DomCare

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

DomCare is a domiciliary care agency registered to provide personal care to people living in their own home. At the time of our inspection visit the service provided a service to 250 people and employed approximately 90 care staff.

At the last inspection of the service in October 2015, the service was rated as good overall, with requires improvement in Well Led. At this inspection we found some improvements had been made in Well Led but further improvement was required. The overall rating remained Good.

The office visit took place on 25 October 2017 and was announced. We told the provider 48 hours before the visit we were coming so they could arrange to be there and arrange for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have 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. There was a registered manager for the service at the time of our inspection.

There were enough staff to provide the care and support people required. People told us staff were friendly and caring and had the right skills to provide the care they required. Staff received an induction when they started working for the service and had their training updated to support them in meeting people's needs effectively. The procedure for recording and monitoring staff training needed improvement.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage risks identified with people's care. Staff understood how to protect people from abuse and people who required support to take medicines received these as prescribed. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who used the service.

The managers and staff followed the principles of the Mental Capacity Act (MCA). Staff respected decisions people made about their care and gained people's consent before they provided personal care.

Most people were visited by care staff who they knew and who understood their needs and preferences. People said staff usually arrived around the time expected and stayed long enough to provide the care they required. Care plans provided guidance for staff about people's care needs and instructions of what they needed to do on each visit.

Staff felt supported to do their work effectively and said the managers were approachable and available. There was an 'out of hours' on call system, which ensured management support and advice was always

available for staff.

People and staff said they could raise any concerns or issues with the management team, knowing they would be listened to. Although some people said they had experienced difficulty contacting the office phone number. People knew how to complain and information about making a complaint was available for people.

The provider's quality monitoring system included asking people for their views about the quality of the service. This was through telephone conversations, visits to people to review their care and satisfaction questionnaires. The management team checked people received the care they needed by observing staff during visits to people and through feedback from people and staff.

There was a programme of other checks and audits which the provider used to monitor and improve the service. We found these were not always implemented consistently or were sufficiently robust to ensure people always received safe, effective care.
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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service was not consistently well led Most people were satisfied with the care they received. Staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the managers. There were procedures for reviewing the quality of service people received, but systems were not always robust or consistently implemented.	**Requires Improvement**

DomCare

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 comprehensive inspection was carried out by one 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. The expert by experience made telephone calls to people prior to the office visit.

The office visit took place on 25 October 2017 and was announced. The provider was given 48 hours' notice that we were coming so they could arrange to be there.

Before our inspection visit we asked the provider to complete a Provider's Information Return (PIR). This document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. A PIR was returned. There was little information in the PIR about how the provider was meeting our key lines of enquiry (KLOEs) or how they planned to develop and improve the service. We discussed this with the provider and reviewed the information in the PIR during the inspection visit. The provider was given the opportunity to discuss improvements during our visit.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no new information to share with us.

The provider was asked to send a list of people who used the service. This was so we could send surveys to people and contact people by phone to ask them their views of the service. Surveys were sent to 50 people who used the service, 50 relatives and 70 staff. Surveys were returned from 14 people who used the service, three relatives and four staff. We contacted 25 people by phone and were able to speak with 14 people. This included seven people who used the service, six relatives and a social care professional. We used this

information to help us make a judgement about the service.

During our visit to the agency office we spoke with the provider, the registered manager and the management team that included the care manager, business manager, finance director, and the care co-ordinator. We also spoke with a care supervisor and three care staff. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at four staff recruitment files, staff training records, records of complaints and compliments, and records associated with the provider's quality monitoring systems.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be Good.

The provider and managers told us there was enough staff to allocate all the calls people required. All the staff we spoke with confirmed there were enough staff and said they had weekly rotas that informed them of the people they would be visiting and the time they should arrive. People said staff mainly arrived around the time expected unless they had been held up by traffic, or with the previous person. Comments from people included, "No, they are not very late,'' and, "The carers have been good to me, they arrive on time unless there has been an emergency before me. I have had the carers call twice a day for two years." Staff said calls to people usually remained the same on their rotas to ensure continuity of care.

The provider had an out of hour's on-call system to support staff when the office was closed. This included the mobile numbers for the management team. Staff said this gave them reassurance there was always someone available if they needed support.

The provider made recruitment checks on staff prior to employment, to ensure they were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about criminal backgrounds and whether they are barred from working with people who use services.

People told us they felt safe with the staff who visited them. One person told us, "Oh yes I do feel safe, I know who is coming here and the carers are respectful." Another said, "I am visually impaired but I am safe, the carers are like family to me."

Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. Staff said they had completed safeguarding training; they knew how to identify possible abuse and how to report it. For example, they told us this could include physical abuse, financial abuse, and changes in people's behaviour. They said any concerns would be reported to the management team. The managers understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

Staff knew the provider had a 'Whistleblowing' policy and procedure so they could report any concerns about other staff's practice, and they understood their responsibility to do this. One staff member told us, "No matter who it was, the managers or anyone I would report it to [provider]. Even though the managers are all family, I know [provider] would listen and do something about it.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move around, risk

assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. People told us staff knew how to move them safely. One person said "I have had to use different standing frames since coming home; some of the staff are excellent and have really helped me."

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines, or their relatives helped them with this. Where people were supported by staff, they told us their medicines were administered as prescribed. Comments from people included, "I do my medication but the carer always asks if I have taken them," and, "The carer will prompt if needed."

Staff told us they were confident giving medicines and knew what to do as they had received training to administer medicines safely. Staff we spoke with told us they checked medicines against a medicine administration record (MAR), recorded in people's records that medicines had been given and signed to confirm this on the MAR. Completed MARs we looked at in the office had been accurately signed and dated by staff when medicines were administered.

Records confirmed staff completed medication training but there was no written record that staff had been assessed as competent to give medicines safely. The provider and registered manager said that staff were observed giving medicines during their 'spot checks'. However, they said a separate competency assessment would be implemented to make sure staff were 'signed off', as safe to give medicines.

Good

Is the service effective?

Our findings

Staff had the same level of skill, experience and support to effectively meet people's needs as they had at the previous inspection. People continued to make their own decisions and were supported by staff who understood how to protect their rights. The rating continues to be Good.

People told us most care staff had the right skills and knowledge to provide the care and support they needed. One person said, "The staff seem to know what they are doing. They meet my needs."

Staff told us they completed an induction programme and training when they first started working for the agency to ensure they had the skills needed to support people effectively. Staff told us their induction included working alongside an experienced member of staff. One staff member told us, "I had training before I started working on my own and shadowed other care staff. The training prepared me really well to do my job." Two staff we spoke with said their induction training was based on the 'Care Certificate'. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

Some staff we spoke with had worked at DomCare for several years. They told us they had regular refresher training to keep their skills up to date. All the staff we spoke with demonstrated they had the skills and experience to work with people safely. One staff member told us, "We have regular training which gives you an understanding of the subject, but its practice that makes you experienced." Staff said their recent training included, safeguarding people from abuse, administration of medicines, moving and handling people, emergency first aid, and health and safety.

We looked at the training records for the staff we spoke with and found these were not up to date. The registered manager told us staff had completed refresher training but records had not been updated. We asked the provider to send a copy of the updated training record to us, which they did.

Staff said they had supervision [one to one meeting] with a manager to discuss their learning and had observations of their practice, 'spot checks' to make sure they put their learning into practice.

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. The managers understood their responsibilities under the MCA. They told us all the people who currently used the service were able to make daily decisions about their care, or had relatives who could make decisions in their best interests. Staff completed training in the MCA and staff we spoke with knew this was about decision making and seeking people's consent before providing care. A staff member told us, "I always ask if it's alright with them [person]

before I do anything. Everyone I visit can make decisions about their personal care."

People who required assistance with meals and drinks were supported to have sufficient to eat and drink. Most people we spoke with prepared their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals were satisfied with the service they received. One person told us, "I decide on what I want and the carer makes my breakfast."

Staff were aware of how people's disabilities may affect their eating and drinking. For example, staff told us, "I visit a person with Parkinson's disease, some days are better than others. Sometimes they can help get their own meal other times they can't, so I just wait and see what they are able to do on the day." Another told us about a person with a visual impairment, "One person is blind, sometimes they need us to help them depending on what the food is, if its finger foods they can do this themselves."

All the people we spoke with arranged their own health appointments or had family who supported them to do this. Staff told us, if a person was unwell during their call, they would ask the person if they would like to see a doctor and call the GP. They would also inform the family and contact the office staff to let them know, so they could follow this up if needed. Records showed health professionals such as GPs and district nurses were consulted where concerns had been identified.

Good

Is the service caring?

Our findings

At this inspection, we found people continued to have their privacy and dignity upheld by staff who were kind and caring. The rating continues to be Good.

We asked people and relatives if they thought care staff were respectful and considerate. People said they were. For example one person told us, "Yes I do, the carers are kind and caring and respectful." Most people we spoke with said their care was provided by staff that they knew and liked. Some people had received care from the same care staff for several years. One person told us, "The carers are like my family, they are respectful of me and I am of them."

