Docare Limited

DoCare Limited

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 8, 9 and 10 March 2016. We last carried out a comprehensive inspection of this service on 10 January 2013 and found no breaches of legal requirements at that time. However, we also visited the service on 15 July 2013 to follow up on concerns shared with us. At that inspection we found the provider had not ensured there were sufficient staff to provide the service. We then inspected on 11 September 2014 in response to further concerns shared with us regarding keeping people safe. At that inspection we found the provider had taken action to address these concerns.

DoCare Limited provides personal care to adults in their own homes. At the time of our inspection around 130 people were using the service in Gloucestershire and South Gloucestershire.

There was a registered manager at the service. 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 did not always receive a service that was safe. This was because some care calls had been missed and staff were sometimes late for calls. The management of medicines requires improvement as administration sheets were not always completed. Staff understood their role and responsibilities to keep them safe from harm. Risks were assessed and individual plans put in place to protect people from harm. The provider carried out pre-employment checks on care staff before they worked with people to assess their suitability to provide care to vulnerable people.

The service provided was effective. People were cared for by staff who had received the training to meet their needs. Care staff were well supported by managers and senior staff. People were supported to maintain their independence. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People received a service that was caring. Staff treated people with dignity and respect. Equality and diversity was seen as important by staff. People were involved in planning their care and support. People were not given notice of which staff would be providing care and support.

The service was responsive to people's needs. Care planning was person centred and people received individualised support. The provider encouraged people to provide feedback on the service received. Concerns and complaints were investigated and responded to appropriately. The provider had worked hard to ensure an effective transition to new care providers.

The service was well-led. The provider had identified and taken some action regarding late or missed care calls. The registered manager and senior staff were well-liked and respected. Staff understood their roles and responsibilities. The quality of service people received was continually monitored and any areas

needing improvement identified and addressed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some care calls had been missed and staff were sometimes late for calls.

Staff understood their role and responsibilities to keep them safe from harm.

Risks were assessed and individual plans put in place to protect people from harm.

The provider carried out pre-employment checks on care staff before they worked with people to assess their suitability to provide care to vulnerable people.

The management of medicines requires improvement as administration sheets were not always completed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

Staff promoted and respected people's choices and decisions.

People were cared for by staff who were well supported by managers and senior staff.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People were involved in planning their care and support. However, people were not given notice of which staff would be providing care and support.

Equality and diversity was seen as important by staff and

people's individual needs assessed as part of the care planning process.

Is the service responsive?

Good

The service was responsive.

People received individualised care based upon person centred care planning.

Concerns and complaints were investigated and responded to appropriately.

The provider had worked hard to ensure an effective transition to new care providers.

Is the service well-led?

Good

The service was not always well-led.

The provider had identified and taken some action regarding late or missed care calls.

The registered manager and senior staff were well-liked and respected.

Staff understood their roles and responsibilities.

Quality systems were in place to monitor the quality of service people received and areas needing improvement were identified and addressed.

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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 8, 9 and 10 March 2016 and was announced. The provider was given 48 hours' notice because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to visit people.

The inspection was carried out by two adult social care inspectors.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted six health and social care professionals who had been involved with the service. Including community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service.

We visited four people using the service and spoke with them. We spoke with relatives of three people using the service by telephone. We also sent questionnaires to 100 people using the service receiving 38 responses and 100 relatives and friends receiving ten responses.

We spoke with seven staff, including the registered manager, service manager, field manager, three care workers and a member of the service management (customer care) team.

We looked at the care records of seven people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People felt safe using the service. They said, "Yes, I feel safe with the staff" and, "When they're here, I feel safe with them". Responses we received from questionnaires were positive. For example, 100% of people receiving a service said they felt safe from abuse and or harm from care staff.

