Derbyshire County Council

DCC Bolsover Home Care

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
DCC Bolsover Home Care is a domiciliary care agency providing personal care to people in their own homes. The service provides support to people with dementia, older and younger people. At the time of our inspection there were 40 people using the service. Many people using the service received a short-term care package which provided reablement support following a hospital stay or illness.

People's experience of using this service and what we found
Some care plans had not reflected full details about people's specific needs as identified in their initial assessments. This included ensuring people's communication needs and their required support was clearly detailed. However, people's main risks were identified and assessed to provide guidance for staff on supporting people with these risks.

There were enough staff to meet the needs of the people using the service. The registered manager had made adjustments to ensure current recruitment challenges did not impact on the service people received. People received their care calls on time.

People were safe from the risk of abuse. People received their medicines as prescribed and staff followed safe infection prevention and control (IPC) practices.
Staff had received appropriate training to carry out their role safely. We saw the service worked collaboratively with professionals to understand people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from kind and caring staff. Staff were respectful and promoted people's independence. People and their relatives were involved in decisions about their care, which was regularly reviewed.

There were clear quality assurance systems in place to monitor the quality of the service. A range of checks were completed by the provider and registered manager to ensure risks were identified and action was taken to mitigate them.

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

Rating at last inspection
This service was registered with us on 11 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our safe findings below.

DCC Bolsover Home Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we held about the service. We sought feedback from professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four people who used the service and two relatives of people who used the service. We spoke with nine staff members, including the registered manager, domiciliary service organisers (DSO's) and care workers. We received feedback from two professionals who work with the service. We reviewed a range of records, including nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Full information about people's specific risks was not always transferred to care plans from initial assessments. We reviewed a care plan for someone with diabetes, whilst no support was required from staff to manage diabetes, associated risks to be aware of had not been transferred from their initial assessment.
- Staff felt there was enough guidance for them to support people. They told us there were systems in place in the event they needed further information, such as through notifications on their phone, or contacting a domiciliary service organiser (DSO).
- People's main risks associated to their identified support needs were identified and assessed, such as falls and moving and handling. People told us they felt staff understood their needs.
- These risks were regularly reviewed, and assessments updated as people's needs changed. For example, DSO's carried out a 72-hour review once a person started with the service.
- Environmental risk assessments were carried out in people's homes. This reviewed any hazards within the environment that may have restricted access or posed a risk. This ensured people and staff were safe.

Staffing and recruitment

- The registered manager was open and honest about the recruitment challenges the service was facing. They told us this meant they had to review new referrals on a case by case basis and depending on capacity some had not been accepted.
- Staff were safely recruited. We saw safe recruitment procedures were used, including the use of DBS and references to support in making safe recruitment decisions. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found no evidence recruitment challenges had any impact on the people using the service. People told us they received their care on time and did not feel their care was rushed.
- The provider had a call monitoring system in place. This meant the provider was alerted if any calls were late or missed. We saw how these were then followed up as necessary.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Staff had received safeguarding training and were aware of their responsibilities to keep people safe. People told us they felt safe using the service, one person said, "I feel safe and well supported with them."
- The service had not needed to make any safeguarding referrals at the time of inspection. However, there was a safeguarding policy in place which was understood by staff. One professional told us, "I feel confident any concerns raised would be actioned immediately following correct policies and procedures."

Using medicines safely

● People received their prescribed medicines safely. Staff had received appropriate training and competency checks. The registered manager told us staff would be required to undertake additional training if any concerns about medicine administration were raised.

● People told us staff supported them safely with their medicines. One person told us, "They are marvellous, the main thing I need help with is tablets, they make sure I take them."

● Medicine administration records (MAR) were completed by staff for each administration. We saw one MAR which did not follow best practice regarding record keeping as it had handwritten notes on the top of the page. The registered manager assured us appropriate action was taken to address this.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. For example, we saw when medicine's issues were identified in the bi-monthly audits completed by the registered manager, action was taken such as discussions with the staff member in their supervision.

● Each month the registered manager reviewed a report of accidents and incidents within the service. The report provided details on the nature of the incident and the person involved. Themes and trends were reviewed and shared within team meetings.

Preventing and controlling infection

● We were assured that the provider was using personal protective equipment (PPE) effectively and safely. People told us staff always wear the appropriate PPE when supporting them.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider's infection prevention and control policy was up to date.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment of needs with identified goals as agreed with them.
- Assessments were developed into a person-centred care plan, to promote people's independence wherever possible. However, we identified some people's care plans had not always successfully transferred the information from the assessment.

Staff support: induction, training, skills and experience

- Staff had received the required training for their role. Staff were required to complete the care certificate as part of their essential training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received an induction which prepared them for the role. This involved being supervised and completing 'shadow shifts' to ensure they felt ready to provide a high level of support independently.
- People told us they felt staff were well trained. Staff also reflected positively on the training provided. One staff member said, "I found all the courses interesting and relevant to my role as a carer", another said "The training is brilliant, if we ask our manager we can be put onto any training."
- Staff received regular supervisions and spot checks, which they told us they found useful.

