

Domiciliary Care Services Ltd

# Domiciliary Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 Domiciliary Care Services Ltd on 1 and 2 February 2016. We gave the service 48 hours' notice of our intention to carry out the inspection.

Domiciliary Care Services Ltd is registered to provide personal care to people living in their own homes. The agency's office is located near the centre of Clitheroe, close to all local amenities. The agency provides a service to people residing in the Ribble Valley. At the time of the inspection there were 48 people using the service.

The service was managed by a registered manager. 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.

We last inspected this service on 13 November 2013 and found it was meeting the regulations in applicable at the time. Since the last inspection the agency had moved to a new office.

During this inspection we found the service was meeting the current regulations. However, we made one recommendation in relation to the implementation of the Mental Capacity Act 2005 (MCA). Whilst staff had received appropriate training, the principles of the Act had not been embedded into the assessment and care planning processes.

People and their relatives were satisfied with the service they received from Domiciliary Care Services Ltd. They told us they felt safe using the service. Potential risks to people's health and well-being were assessed and managed effectively. Staff showed awareness of how to keep people safe and understood the policies and procedures used to safeguard people.

We found there were appropriate arrangements in place for managing people's medicines.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped to ensure suitable staff were employed to care for people. There were sufficient numbers of staff to maintain the schedule of care visits. Staff told us they felt supported and received regular supervision and support from the management team.

Where the service was responsible, people were supported to have a balanced diet that promoted healthy eating.

Staff were respectful of people's privacy and maintained their dignity. All people spoken with told us the staff were kind and caring. People were actively involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information

about people's needs and wishes. People told us they usually received care from a consistent group of staff.

There was a quality monitoring system in place. The registered manager and supervisors undertook audits and checks were carried out to observe how the staff delivered care to people. People were asked for their views and feedback was acted upon to maintain or improve the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise the signs of potential abuse and knew how to report issues.

Risks were identified and managed to help protect people and staff. Medicines were managed safely.

There were sufficient staff to provide safe, effective care. The recruitment systems ensured that staff had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received regular training which helped to provide them with the knowledge and skills to meet people's needs. Staff received regular supervision and support.

Whilst all staff had received training and had an awareness of the Mental Capacity Act 2005, the principles of the Act were not applied in the assessment and delivery of care.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported when required, to eat and drink.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care.

People were treated with kindness and respect. They were encouraged and supported to be as independent as they wished to be.

People's choice and their preferences were respected.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were appropriately assessed.

People's care plans had sufficient detail to reflect how they wanted to receive their care and support. The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

A complaints process was in place and people and their relatives told us they felt able to raise any issues or concerns.

### Is the service well-led?

Good ●

The service was well led.

People and staff told us the agency was well managed and ran smoothly.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

# Domiciliary Care Services Limited

## **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 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 1 and 2 February 2016. We gave the registered manager 48 hours' notice of our intention to visit to ensure they were available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we spoke with eight people using the service and four relatives over the telephone. We also spoke to five members of care staff, a supervisor and the registered manager.

We spent time looking at a range of records during our time spent in the agency's office, this included five people's care plans and other associated documentation, two members of staff recruitment records, a sample of policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

People spoken with told us they felt safe and reassured by the staff who provided their care. One person told us, "I'm happy with the care. I don't think they could do better" and another person commented, "I find all the carers very pleasant and helpful." Relatives spoken with also expressed satisfaction with the service, one relative said, "Overall we're pleased with the service. The carers are friendly and thoughtful." Staff were aware of the importance of people's safety and told us they made sure people were safe before they left their property.

We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to direct staff on the actions they should take in the event of any allegation or suspicion of abuse. Staff were knowledgeable about safeguarding processes and were able to describe the signs that may indicate a person had been abused. They explained the actions they would take if they were concerned someone had suffered abuse and how they would report it. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. Whistleblowing is when a worker reports suspected poor practice at work.