However, care was not always provided at the time identified in people's care records. This was important to people and contributed to whether they felt safe and secure. One person said, "They're often late. For example, on the 2nd March they came at 11:40 am when they should have been here at 09:00 am. However, this has been getting better recently". Another person said, "There is a problem with times, they're often very late". A relative said, "Timing was bad but things have got better in the last month". This was further underlined in the responses to questionnaires, where 63% of people said their care workers arrived on time. This requires improvement to ensure people receive care when they have been assessed as needing it.

The provider monitored any call visits that had not been carried out. We looked at the record of missed calls kept by the provider for the 12 months prior to our visit. Over this time a total of 46.5 hours had not been provided. The registered manager said one reason for this had been they were under staffed in one geographic area. They said they had worked with the council to hand back care packages for 13 people and continued to recruit new staff. They said recruitment remained a major challenge but were now confident there was sufficient staff to provide the service. Staff said they now felt there was enough staff. People using the service and relatives said the numbers of missed care visits had declined since the beginning of 2016.

The provider had identified that the number of missed calls in the previous 12 months had been made worse as a result of them not having a suitable system to deal with staff being unavailable or running late. As a result they had arranged for a member of their central service team to work in the office on weekdays from 6.00 am until 5.00 pm, to co-ordinate and arrange replacement staff where required. Staff said this system had resulted in fewer missed calls. There had been a noticeable decrease in missed calls since the introduction of this arrangement.

However, after 5.00 pm on weekdays and at weekends a senior carer took calls from staff regarding late visits but was also required to find replacement staff when required. This was not always operating effectively. This staff member was often providing care themselves, so was not always able to act on information quickly. As a result some calls were still being missed.

The provider had plans to extend the office based on call system until 11.00 pm and at weekends. The timescale for this was the summer of 2016. This meant the risk currently remained of visits being missed as a result of staff not being in place to manage this.

Staff were not always deployed to ensure people were receiving the support they needed when they needed it. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The staff knew about 'whistle blowing' to alert senior management about poor practice.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. Individual risk assessments were in place where people required help with moving and handling and also where people required support with mental health needs. Staff told us they had access to risk assessments in people's care records and ensured they used them.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

There were clear policies and procedures for the safe handling and administration of medicines.
Some people required assistance to take prescribed medicines. Where this was the case the support the person required was clearly documented in their care plan. Medication administration records were not always well maintained and completed. For example, two people we visited were helped by staff to apply daily creams. A record had been made of these being applied in people's daily records but their medication administration records had not been signed. This requires improvement to ensure records demonstrate that people receive their medicines as prescribed.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. Of the people who responded to questionnaires, 90% said their care staff do all they can to prevent and control infection. The provider had an infection prevention and control policy. Staff had received training in infection control. The provider maintained a stock of protective equipment at their offices. The registered manager told us staff were able to get equipment whenever needed.

Good

Is the service effective?

Our findings

People gave mixed feedback on whether their needs were met. Comments included: "I'm quite satisfied with the care I get", "It's no longer familiar faces, the staff vary enormously", "I don't really know who's coming" and, "I get the care and help I need".

Responses we received from questionnaires were mainly positive. For example, 89% of people receiving a service who responded said they would recommend the service to others and 100% said the care and supported helped them be as independent as possible.

We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, safeguarding vulnerable adults, medication administration, lone working, risk assessment and moving and handling. Staff told us they had the training and skills they needed to meet people's needs. Comments included: "The training we get is very good" and, "I've had all the training I need to do my job well".

Newly appointed staff completed their induction training. An induction checklist monitored whether staff had completed the necessary training to care for people safely. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. During our visit a group of newly appointed staff were in the office undertaking their induction training. A senior member of staff explained the content of the induction and told us how staff were required to shadow more experienced staff before working on their own. Staff we spoke with confirmed they had done this. One said, "The induction and shadowing was very helpful".

Supervisions were used to improve performance. Supervisions are one to one meetings a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. They said their supervisors and senior managers were supportive. We saw supervision meetings were not always recorded. We brought this to the attention of the registered manager who said they would ensure these were recorded in line with their policy.