Care staff told us they generally provided support to the same people so they had continuity of care. Care staff we spoke with were familiar with people's preferences and how their support should be delivered. Staff understood the importance of maintaining people's dignity. Comments from staff included, "When I am helping people wash I always make sure they are covered up as much as possible."

Supervisors who carried out observations of care staff in people's homes told us, as part of their observations, they watched how staff communicated with people and if they were respectful. During the visit they would ask the person if they were satisfied with how the call was carried out, and if they were happy with their care worker.

People told us their cultural and religious needs were respected and met by the care staff. Several people told us their first language was not English and that some care staff could speak the same language. A relative said," Some [staff] are able to speak in [family member's] mother tongue and others speak English. The workers are respectful of name, religion and culture." Staff we spoke with told us that where a non-English speaking person required a double up call (two staff to provide their care), the managers tried to make sure one of the allocated staff would be able to speak the person's first language. The managers told us some English speaking staff could recognise and speak certain words of Hindi, and Punjabi so they could greet people and ask how they were.

Some staff we spoke with shared the same ethnic background as the people they visited and understood their cultural and religious routines. One staff member told us how they supported some people to carry out 'Wudhu,' a specific way people of the Muslim faith may prefer to bathe, usually before prayer. Another told us they knew how to prepare food to meet people's religious needs and knew when people may be fasting due to their religion.

People told us their preference for male and female care staff had been discussed with them.

Staff said they had sufficient time allocated to people's care calls and did not have to rush. Staff said visits were 'patched' arranged in the same area so they did not have far to travel between visits. One staff member told us, "I always have time to have a chat and joke. I never rush, that wouldn't be fair. People like to talk. Sometimes we are the only people they see all day."

People confirmed staff did not rush and said staff had time to sit and talk. Comments included, "The carers will sit and chat until it is time for them to go," and, "The care worker will sit and chat if there is time, there isn't as much for the carers to do at evening call, so they have more time for a chat."

People told us the service they received helped them to remain independent so they could remain living at home. One person said, "The carer comes three times a day, it used to be four but I can get to bed myself now."

Care staff we spoke with enjoyed their work, they told us "I love my job," another said, "It's not just a job, we care about people and how they feel. They look forward to seeing us."

Care staff told us they understood the importance of maintaining people's confidentiality. Comments from staff included, "I would always make sure I'm not overheard if I had to ring the office." The provider made sure people's records held on staff mobiles, which contained personal information, were pass-word protected, and kept secured and confidential.

Good

Is the service responsive?

Our findings

We found managers and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Most people told us care was provided by regular care staff that they knew. Comments from people and relatives included, "I know who is coming and that suits me, it is a regular carer unless they are on holiday." And, "Oh yes the carers are regular. My [family member] knows their name."

We looked at the call schedules for people whose care we reviewed and the rotas for the staff who visited them. These showed people were allocated regular staff at consistent times.

Most people knew they had a care plan in their home for staff to follow. People's comments included, "There is a care plan file, it is signed every time the carers call," and, "My family member reads the care plan out to me as I have visual impairment." People said they received the care and support that was recorded in their care plan, and in the way they liked.

A copy of the person's care plan was kept at the office. We reviewed four people's care records. All contained an assessment of people's needs and a care plan that included how any identified risks were to be managed. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. People told us staff read their plans and recorded what they had done during the call. One person told us, "The carer writes in the plan every day." Staff said they read people's care plans and what care staff had written so they knew what had happened during the previous visits. Staff told us that care plans were up to date and easy to follow. Plans we viewed had been reviewed and updated when changes in people's needs had occurred.

Staff said any changes they identified with people's care needs were referred back to the managers for review and re-assessment. Staff told us the managers let them know about any changes and updates to the care plan. Two of the staff we spoke with showed us how they could access people's care plans on their work mobile phones. They said this gave them instant access to any updates and changes in people's care so they could continue to provide care that was safe and met people's needs. They also said having access to care plans on their phones supported them to know a little about the person before providing care to new clients or when covering calls at short notice due to staff absence.

We looked at how complaints were managed by the provider. People we spoke with knew how to complain and said they had complaints information in their home. They told us, "I have never had to complain, but the office staff would listen. There is always someone on the office phone to talk to," and "The office would listen if I had a complaint but I do not have to phone the office very often." Some people said they had raised complaints and concerns and were satisfied how these had been handled. Complaints received had been recorded and responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the service required improvements in Well Led as the provider's quality assurance procedures were not always robust. Improvements were required in how calls were scheduled to people, obtaining feedback from people about the service, and returning records to the office for checking to make sure staff had provided the care and support people required. At this inspection we found some improvements had been made but further improvement was required.