We saw from the staff training records, that all staff had completed safeguarding training within the last twelve months. Staff also had access to internal policies and procedures which included the contact details for the local authority and there was information on safeguarding issues in the service user guide and staff handbook. This helped staff to make an appropriate response in the event of an alert or if they were concerned abuse was taking place.

Some people required assistance with shopping. We found there were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with the arrangements in place. There were records of all financial transactions and the staff obtained receipts for any money spent. The registered manager and supervisors checked these records during spot checks and when they were returned to the office.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included individual risk assessments, which had considered the risks associated with the person's environment, moving them safely, equipment, their care and treatment, medicines and any other factors. We also noted the assessments included information on what action staff should take to promote people's safety and independence; and to minimise any potential risk of harm. The assessments were updated every six months or more often if people's needs changed. Staff told us they carried out observations at each visit to identify any changes or new risks that may occur. They told us these would be reported to the office immediately. They also confirmed whenever they had reported a change, action had been taken immediately to reassess the risk and amend the care plan.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and an

incident form was completed after dealing with the situation. The registered manager viewed all accident and incident forms, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

We noted staff were issued with uniforms and identity badges. These were worn by staff attending people's homes so that people were aware they were representing the service. Information about people's home security and codes for key safes which allowed staff to gain access to people's property was kept securely.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance and the registered manager told us new care packages were not accepted unless there were enough staff available to cover the visits required safely. Staff said they usually had adequate time to travel between visits without rushing. People confirmed the staff usually arrived on time and did not cut the visit short. One person said, "On the whole they arrive on time. If they're late there is usually a good reason." Three people told us they had used the service for some years and had received care from the same members of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.

Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times. Staff confirmed they signed in and out of people's homes and if they thought they were going to be late for a call they would let the office staff know, who in turn let the person know. At the time of the inspection there was no history of missed visits in the preceding months. Visits were monitored via a computer system, which could be accessed remotely. This meant a prompt response could be made in the event of a late arrival time.

We reviewed the arrangements in place to recruit new staff. We looked at two staff files and noted potential employees completed an application form, which enabled gaps in employment history to be examined. References were obtained along with a police check from the disclosure and barring service (DBS). An interview was held with a member of the management team and notes of the candidate's responses were recorded. We saw successful applicants were not allowed to start work until all their pre-employment checks had been received which helped to protect people from unsuitable staff.

There was a system in place to manage medicines safely. People told us they were happy with the support they received and confirmed staff administered their medication at the correct times. A full list of people's medication was included in their care plan. We noted appropriate records had been maintained for the administration of medication. The records included details about the type, strength, frequency and dose of medication, with spaces for the staff to sign after giving each dose. All records were checked by senior staff when they were returned to the office and during spot checks in people's houses. The records had been designed to enable staff to access relevant information quickly and were printed on coloured paper so staff could easily identify the records within the care plan documentation. We saw from staff training records the staff had received training in the safe management of medicines, which was refreshed every year.



## Is the service effective?

### Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "All my carers know what they are doing. There's not one that's not good" and another person commented, "I find the staff are well trained and professional in their work."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Staff told us they had received training on the MCA and there was evidence of this within the staff training records seen. We noted people had signed an agreement form within their care plan documentation to confirm they agreed with the contents of their plan and consented to the care provided in line with it. Staff also told us they sought permission from people before providing personal care. One member of staff told us "I always explain to people what I'm going to be doing and ask them if that's okay with them."

We found there were no policies and procedures on the MCA and people's capacity to make their own decisions had not been considered during the assessment and care planning processes. The registered manager assured us action would be taken to address these issues and sourced detailed information on the MCA during the inspection as well as specific information for the staff..

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. All staff had completed induction training when they commenced work with the agency. This included an initial induction on the organisation's policies and procedures, the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced staff for a minimum of two weeks to become familiar with people's needs and preferences. We saw records of staff shadowing during the induction and noted new staff were observed carrying out a series of tasks to ensure they were suitably skilled and competent. A member of staff who had recently completed their induction told us the training was useful and confirmed it equipped them with the necessary knowledge and skills to carry out their role. All new staff completed a three month probationary period. Following the completion of the probationary period, staff were enrolled on the QCF (Qualifications and Credit Framework) Diploma Level 2 in health and social care.