The provider also carried out spot checks on staff. Spot checks are when a staff member's supervisor joins them when they are providing care to assess how effective they are. We saw records to show these checks were happening on a regular basis and the findings discussed with staff.

Annual appraisals were carried out with staff. Staff said these were useful. We saw these had been carried out thoroughly and included feedback for staff on their performance. They also included details of any additional support the staff member required and a review of the individual's career goals and training and development needs.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. The registered manager and senior staff had a good understanding of the MCA. Staff

understood their responsibilities with respect to people's choices. Staff were clear when people had the capacity to make their own decisions, and respected those decisions. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. Where people's care plans identified a need for assistance in preparing food and drink instructions for staff were clear. One person we visited had two flasks of tea and some sandwiches. They said they had asked for staff to prepare these each day and were happy this was being done.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "The carers are good, very kind and caring". Another person said, "They're lovely, really kind". Relatives also said staff were kind and caring. Of the people using the service who responded to questionnaires, 100% said their care staff were kind and caring.

People told us care staff tried to ensure they spent time talking with them. However, several people commented that they were aware of the time pressures staff were under. One person said, "They do try and talk but they're often in a rush to get to the next person". The registered manager said they were aware of the time pressures on staff but encouraged them to consider people's wellbeing and make them feel listened to and cared about. They said, "We don't accept 15 minute calls, unless it is part of a wider package of care, as care becomes too rushed then".

Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. Care plans contained an assessment of people's cultural, religious and spiritual needs along with any lifestyle factors that needed to be taken into account when planning and delivering care.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. People were provided with a 'client guide' which gave contact details and a range of useful information for people. A regular newsletter was produced which provided useful information for people using the service, relatives and staff.

The relationships between staff and people receiving support demonstrated dignity and respect. When we were visiting one person their care worker arrived. The care worker knocked on the door and waited to be invited in, they then spent time talking with the person explaining what they were going to do. The interaction between them demonstrated a mutual respect. Other people told us they felt staff treated them with dignity and respect. Of the people using the service who responded to questionnaires, 97% said their care staff treated them with dignity and respect, with 100% of family and friends responding positively to this question.

People and relatives said they would like to know who is scheduled to come and provide care. They said they would like a rota provided so they know who to expect. We discussed this with the registered manager and senior staff. They said they would investigate the best way of providing this information to people.

During our inspection we heard managers and senior staff answering the telephone to people using the service, relatives, staff and other professionals. They spoke to people in a clear, respectful and caring manner and ensured people's needs came first. Care staff spoke positively about people and with pride about the service provided.

A compliments file was kept at the agency offices. This file contained a great deal of positive feedback from

people and their family and friends. Comments included: "I am grateful for your staff who look after me", "DoCare girls do care", "All the staff are lovely. They start my day with fun and care and end my day the same way" and, "(Staff member's name) was exceptional in dealing with the situation, her professionalism shone through. She gave support and sympathy to us and dignity to (Person's name). Thank you once again for all your help and care, without it we could never have managed". Senior staff told us all positive feedback was shared with the staff involved. We saw one carer had been nominated by a person they cared for, for the South Gloucestershire Care and Support Awards 2015.

The service provided care for people at the end of their lives. Staff had received training in providing end of life care. Care plans showed staff had communicated with other health and social care professionals to provide good care. When required, end of life care was provided professionally and in a person centred manner, taking into account the person's wishes.

Good

Is the service responsive?

Our findings

People said they made choices and decisions regarding their care and support. Comments included: "I agreed with them how I would be helped" and, "We discuss and agree things with the staff". Of the people using the service who responded to questionnaires, 100% said they were involved in decision making regarding their care and support.

The service provided was person centred and based on care plans agreed with people. DoCare had recently changed their care planning system. Staff told us this was in response to feedback from them. They said the new system was more individualised and easier for them to use. Care records were held at the agency office with a copy available in people's homes. We viewed the care records of the people we visited. People's needs were assessed and care plans completed to meet their needs. Staff said the care plans held in people's homes contained the information needed to provide consistent care and support. They said the registered manager and senior care staff took care to ensure any updated information was placed in care records in people's homes and at the office.

