DK Home Support

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Inspection report

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Tyne And Wear
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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

We carried out an inspection of DK Home Support on 18 March and 5 April 2016. We contacted people who used the service by telephone on 23 and 24 March 2016. The inspection was announced. This was to ensure there would be someone present to assist us. We last inspected DK Home Support in February 2014 and found the service was meeting the legal requirements in force at that time.

DK Home Support is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of the inspection there were 52 people in receipt of a service. Personal care was provided to people across the Gateshead area.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 safe and were well cared for. Staff knew about safeguarding vulnerable adults. Alerts were dealt with appropriately, which helped to keep people safe. Incidents and allegations were notified to the local safeguarding team and the provider worked positively with statutory agencies, such as the police, local authority and CQC.

We were told staff provided care safely and we found staff were subject to robust recruitment checks. There were sufficient staff employed to ensure continuity of care and the reliability of the service. Staff managed medicines safely.

Staff had completed relevant training for their role and they were well supported by their supervisors and managers. Training included care and safety related topics and further topics were planned.

Staff obtained people's consent before providing care. Staff were aware of people's nutritional needs and made sure they were supported with meal preparation, eating and drinking. People's health needs were identified and where appropriate, staff worked with other professionals to ensure these needs were addressed.

People and their relatives spoke of staff's kind and caring approach. Staff explained clearly how people's privacy and dignity were maintained.

Assessments of people's care needs were obtained before services were started. Care plans had been developed which were person-centred and had sufficient detail to guide care practice. Staff understood people's needs and people and their relatives expressed satisfaction with the care provided.

Events requiring notification had been reported to CQC. Records were organised and easily retrieved .

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. People's views were sought through annual surveys, care review arrangements and the complaints process. Action had been taken, or was planned, where the need for improvement was identified.

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.

People told us they felt safe and secure with the service they received. Staff were recruited safely and deployed flexibly.

There were systems in place to manage risks. Safeguarding matters were reported internally and notified to external organisations, such as the council's safeguarding adults' team and CQC.

People's medicines were safely managed and staff undertook assessments to be deemed competent to manage medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were suitably trained and well supported.

Staff ensured they obtained people's consent to care.

Support was provided with food and drink appropriate to people's needs and choices.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

People made consistently positive comments about the caring attitude of staff. People were cared for by staff who they were comfortable and familiar with.

People's dignity and privacy were respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People using the service, their relatives and staff were positive about the registered manager. There were clear values underpinning the service which were focussed on providing person centred care.

Incidents and notifiable events had been reported to CQC.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

DK Home Support

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 checked whether the provider was 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 was announced and took place on 18 March and 5 April 2016. We contacted people who used the service by telephone on 23 and 24 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in at the office. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with four people using the service and two relatives. When visiting the agency office we spoke with the registered manager, the nominated individual, six care workers and a training manager. We conducted structured interviews with three care workers and conducted phone interviews with a sample of people using the service and their relatives.

We looked at a sample of records including four people's care plans and other associated documentation, medication records, staff recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they felt the service provided was safe and they had confidence with the staff provided. People said their care workers arrived on time and carried out their work professionally. The care workers did not rush them, and always asked if they needed anything else before they left. One person told us, "We have a very good understanding between the carers and me. We have got to know each other very well, and I feel very comfortable with them." People's relatives expressed confidence in the care workers enabling people to remain at home safely. One relative commented, "I am happy that they know exactly what they are doing when they help my relative to shower. I am confident my relative is kept safe from harm in their care." Another relative said, "My relative has been able to maintain his independence with the help from DK Home Support." Similarly, we were told, "My relative couldn't manage to live at home without their help. My relative is maintaining their independence and freedom to do what they want in their own home, and this makes them very happy."

The care workers we spoke with were able to explain how they would protect people from harm and deal with any concerns they might have. Staff were familiar with the provider's safeguarding adults procedures and told us they had been trained in abuse awareness. This was confirmed by the training records we looked at. They were able to describe who they would report their concerns to. All staff expressed confidence that concerns would be dealt with promptly and effectively by their managers. Practical arrangements were in place to reduce the risk of financial abuse. One staff member told us, "We have cash sheets. We have to document everything. There's receipts and log numbers." This was confirmed by the records we examined.

