff supported people to access other healthcare services as required in order to maintain good health. We saw the District Nurses had been called in to support a person's skin care and at another time staff called an ambulance when the person was unwell. One person told us, "[Staff] would get the GP out if needed." We saw that one person's care plan had been discussed with the person and their occupational therapist to ensure the person received the right support from staff to maintain good health. Where people had specific health conditions their care plans contained information for staff to follow. The registered manager had developed links with a local GP

surgery where weekly meetings were held between health and social care professionals involved in coordinating people's care and support. The registered manager told us they sent regular updates on any changes to people's health and care needs so other professionals involved in their care could keep their care under review. In addition, the results of our questionnaire recorded consistently positive comments from community professionals who had worked with Eyam Domiciliary Care Service. People were supported to access the healthcare they required.

People whose communication relied on methods other than verbal communication were supported by the service. We saw how families and other professionals were involved to help with any communication barriers. This included new methods of communication for the person, and included the use of visual prompts and key words.

Good

Is the service caring?

Our findings

People spoke highly about the staff who provided support to them or their relatives. One person told us it was the attention to detail that helped them feel cared for. They gave an example of when staff noticed their flowers looked tired and removed the old flowers for them. One person told us, "They're all nice, [their] attitude is kind." Another person told us, "[Staff are] always polite, and with a sense of humour. We always have a laugh." Other people commented that, "On the whole they are polite and respectful," and, "I'm happy with their attitude."

Staff we spoke with demonstrated a commitment to providing care and support that promoted people's dignity and privacy. One staff member told us, "I have empathy and relate to people and show respect." Other staff spoke of what actions they took to support people's privacy, for example, staff spoke about closing curtains and having towels prepared before supporting people with personal care.

The service had also been awarded a 'bronze award' as part of the local authority's 'Dignity Campaign' and an action plan was in place to reapply for this award to ensure continued membership to the campaign. All staff spoke fondly of the people they cared for. One member of staff told us that they worried about people if they were unwell and looked forward to seeing them the next day. Staff were thoughtful, kind and caring.

Care and support was designed to support people's own independence. One person's care plan included input from a health professional that identified activities designed to help increase the person's independence with dressing and preparing meals. In addition, the results of our questionnaire recorded people and their families had all answered that the support and care they received helped them to be as independent as they could be.

People told us they were involved in writing their care plan and were regularly involved in reviewing if any changes were needed. One person told us, "They ask from time to time how things are going, I have a good service." Another person told us, "The manager came out to talk about the care plan." We saw care plans had been designed with the involvement of the person themselves, their relatives and other health professionals. Where reviews of care had been recorded, we again saw the involvement of the person and any other people involved in their care and support. People, and other people involved in their care and support, were involved in planning what care and support was needed.

Good

Is the service responsive?

Our findings

People told us about the personalised and responsive care they received. One person told us, "I prefer female carers and they never send a man." One person told us, "They know me and my preferences." Care plans recorded people's preferences, including if they preferred male or female carers. We also saw that information on what people enjoyed doing and any religious beliefs were also considered in their care plan. We could see if people liked to read newspapers, watch the TV or go for a walk.

People received care in response to any changes in their needs. Daily log sheets demonstrated that people received care and support when it was needed. For example, we saw that staff called a District Nurse to provide care when a person required wound care. In addition, the results of our questionnaire recorded community professionals had all answered they felt the service acted on any instructions and advice provided to them in relation to people's care.

A relative told us, "They're good at spotting any changes." Staff told us care plans were written with people and that their views were also valued when care plans were reviewed. We saw care plans signed by the person receiving care stating they were involved, along with their relative, healthcare professional and carer. Care plans also contained specific advice from other professionals involved with people's care. For example, one person's care plan included information designed to help family members and carers understand more about their health condition. This helped to ensure care was personalised and responsive.