There was a training programme in place for staff, which included safeguarding vulnerable adults, principles of care, the role of a home carer, health and safety, moving and handling, food hygiene, fire safety, confidentiality, MCA 2005 and medication. The training was delivered both face to face within a classroom setting and on the computer. The computer based training courses included a test of each member of staff's

knowledge to ensure they had understood the content of the course. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to people. All staff spoken with told us their training was beneficial to their role.

Staff received regular supervision, both formal and informal, which included observations of their practice, as well as annual appraisals. They told us they had the support of the registered manager and the supervisors and could discuss anything that concerned them. We saw the registered manager and supervisors assessed and monitored staff skills and abilities, and took action to address issues when required.

A staff handbook was provided to staff which included information on confidentiality, the code of conduct and terms and conditions of employment so staff knew what was expected of them.

People were supported at mealtimes in line with their plan of care. We noted from the staff training records staff had received food safety training. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. We noted there was a section in people's care plans to inform staff of any risks or concerns in respect of eating and drinking. We saw food and fluid intake charts were used as necessary if a person was at risk of malnutrition or dehydration.

We looked at the way the service provided people with support with their healthcare needs. We found staff were provided with guidance in people's care plans, on how to monitor and respond to specific healthcare symptoms. The plans also contained important telephone contact details for people's GP and next of kin. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. We saw from looking at people's care records and speaking to the registered manager healthcare referrals were made as necessary.

Since the last inspection the agency had moved to a new office. The new location provided nearby car parking for staff and people using the service.

We recommend the service consider the relevant guidance and principles contained in the code of practice for the Mental Capacity Act 2005 and take action to update their practice accordingly.

## Is the service caring?

### Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person told us, "My carer knows exactly what to say and do to help me out and cheer me up" and another person said, "I've never had anyone that isn't kind and helpful. Some of the carers really go that extra mile." Similarly relatives spoken with told us they were pleased with the service, one relative commented, "I've been impressed, the staff have been really good."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices. One member of staff told us, "It's important people can do as much for themselves as possible." They described an example of how they supported a person to maintain their independence, "When I am in the kitchen preparing food, I always ask the person if they would like to make their own drink. It means I am on hand if they need any help."

The staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. Wherever possible, people were involved in decisions about their care and their views were taken into account. This told us people's comments were listened to and respected. Staff were flexible and covered each other's sickness and absence to make sure people were looked after by staff who knew them and their needs.

We noted each person's file contained information about their living circumstances and preferred social activities. The process of developing care plans helped people to express their views and influence the delivery of their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. One person told us, "They (the staff) ask me if there is anything else they can do before they leave."

All people spoken with told us the staff respected their rights to privacy and dignity. People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and support. We also noted the agency's aims and objectives stated, "Privacy will be observed and upheld."

People enjoyed visits from the staff. One person told us, "I really enjoy their company and look forward to their visits. I have a good relationship with all the carers." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I love my job. I like making a difference by helping people."

People told us they were able to express their views on the service on an ongoing basis, during care plan reviews and the annual satisfaction questionnaire. People were given an information file, which contained a service user guide as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency. We noted this document contained information on people's rights and what they could expect from the agency. For example it stated one of the aims of the

service was, "The service will be provided in a manner to afford dignity and the freedom of choice. Wherever possible, independence will be encouraged and the rights of the individual recognised."

People were given information leaflets about local advocacy service. Advocates are independent from the service and provide people with support to enable them to make informed decisions.

## Is the service responsive?

### Our findings

People spoken with told us the staff responded to their current and changing needs. They said they made their own decisions about their care and were supported by staff. People confirmed they had care plans and felt they were part of the care planning process. One person commented, "My plan gives the carers instructions about what I want them to do each visit." The person said they were happy with their care plan and confirmed it reflected their current needs.