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

- People were supported with their nutrition and hydration when this was required. This ranged from preparing food, to ensuring people could access the microwave to make meals themselves. People fed back they were happy with the support received to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with collaboratively with other agencies to understand and meet people's needs. Effective systems were in place to make referrals when required.
- Regular multi-disciplinary team (MDT) meetings were held which involved the service and relevant professionals such as social workers and occupational therapists. This was an opportunity for the service to discuss individual cases, seek advice, or make referrals to professionals in the meeting.
- We spoke with professionals who worked closely with the service. They were assured the service would make appropriate and timely referrals to relevant professionals when required and advice would be followed by staff. One told us, "The DSO's are very efficient and will contact me to make referrals to other professionals if identified the need for them."
- People experienced positive outcomes regarding their health and wellbeing. For example, one person told

us, "Over the last four days I am a different person, I didn't want to think for myself, I thought I've got to pull myself together. [Service] has given me more confidence every day. I'm even talking better."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA
● The service was working within the principles of the MCA. Consent was obtained prior to staff carrying out care and recorded within people's care files.
● The service referred for professional assessment of mental capacity at the earliest opportunity and worked in partnership to ensure decisions were taken in people's best interests.
● Mental capacity training was an essential training module for staff. Staff we spoke with were able to demonstrate a good working knowledge of the MCA.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from kind and caring staff. One person said, "Staff are marvellous, they are brilliant, all of them. You couldn't wish for any better people." Another person told us, "They respect my home which is important to me."
- Professionals working with the service were confident people were well treated and supported. One told us, "[Staff] are kind and caring but more importantly they are supportive and advocates for service users."
- Cultural needs were considered in people's care planning. For example, ensuring people were called by their preferred name, or identifying any religious beliefs.

Supporting people to express their views and be involved in making decisions about their care, Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in decisions about their care. A relative told us "[person] is consulted with, they discuss things with him, and he is always given choice, he is happy with the decisions made."
- Records showed evidence of discussions with people about their care.
- People's independence was promoted. As many of the people using the service were in receipt of the short term reablement service, regaining independence was a priority for them. Staff supported people to direct their own care.
- For example, one person told us "If I've been struggling to put socks on, they will help. But I've said I want to do as much as I can and I'm getting better, my friends have noticed, it's all the wonderful care I've had."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their care planning. Whilst some people's care plans detailed what adjustments were required to support their communication, we found more detail was required in other people's care plans. For example, we reviewed a care plan of a person with a hearing impairment. Their care plan instructed staff to make adjustments for the person but did not identify what specific adjustments were required.
- The provider was able to produce information about the service in different formats to ensure it was accessible for all people using the service, such as large print or alternate languages.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in their care planning. We saw how the service considered the person's whole life, goals, skills and any protected equality characteristics. For example, we reviewed a personal history for one person which was written in conjunction with their family.
- The service worked with individuals to identify personal goals they wished to achieve whilst using the service. For example, we saw how one person wished to be able to use the shower independently again. Progress was closely monitored by staff and DSO's and where identified; staff talked to people to identify whether they needed additional support.
- Technology was utilised to ensure responsive care. For example, alerts could be sent out to care staff's phone's in the event someone's needs had changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- If people were identified as requiring additional support to avoid social isolation, the registered manager told us they would discuss this at regular MDT's and consider signposting to relevant organisations.

Improving care quality in response to complaints or concerns

- The service had not received any complaints at the time of inspection. The provider had a complaints policy in place which was shared with people when they started with the service.
- People we spoke with told us they had not needed to complain about the service. However, they felt

confident if they did complain, they would be listened to and their concerns acted on.

End of life care and support

● At the time of inspection, no one using the service was considered to be reaching the end of their lives. However, the provider had an end of life policy in place.

● Staff were able to explain what good end of life care looked at. They had also received training on end of life care.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the service was well-led. Not everyone knew who the manager was, however, people told us they had a contact within the leadership team and felt confident they would be listened to.
- There was a positive and professional culture within the service which supported people to achieve good outcomes. This included people moving on from the service due to reaching a level of independence which meant they no longer needed support.
- Staff we spoke with understood the visions of the service and told us they enjoyed their jobs. One staff said, "I like how things are run, they are run properly. To me, [the provider] has got the edge on how they are how respectful they are, how they look, everything seems to be at a higher standard, and I like working to that standard."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under duty of candour.
- The registered manager was aware of their responsibilities to complete statutory notifications.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- Robust systems were in place to monitor risk and identify areas for improvement. The registered manager completed a range of checks to assess the quality of care people received. For example, care records, staff files and MAR audits were completed as part of a bi-monthly return.
- When areas for improvement were identified, the registered manager took action to address them. For example, we saw how the registered manager utilised staff supervision to address required improvements in staff practice.
- Technology was utilised to ensure effective oversight across all areas of the service. The provider regularly collected key service information for all their locations. The registered manager demonstrated how they were able to extract data for their service and use this to identify themes and trends to mitigate risk and improve the quality of the service.
- The provider's quality and compliance team also carried out regular comprehensive audits of the service. Where improvements were required, these were reviewed at the next audit to ensure they had been actioned.

● Organisational updates were communicated to staff by various provider bulletins, for example policy changes or training requirements.

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

● Staff had opportunities to feedback through team meetings and supervisions. Staff had good relationships with their DSO's and felt they would be listened to by them. Some staff felt management above this level were not always accessible.

● The provider encouraged people to feedback into the running of the service, for example through questionnaires. People also had opportunity to reflect on the service during reviews with their DSO's if they were unable to complete a questionnaire.

● People we spoke with provided positive feedback on the service. One person said, ""I'm very satisfied, can't fault them, quite happy and would recommend".

Working in partnership with others

● The service worked in partnership with a range of professionals and demonstrated joined-up care. For example, we saw how DSO's worked alongside the hospital discharge team and occupational therapists for a smooth discharge home for people, ensuring any adaptive equipment was in place.