

Domiciliary Home Care Services Limited

Domiciliary Home Care Services

Inspection report

57 Queensberry Road
Burnley
BB11 4LH

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13 October 2022

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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

Domiciliary Home Care Services is a care agency providing personal care and support to people living in their own homes. At the time of our inspection there were 63 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 44 people were in receipt of personal care.

People's experience of using this service and what we found

People were supported by consistent and knowledgeable staff. Care was safe and a person supported told us, "I'm doing fine with the care I'm getting and I'm safe." Staff wore correct PPE during their care visits and supported people to take their medicines safely. People's needs and risks were assessed thoroughly by the registered manager.

People were supported by staff that knew them well and staff had consistent and manageable rotas. One person told us, "The punctuality is very good, and I know who to expect and when." Staff received thorough, up to date training and could access people's care plans easily. People were supported to attend their health appointments.

People commented how caring and respectful staff were and spoke highly of the care received. One person said, "They are very caring and keen to find out about what I like. They have a smashing personality and lift my spirits up." A relative said, "My (relative) really enjoys their company, I can't praise them enough."

People could give feedback about the care via surveys and regular visits from the registered manager. People commented how quickly any concerns raised were responded to. A relative said, "I'm very satisfied that they do all the duties and often offer extra support." Many staff could speak different languages to meet the needs of people that lived in the community.

People spoke highly of the registered manager and many said they would recommend the company to others. One person said, "If there are issues, the manager is quick to keep me in the loop"; and, "Wow what a company." The registered manager involved people that used the service and staff in different ways and was committed to continuously improving the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: 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.

Right Care: Staff worked hard to make sure that care was tailored to each person according to their likes and dislikes. Staff upheld people's dignity, privacy and human rights.

Right Culture: The registered manager led by example in establishing an ethos of inclusivity and empowerment. Staff encouraged people to be as independent as possible.

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 16 November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 ●

Details are in our safe finding below.

Is the service effective?

Good ●

Details are in our effective findings below.

Is the service caring?

Good ●

Details are in our caring findings below.

Is the service responsive?

Good ●

Details are in our responsive findings below.

Is the service well-led?

Good ●

Details are in our well-led findings below.

Domiciliary Home Care Services

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

The inspection was carried out by an 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' 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.

Inspection activity started on 13 October 2022 and ended on 14 October 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who use the service and 6 relatives. We spoke with 7 members of staff, including care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records including care plans and risk assessments, and policies and procedures. We checked rotas and 3 staff recruitment records.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as there were effective safeguarding systems and processes.
- The registered manager provided safeguarding training and all staff were up to date.
- There was a thorough and up to date safeguarding policy and staff could describe actions they would take if they had any concerns.
- People told us they felt safe and well cared for. One person said, "I feel very safe with the carers and I'm really liking the service I get."

Assessing risk, safety monitoring and management

- People were protected from the risk of harm because the provider assessed risks and put plans in place to mitigate them.
- We saw completed and up to date risk assessments in people's care plans and they were reviewed regularly. Staff told us care plans had the right information in care records for them to support people properly.

Staffing and recruitment

- People were supported by suitable staff because the registered manager had safe staffing and recruitment processes.
- People benefitted from consistent staff and there were enough staff to meet people's needs.
- Staff told us they had enough time to care for people properly and their rotas were manageable.
- We checked staff recruitment records and found that necessary checks were made including references and Disclosure and Barring Service checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received safe support with their medicines, as prescribed from trained staff.
- The registered manager arranged medicines training for all staff, and this was up to date. The registered manager checked staff's medicines competencies on a regular basis and any action required were completed.
- Staff sought medical advice when needed.

Preventing and controlling infection

- People were protected from the risk of the spread of infection.

- Staff understood their responsibilities and always wore PPE .
- The registered manager carried out 'spot checks' of staff to make sure staff wore correct PPE and washed their hands regularly.
- Staff were up to date with training around preventing and controlling infection.

Learning lessons when things go wrong

- There was an incident recording policy and system in place.
- Staff recorded incidents such as falls on their handheld electronic devices.
- This allowed the registered manager to view and monitor incidents and make any necessary changes to practice.

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 benefitted from effective care because the registered manager assessed their needs and preferences.
- People were involved in making decisions about their care. Families could access people's care plans electronically (with consent of the person supported) and could monitor whether their relative's needs were being met according to their individual preferences. A relative told us, "My mother's care and plan was actively discussed with her."
- The registered manager spent time making sure the right staff were allocated to the right people, to allow good compatibility and rapport.