To support safeguarding training there were clear procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The provider also had a clear whistle blowing (reporting bad practice) procedure. This detailed to staff what constituted bad practice and what to do if this was witnessed or suspected. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the alerts we had received in the last year had been reported promptly to the local safeguarding adults' team and had been handled in a way to keep people safe. Reportable incidents were notified to CQC and the relevant local safeguarding team.

Arrangements were in place for identifying and managing risks. Staff had recorded in care plans any risks to people's safety and wellbeing. This included areas such as mobilising, falling, the use of equipment and medicines. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and maintain people's independence and safety as much as possible. Examples included supporting people with medicines, maintaining a safe home environment and attending to personal care needs.

Staff explained how they helped support individuals in a safe manner, for example when helping people with physical transfers. Staff confirmed they received suitable training and the provider had a range of lifting

equipment available for training and familiarisation purposes. A staff member told us, "I work with a range of equipment. If I was concerned about it I would go to the office." They explained how they were made aware of risks and also how they would highlight any concerns to their managers so risks could be reviewed and managed. Staff were clear about how they would deal with foreseeable emergencies, such as people failing to answer the door and having accidents in their home. There was an 'on-call' system to provide appropriate support and advice to staff with such issues outside of normal office hours.

Checks carried out by the provider ensured staff were safely recruited. An application form (with a detailed employment history) was completed and other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

People using the service and their relatives said the service was reliable. Staff indicated there were sufficient staff available to meet people's needs, for example when providing care when two staff were required. A staff member said, "We have time to do our job. We will keep a record if we're going over to raise with the social worker for them to look to do something." Another staff member said, "We have sufficient time. If there were any problems they'd look to get the call time increased."

Medicines were administered by staff who had been trained in the safe handling of medicines and their competency to do so was assessed. One staff member said, "Medicines are supplied in dosette boxes. We have medication sheets and check labels. If we had any questions we'd speak to (registered manager) or (nominated individual)." Another staff member told us, "I've done training and recently done a refresher."

Before people received a service, staff completed an assessment of key needs. This included a description of each person's support needs relating to their medicines. Assessments explored people's capacity and whether they were able to administer their medicines independently or needed support. Staff outlined what specific support was needed within a care plan which meant staff were able to take a consistent approach. Where support was offered to people, records were kept to help ensure medicines were administered as prescribed. We looked at a sample of medicine administration records and saw no omissions or other recording errors.

Good

Is the service effective?

Our findings

People using the service and their relatives told us they felt the service provided was effective and they made positive comments about the competence and abilities of staff. They told us they were very happy with the professionalism of the carers, who arrived promptly, stayed the right amount of time and carried out all the required tasks. They said that staff got to know the people and their relatives well, and were able to notice any changes in people's wellbeing. People confirmed that staff always cleaned the bathrooms or kitchens after use and asked if they needed anything else before they left. People using the service and their relatives also told us that they had been able to schedule the times of their visits to suit their lifestyle and their personal needs. One person told us, "Any new carers always come with an existing carer so they are introduced to us." Another person told us, "The carers are all very capable of using the hoist; they have been well trained." A further comment was, "We receive a rota each week, and it usually matches the service we receive." Another person described a recent experience they had, explaining to us, "The company kept in touch with us during a time I was in hospital. They even came out four times a day over Christmas, when I was discharged suddenly from hospital with only 24 hours' notice."

New staff had undergone an induction programme when they started work with the service. The provider told us, and records confirmed, that new staff undertook the Skills for Care 'Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. New staff were expected to complete induction workbooks and shadowed more experienced workers until they were confident in their role.

All staff were expected to undertake core training at regular intervals and were trained in a way to help them meet people's needs effectively. Staff told us the training they had received had helped them to deliver safe and effective care. They expressed the view that training was good. A staff member told us, "We have regular moving and handling updates and first aid. Other courses are safeguarding, health and safety, medicines. I've done loads of training … the training's good." Another said, "The training is thorough." Areas covered included health and safety and care related topics, including first aid, medicines training, moving and handling and mental capacity act awareness .

Staff told us they were provided with regular supervision and they were well supported by the management team. One staff member said, "They do spot checks. We come in here for supervision. They're really good at helping you out. There's always back up." Records confirmed regular supervision meetings took place and these provided staff with the opportunity to discuss their responsibilities and to develop in their role. Records of the meetings contained a summary of the discussion and a range of work, professional development and care related topics had been covered.