An assessment of needs was carried out before people used the service. People spoken with could recall meeting with a representative from the agency to discuss their needs and confirmed they were asked how they wished their care to be delivered. They said that the staff member carrying out the assessment listened to what they had to say and took into account their preferences, likes, dislikes and wishes. Where appropriate, information was also gained from relatives, relevant health care professionals and from the local authority. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a care plan was developed with the full involvement of people using the service.

We looked at five people's care plans and other associated documentation during the inspection. This information identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be provided. There was documentary evidence to demonstrate the plans had been reviewed at least every six months or more frequently if there had been a change in need or circumstance. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan.

Staff spoken with told us how they reported changes in people's needs and condition to the registered manager and supervisors, people's relatives and health care professionals. People's care records were updated by the supervisors to reflect their changing needs to ensure people received the support they needed. The staff said they were confident the plans contained accurate and up to date information.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. The records were returned to the office at regular intervals for archiving. The registered manager confirmed a member of staff read the records to check if there were any concerns with the person's care. We looked at a sample of the records and noted people were referred to in a respectful way.

People using the service had been provided with clear information about how to contact the agency during the day and out of hours. This meant that people and staff had access to support and advice whenever necessary.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of the care staff, the registered manager or supervisors if they had a concern or wished to raise a

complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the service user guide and included the relevant timescales for the process to be completed. The procedure also contained information about how to make a complaint to other agencies, such as the local authority and Care Quality Commission. The registered manager told us there had been no complaints about the service in the last 12 months. There were systems in place for the recording, investigating and taking action in response to complaints.

## Is the service well-led?

### Our findings

People and staff spoken with told us the agency ran smoothly and was well organised. One person told us, "I have no issues. They are reliable and for me everything runs well. I would give them nine out of ten" and a member of staff said, "The rotas are sorted in advance so we know what we're doing. I think everything runs fine." All people spoken with told us they would recommend the agency to others in a similar position.

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the agency. Throughout all our discussions it was evident the registered manager had a good knowledge of people's current needs and circumstances and was committed to the principles of person centred care. Person centred care places the people at the centre of their care and services are tailored to their interests, abilities, history and personality. The registered manager described her planned improvements over the next 12 months as the implementation of the Mental Capacity Act 2005 within the care planning processes and the development of care packages for people requiring reablement support.

Staff spoken with made positive comments about the registered manager and the way she managed the agency. One staff member told us, "The manager is very nice. If there is anything wrong we can always contact her for advice. She's really approachable and supportive." There was a management structure in place and staff were aware of their roles and responsibilities. Staff told us they had received the training they needed and were well supported by the registered manager and the supervisors.

We saw regular unannounced spot checks were undertaken to review the quality of the service provided. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. The registered manager and a supervisor told us they assisted the staff and undertook care calls to help support people, when necessary. This allowed the management team to observe how staff cared for people and to monitor the quality of the service provided.

The registered manager and supervisors monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete an annual customer satisfaction questionnaire. We looked at the results of the survey carried out in 2015 and noted people indicated they were satisfied with the overall service provided. People had also made positive comments about the service, for instance one person had written, "I am very happy with the care and friendliness I receive from all my carers." We noted the registered manager had recorded actions taken following any concerns or suggested areas for improvement. People were given feedback about the satisfaction survey in a newsletter.

The registered manager and supervisors carried out regular checks and audits. These included checks on files, medication records, daily communication logs, staff training and supervision. Visits to people's homes were monitored using the telephone monitoring system. To help with communication, the registered

manager sent out regular group text messages and issued the staff with weekly newsletters. We saw copies of past newsletters during the inspection and found the information covered all aspects of the operation of the service.

The service had an Investors in People award. This is a recognised quality award conferred on organisations which meet set criteria in leadership and management of the service. The agency was also a preferred provider with the local authority.