Staff support: induction, training, skills and experience

- People received effective care from well trained staff.
- The registered manager arranged thorough inductions and tailored this to meet the needs of individual staff. For example, staff without prior care experience had more opportunities for shadowing experienced staff members and support.
- One member of staff said, "I shadowed staff for 2 or 3 months and the manager asked me when I was ready to work on my own."
- Staff completed their Care Certificate. 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager arranged a range of training courses and made sure staff were up to date. A member of staff said, "We have loads of training, and we are able to have training specific to the people we support."

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

- People who needed assistance were supported to eat and drink.
- Staff supported people to make shopping lists and encouraged people to make healthy choices.
- Staff raised concerns to their managers if they thought people needed more support with eating and drinking to maintain a balanced diet.
- The registered manager made referrals to dieticians if staff noticed people losing weight.

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

- Staff took account of people's health needs and supported people to access wider healthcare services.
- Care records included information about people's health needs and how this was managed.
- Staff supported people to attend their individual health appointments and helped people manage their transport and access needs.
- The registered manager made referrals to other services, for example continence teams, chiropody and mental health teams.

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.
- Staff received training around the MCA and could describe the principles.
- Staff knew to work with people in the least restrictive way and in their best interests.
- Staff could recognise whether someone required an MCA assessment and the registered manager arranged for this and participated in best interest meetings.

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 care from staff that treated them well, and respected their equality and diversity needs.
- All the people we talked with spoke very highly of staff. They told us staff respected them and found them to be very caring. A person said, "The carers are so lovely and caring all of the time."
- The registered manager took time to consider people wider needs and made sure the right staff supported people. For example, staff who could speak different languages were actively recruited.

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

- People were supported by staff that actively encouraged them to be involved in decisions about their care.
- Staff could help people with communication difficulties make their individual preferences known.
- Staff told us that due to consistency of rotas, they could build up positive working relationships with people which helped them to understand what people wanted better.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people and upheld their privacy and dignity.
- Staff made efforts to protect people's privacy during care interactions and encouraged people to do as much for themselves as possible.
- One person told us, "The carer is always friendly and introduces herself". The carer is trustworthy and reliable."

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.

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

- People received care that was personalised to them.
- The registered manager carried out assessments alongside people and their relatives to make sure their individual needs and preferences were fully assessed and considered.
- A relative told us, "We only have one carer as my (relative) gets upset easily. The carer will go over and above her duties." Another relative said, "The manager is hands on and really gets to know the person and their needs."

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.

- We saw that the service had met this standard. There were a variety of ways that information could be shared and communicated.
- This included adapting information for people with sight difficulties and using pictorial aids for people with dementia or a learning disability.

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

- People were supported to go into their local community and maintain friendships.
- Staff helped people with their shopping and supported people go to their local cafes and other activities.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy and people that used the service knew how to raise concerns.
- The registered manager had a system to capture low level concerns and people and staff told us the registered manager was quick to respond and committed to putting things right.

End of life care and support

- The service was not supporting anyone who was at the end of their life at the time of our inspection.
- Staff received training in end of life care.

- The registered manager told us they kept copies of people's wishes and preferences so that staff were aware.

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

- We found a positive culture within the service and both the registered manager and staff were committed to providing high quality, person-centred care.
- Everyone that we spoke to that was supported by the service had positive things to say. For example, one person said, "The difference between this company and the previous one is unbelievable."
- Staff enjoyed their jobs, one staff member said, "I am really, really happy to work for the company, I love my job, everything is good, it is lovely work."

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 responsibilities regarding the duty of candour.
- People and relatives told us they were always informed about any issues. A relative told us, "All staff keep me in the loop if anything changes, right from management to carers, it is brilliant."

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

- The registered manager and nominated individual were clear about their roles, quality performance, risks and regulatory requirements.
- There were systems to monitor performance, and the registered manager carried out regular 'spot checks' of staff to make sure that people received high quality support.
- There were systems in place to monitor whether people received their care at the right time, and for the required length of time.
- The manager monitored whether staff completed all tasks according to people's care plans and checked with people supported that this was consistent.
- The registered manager made the necessary statutory notifications to external agencies when required.

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

- The registered manager used several ways to engage with people that used the service and staff.
- The registered manager sent out surveys to people and visited them in their homes to check they were happy with their care. One person said, "The manager visits me to see how things are going. She is very

visible; it was my birthday yesterday and she sent me an email to commemorate it. She goes out of her way to keep in touch."

- Staff received supervision and completed staff surveys. Staff described managers as being very approachable and open to feedback.
- Staff received regular updates via a monthly staff newsletter.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to providing continuous support and training to staff.
- The registered manager arranged for further training when required. For example, specific health conditions such as motor neurone disease.
- The registered manager kept up to date with guidance and subscribed to different publications and webinars.
- The registered manager worked in partnership with others, for example they recently participated in a joint project with a local housing association, called the 'Be Well Programme'.
- The registered manager established and maintained good working relationships with others, such as managers of sheltered housing, social work teams and commissioners.