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.

We checked whether the service was working within the principles of the MCA. We discussed the requirements of the MCA with the registered manager. The registered manager was fully aware of their responsibilities regarding this legislation and was clear about the principles of the MCA and the actions to be taken where people lacked capacity. Although not applicable at the time of our inspection, the registered manager told us information would be available where a person had a deputy appointed by the Court of Protection. This would be so staff were aware of the relevant people to consult about decisions affecting people's care. People had signed their care plans to indicate their consent to, and agreement with, planned care interventions. Staff were clear about the need to seek consent and to promote people's independence. One staff member told us, "We always ask before care is offered." Another said, "We get consent through everyday conversations."

People's dietary needs were assessed and staff supported some people with food shopping, meal preparation and checking whether food remained within its best before dates. Where possible, people were encouraged to maintain their independence in this area. People were also supported to maintain good health. The majority of people using the service managed their own medical appointments or had relatives who would do this on their behalf. Staff would assist with arranging and attending appointments when needed. A person told us, "They notice if I am under the weather, if I need to see a doctor they help me to contact them." A staff member told us, "GP information is always in the file." Staff informed us about good working arrangements with other health care professionals, such as those from the urgent care and rehabilitation teams. One example included where a person had returned home following a stroke, and hospital staff met with the care team to discuss the best ways to support the person concerned.

Good

Is the service caring?

Our findings

We received positive comments about the caring approach of staff. People told us they were treated with kindness and compassion and their privacy and dignity were promoted. People using the service and their relatives told us that staff were very caring towards them and their relatives. They had created positive and caring relationships and were supportive to both the people receiving the service and the relatives involved. One person said, "They are really good, they do everything for me." Another person commented to us, "They really understand my needs. The best phone call I ever made was ringing this company to come and help me." They continued, "It's the little things they do extra which makes it a very friendly atmosphere, but they still remain very professional." A relative informed us, "They arrive with a very good attitude, it makes us feel very comfortable with them." Another comment was, "We are very happy with the care we receive, they are a big improvement on our previous company." People and their relatives continued by telling us they were very happy with the services they were receiving. They commented that staff's time keeping was very good, that they were reliable and caring.

Staff had developed and demonstrated to us a good understanding of people and their needs. They were able to describe how they promoted positive, caring relationships and respected people's individuality and diversity. Care plans were written in a person centred way, outlining for the staff teams how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. This was reflected in the language used by the staff we interviewed, who demonstrated a professional and compassionate approach. A staff member told us, "We work how you would want to be treated. You have to remember, it's not a workplace it's their home."

Arrangements were in place to monitor the approach of staff. Managers regularly carried out structured observations or spot checks to monitor people's care experiences, care practices and the ways staff communicated and interacted.

Staff were clear about their roles in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters such as personal care. A staff member said to us, "We keep people independent; take a step back and provide encouragement."

People using the service were supported to express their views and were actively involved in making decisions about their care, treatment and support . People were provided with information about the provider, including who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service and informed us they were involved in reviews of their care. We saw positive feedback had been gained through care reviews, as well as in the provider's quality survey, about the caring approach of staff. Similarly there were numerous thank you cards, which praised the approach of the staff. One card included the comment, "Thank you for being so kind and caring to my relative." Another said, "Thank you for all the care and attention given to our relative. Thank you all for the

care and support given to us as a family. We feel you all went above and beyond the call of duty."

Where people needed support from a third party to help express their opinions they were able to seek the support of an advocate. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted. Staff were aware of advocacy support that could be accessed to support people with any conflicts or issues about their care.

The need to maintain confidentiality was clearly stated in guidance to staff and staff were required to agree to the terms of a confidentiality statement. When asked, staff were clear about the need to ensure people's confidences. The staff also told us about the practical measures they took to ensure privacy and dignity were maintained. A staff member told us, "Privacy and dignity is drummed in every day. As soon as you go out, blinds are down; we use blankets to cover people."

Good

Is the service responsive?

Our findings

We asked people and their relatives whether the service was responsive to their needs, whether they were listened to and if they had confidence in the way staff responded to concerns and complaints. People told us staff arrived as arranged, stayed for their allocated time and were reliable. People and their relatives told us they had all been included when developing the care plan and staff were always available to make any necessary changes or to give advice on sources of additional support. They said their wider social life was supported. For example, one person told us, "I am able to maintain my social life with their help. They accompany me on outings which I could never do on my own." A relative said to us, "DK are so very helpful, they sort out any changes we may need to make." Another commented to us, "They have only been late once, and we were telephoned to inform us of the time they would arrive."