The provider used a computerised system for scheduling and allocating calls to staff, which alerted the office staff if care staff had not arrived around the time expected. The person monitoring the system could then contact the care staff and take action to inform people if they were going to be very late. The system also provided care staff with their work schedules, access to people's care plans and kept staff up to date about any changes in peoples care via a mobile phone. Managers and staff spoke positively about the new system and how this had improved communication and information sharing.

The service had a registered manager at the time of our inspection visit. The registered manager was supported by a management team that consisted of the, provider, the care manager, business manager, finance director, a care co-ordinator and two care supervisors. Supervisors worked alongside staff in people's homes, checked staff performance through 'spot checks', carried out needs assessments for new referrals to the service, and reviewed and updated people's care plans when needed.

The provider and registered manager understood their regulatory responsibilities. They knew what statutory notifications where required and had completed a Provider Information Return, (PIR) which are required by Regulations. We found there was little information in the PIR to show how the provider ensured people received a safe, effective, caring, responsive and well led service or what improvements they had made, or planned to make. The provider told us they had completed a more detailed PIR in April 2017 but for a technical reason it had failed to submit. When they were asked to resubmit a PIR in September 17 they could not retrieve the information from the previous PIR.

We found record keeping could be improved. Training records were not up to date, and on the day of our inspection visit the provider and registered manager were unable to tell us what training staff had recently updated, or when refresher training was due. We asked the provider to update the staff training matrix and send a copy to us within 48 hours, which they did. However, the completed training record showed some training required updates. The provider took immediate action to arrange refresher training for staff. We asked the provider to confirm by, 12 December 2017 that this training had been completed. The provider also gave assurance that a system had been implemented to alert managers when staff training was due so this would not happen again.

Since our last inspection the provider had implemented a system for returning completed records from people's homes to the office for checking. This was to make sure people had received the care and support they required and that records had been accurately completed. We found the procedure for checking returned medication records needed improvement. MARs were checked by staff during visits to people, and

by supervisors during spot checks on staff to make sure they had been completed correctly. Completed MARs charts were returned to the office monthly, however, at the time of our inspection visit these were not checked for errors. The managers said they were confident staff administered medicines safely but would instigate a checking procedure when MARs were returned.

The provider was unable to locate the safeguarding folder during our visit, which they said was somewhere in the office. However, they knew what referrals had been made and the outcome of any investigations, which was consistent with our records.

The majority of people we spoke with were satisfied with the service they received. When we asked people if they were happy with the service and would recommend it to others, they told us, "Yes, I would recommend it, the carers are like family," and, "Yes, everything is fine." Relatives we spoke with said, "Overall, [family member] is happy and there are no improvements needed, as they have sorted everything out in the last 12 months." Another said, "My relative is very happy with the care she receives and the carers themselves." Although some people said, "I would recommend the carers but not the agency." I don't know the managers, but it is the carers who make the agency not the office staff." Another told us "The agency is short staffed, and it is not always a happy team."

People had different experiences when contacting the office out of hours' telephone service. Some people told us, "There is always someone on the office phone to talk to," and, "I have used the on call, you can always speak to someone. I have [provider's] mobile number and can call them anytime of the day or night if I was concerned about anything at all." While others told us, "The out of hours can be hard to get hold of sometimes." The managers told us there was a calls divert system on the office phone so that if the phone was not answered the call was diverted to the manager's mobiles, and would also inform them if a call was missed. They said the answer phone facility would activate after 15 minutes which they said they would amend as this was too long for people to stay on the line.

Care staff felt supported by the managers, they understood their roles and what was expected of them. Care staff said communication from the office worked well and that they were able to speak with the managers about any issues connected with work or of a personal nature. Staff had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. Staff said they felt appreciated and valued by the provider and managers. One staff member told us how, "They [managers] always say thank you for what we do."

The provider and registered manager responded to feedback they received from people who used their service, relatives and staff. Feedback was gathered by an annual quality assurance survey, review meetings with people and telephone calls.

Since our last inspection the provider had re-implemented an annual satisfaction survey. We looked at the outcome of the survey sent to people in 2017; this showed most people were happy with the service they received with several people rating it very good or excellent. Where people had raised concerns on their surveys the provider had contacted people to discuss these and resolved them where they could.