People were asked for their experiences of care. One person told us, "We get a questionnaire once a year." The registered manager told us they had updated the questionnaire so that questions invited people to comment rather than answer with a yes or a no. We saw many people had returned their questionnaires and the responses we saw were positive. Comments included, "Everything they do is done with great care," and, "They talk gently and reassuringly." Where people had indicated they had not seen the complaints policy we saw the registered manager had sent people a copy for their reference. This meant that people were supported to raise issues openly.

People told us that if they wanted to raise a concern or make a suggestion they would know how to so. One person told us about a change they wanted; they said, "I told them about it," and they told us it had been resolved. We reviewed the records of any issues or complaints that had been received by the service. We saw that actions had been taken in response to all of them to drive improvements. In one case, family members were involved in evaluating whether the improvements had been successful and only after they were satisfied was the issue recorded as resolved. The registered manager also recorded and shared any compliments received with staff. This ensured people's views were responded to.

Good

Is the service well-led?

Our findings

People told us the service was inclusive and open. One person told us, "I can talk to the manager." Other people we spoke with shared the view that the managers of the service were approachable and listened. All members of staff we spoke with told us they enjoyed working for the service. One member of staff told us, "Everyone seems to want to help one another, you can always come with issues and they are always dealt with."

People and staff were involved in the way the service improved and developed. People's comments on their experiences of care were shared with the respective carers. This helped to make sure that people's views were included and could shape any staff development and sense of value. Comments included, "I think they are excellent." One member of staff told us, "I feel I'm a person here, they're very approachable here. I can give better care here, I can sit and take time and talk to people." Staff were supported to assess and evaluate themselves as part of their supervision and appraisal. They were also supported to talk with their mentor about their aspirations and whether any of those could be further supported through training and development. The registered manager told us they wanted to encourage staff to know they could contribute and shape their own development while working at the service. The registered manager told us they had also received on-going development with their management skills while working at the service. The service had created a continuous, reflective learning environment for staff.

Checks were completed to ensure staff provided high quality care. This included checks on staff competency to provide care and medicines administration. Audits and spot checks were completed on care plans and medicines records to ensure record keeping was clear and accurate. We saw other systems in place to track progress on investigations for any accidents and incidents and complaints. These systems ensured all necessary investigations were completed. We saw that any actions to reduce risks in the future were identified and put into place. For example, for a medication error we saw further support and training was provided to the member of staff.

People we spoke with told us they were satisfied with the quality of care they received. One person told us, "I'm highly satisfied." The registered manager was committed to continual improvement to improve people's satisfaction with the service. They told us they would not accept calls where they felt there was not enough time to offer a quality service to the person. They also used the care plan reviews with people three times a year and the annual questionnaire of the quality of service received to identify improvements and developments.

Research in person centred business models had been used to inform the service's culture. People were clearly valued and included in any developments and improvements considered by the service. The registered manager told us they wanted to involve people as much as possible in the way the service developed. The registered manager told us they currently had three reviews with people each year as well as an annual questionnaire to obtain people's views and opinions.

The service had a clear set of values which were central to any developments and improvements. These

values included respecting people's human rights, privacy, dignity, independence and choice. People we spoke with praised the service highly for employing carers who demonstrated these qualities on a daily basis. One person told us, "It's a good service; the best we've had." Another person told us, "They're wonderful – they're great! It makes so much difference."

People we spoke with knew who the registered manager and deputy manager were. Care staff we spoke with knew who to contact for management support and felt they would receive support and guidance if they needed to do so. The registered manager and other senior staff demonstrated good visible management and leadership.

The registered manager recognised the Dignity Challenge accreditation scheme as a positive way to develop the quality of services provided to people and an action plan was in place to ensure the service continued to be accredited to the scheme. The manager had also established links with local community professionals involved in people's care and proactively updated them on any changes to people's needs. Links to other organisations were in place to ensure best practice was implemented.

Resources were made available to support improvements in the service as well as to support and motivate staff. The service had supported staff to develop their skills in delivering training and mentoring. Policies and procedures were available to support staff and these were kept under review to ensure they stayed relevant and up to date. Staff were supported by well organised management and resources to enable them to provide good quality care.