Care plans included information on people's likes, dislikes, hobbies and interests. For example, their previous occupations, life history, entertainment they enjoyed, food they liked or disliked and the characteristics or traits they preferred in their care staff. Staff told us this information meant they could get to know the person they were caring for. We saw that people's care plans were regularly reviewed with their involvement.

Where people's needs had changed, staff had worked to ensure people's needs were met. For example, they had worked with one person and their partner to investigate difficulties they were having with swallowing and mobility. This had involved them consulting with an occupational therapist, speech and language therapist and the person's GP. As a result a diagnosis of dementia had been made and detailed care plans agreed to provide the specific care and support the person needed.

People said they felt able to raise any concerns they had with staff and that these were listened to. One person told us, "If I'm not happy I will tell the staff". Each person we visited told us the registered manager visited them once a year. They said they valued this and thought it showed they cared.

The provider had a policy and procedure on comments and complaints. A record of complaints was kept at the agency offices. We looked at the records of these and saw each had been appropriately investigated, with the outcome recorded and feedback provided to the complainant. The provider had worked jointly with other health and social care professionals to investigate some complaints. We saw changes had been made as a result of complaints including changes to staff providing care. The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements.

Care staff told us they were able to raise concerns with managers. They said senior staff listened to them and

they were confident any concerns they raised would be addressed. They said, "There is an open culture and concerns can be raised" and, "We are listened to, this is a good organisation and the managers are great".

The provider had identified, towards the end of 2015, they could not provide care to 13 people. They had raised this with the local council and worked with them to hand over the care and support of people to new providers. We saw the provider had worked positively to try to ensure these arrangements were managed well. This included meeting with people and their families, the new service provider and other health and social care professionals.

Good

Is the service well-led?

Our findings

The service had gone through a period of change which saw care packages for 13 people being handed to a new provider at the end of 2015. Through talking with the registered manager and staff it was clear this was a difficult process to go through. They had identified they lacked the capacity to safely and effectively provide this care due to staff shortages. Following identifying this, they worked positively to ensure these care packages were handed over appropriately. A new organisational structure was then created to strengthen the central management of the service. This meant recruitment could be prioritised and an office based on call system implemented to manage last minute difficulties with care calls. There was a strong feeling amongst staff that these measures had greatly improved the service provided.

The service had a positive culture that was person-centred, open, inclusive and empowering. Throughout our inspection we found the registered manager and senior staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided and care staff were well supported and managed.

People told us they were cared for in a person centred manner. People received good care and support and were encouraged to be as independent as possible. They knew who the registered manager and other senior staff were and felt able to contact them if they wanted to. This showed the vision and values of the service was being put into practice

Staff we spoke to understood their roles and responsibilities. Staff spoke positively about the leadership and management of the service. They said the registered manager and senior staff were approachable and could be contacted for advice. Comments included: "Management are very good", "Things have improved in the last four or five months and the company is now managed very well". Another staff member said they had left around Christmas time but returned recently as things had improved. A further staff member told us the provider paid for a Christmas meal and they felt this helped staff morale. Staff were valued by the registered manager and senior staff, who told us they were committed to ensuring staff had contracts of employment that identified the hours they worked and were not 'zero hours contracts'.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents and complaints or safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. The provider had completed their PIR comprehensively and identified areas they planned to improve the quality of service provided.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Quality assurance systems were in place to monitor the quality of service being delivered. These included satisfaction surveys for people using the service and staff. We looked at the results of the 2015 surveys and

saw these were mainly positive. Audits of medicines management, health and safety and care planning were delegated to senior staff and took place on a regular planned basis. Areas requiring improvement were identified and action taken and recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People who use services were not protected against the risks associated with care either not being provided or being provided later than agreed because, the provider had not made sure there were sufficient and suitable staff deployed to cover both the emergency and routine work of the service. Regulation 18 (1).