People's care and support was assessed proactively and planned in partnership with them. Care was planned in detail before the start of the service and the registered manager or senior carers spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an ongoing relationship between the managers and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided.

From the information outlined in people's assessments, individual care plans were developed and put in place. A member of staff said to us, "There's always a care plan in every house." Care plans were clear and were designed to ensure staff had the correct information to help them maintain people's health, well-being, safety and individual identity. The care plans showed people received personalised care that was responsive to their individual needs and preferences. This was confirmed by the comments made to us by both people using the service and staff. Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform their managers so a further care needs review could be carried out. A member of staff told us, "The care plan is all in a folder at the (person's) home for us to read. If something needs to change there's a re-assessment and they get things sorted." Care records were written in plain English and technical terms were explained.

Care plans were person centred and covered a range of areas including personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were up to date and were sufficiently detailed to guide staff's care practice. There were regular reviews of care plans and the input of other care professionals had also been reflected in individual care plans. These documents were well ordered, making them easy to use as a working document.

Staff kept daily progress notes which showed how they had promoted people's independence. The records also offered a detailed account of people's wellbeing and the care that had been provided. Care plan reviews also contained comments that were meaningful and useful in documenting people's changing needs and progress.

Staff had a detailed knowledge of the people using the service and how they provided care that was important to the person. They were aware of their preferences and interests, as well as their health and

support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

People told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate staff supported social activities. This meant the service worked with people's wider networks of support and ensured their involvement in activities which were important to them.

From our discussions and review of care records it was apparent that people were encouraged to maintain their independence. People were supported to address their own care needs where this was safe and appropriate. This meant people using the service were supported to keep control over their lives and retain their skills.

There was a system in place to record, investigate and respond to complaints. A clear complaints procedure was in place. None had been received since we last inspected the service.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the management of the service. They told us that they thought a good quality of staff was recruited and that staff remained with the company. People and their relatives expressed the view that staff only left for better prospects and not because they did not enjoy working for DK Home Support. People and their relatives said to us that the company and the management team were very reactive to any problems they or their relatives may have had. One relative told us the registered manager had given them access to be able to contact her 24 hours a day while her relative was ill. People confirmed that the registered manager would visit people at home should they request any changes and they would normally attend to the request immediately. People said they were able to contact the office any time and that the office staff were professional and helpful.

Furthermore, people and their relatives said the registered manager and senior staff were pro-active and would keep them informed should care workers have cause to be late. People were able to make changes to their schedule with the office staff without difficulty. One person told us, "Management are very good, they will sort out any changes we need without any problems."
We looked at staff timesheets and the planning of the visits and saw there was adequate time allowance built in for travel time between calls.

Staff expressed positive views about the management and leadership of the service. Comments from staff included, "They're probably the best care company I've worked for"; "The bosses are well involved. They manage things well. They offer a lot of support"; "I wouldn't change anything. They look after their staff. It's the best company I've worked for"; and, "They care; it's not just a business. They're knowledgeable, they've got experience. They appreciate the work you do."

At the time of the inspection there was a registered manager with day to day responsibility for the operation of the service. They were able to highlight their priorities for developing the service and were open to working with us in a co-operative and transparent way. They were clear about their requirements to send the Care Quality Commission (CQC) notifications of particular changes and events. We reviewed incidents that had occurred and saw that reportable incidents had been notified to us.

We observed the registered manager and senior staff acted as positive role models, actively working to improve arrangements for seeking and acting on the views of others. For instance, they undertook consultation with staff and staff meetings were arranged monthly. The registered manager had clearly expressed visions and values that were person-centred, ensuring people were at the heart of the service.

The quality of the service was monitored by several means, including questionnaires, on-going consultation at care reviews and spot checks. This was to ensure people who used the service were happy with the support they received and to help identify areas in need of further improvement. Feedback from the questionnaires highlighted areas of strength, such as the caring approach of staff and flexibility in meeting particular needs. Comments included, "(Name) and whoever they work with are always a team. The job is always very well done" and "Have a great relationship with all my carers."