Domriss Care Limited

Domriss Care

Inspection report

Suites 2 & 3 Unit 1
Stratton Park
Biggleswade
Bedfordshire
SG18 8QS

Tel: 01767312500
Website: www.sevacare.org.uk

Date of inspection visit:
07 December 2016
08 December 2016

Date of publication:
10 January 2017

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 the 7 and 8 December 2016 and was announced. The provider was given 48 hours' notice of our inspection so we could be sure they were available. When we last inspected the service in May 2016 they were rated as 'inadequate'. We took subsequent enforcement action to protect people using the service by restricting them from taking on any additional packages of care.

Domriss Care is a domiciliary care agency based in Biggleswade providing personal care to people in their own homes. At the time of our inspection there were 27 people using the service.

There was a registered manager in post. 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.

At our previous inspection in May 2016 we identified concerns with the leadership and governance of the service, people not receiving their visits in time and a lack of personalisation in care plans and risk assessments. Staff were not always supported, trained or regularly supervised. During this inspection we found that significant improvements had been made to the overall standard of care and management of the service.

People were kept safe and staff understood the process to follow to safeguard people or report concerns. There were personalised risk assessments in place which detailed ways in which control measures could be implemented to protect people from any risk of avoidable harm. There were enough staff deployed to meet people's needs, and people received their care within acceptable timeframes. People were asked for their views and had their concerns and complaints listened to and resolved with positive outcomes. People told us they received good care and support from kind, compassionate and consistent staff.

Information relating to people's healthcare and dietary needs was included within their care plans. Each care plan was personalised and reflective of the person's needs. They were subject to regular review and evidenced consent from people to the delivery of their care and support. Whilst people's medicines were being administered safely by staff, there was some improvement needed when accounting for this in their records.

Staff received a full programme of induction, training and supervision and felt supported and listened to by management. They were able to contribute to the development of the service through team meetings and were encouraged to share views and opinions. The registered manager was visible, transparent and had made substantial changes in response to our previous findings. There was an effective quality assurance system in place to audit the service and identify areas for improvement.

This service has been in Special Measures. Services that are in Special Measures are kept under review and

inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 improvements were still required to improve the overall management of people's medicines.

There were enough trained and competent staff deployed to meet people's needs.

People had personalised risk assessments in place which detailed control measures to manage risk to people.

Is the service effective?

Good

The service was effective.

Staff received a regular programme of training, supervision and appraisal.

People's healthcare and dietary needs were identified and met.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Good

The service was caring.

People received care from regular staff who knew and understood their needs.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and contained a good level of detail in relation to people's changing needs.

Complaints were resolved appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager was visible and supportive of the staff team.

Quality monitoring systems were in place to identify improvements that needed to be made across the service.

Staff were able to contribute to the development of the service through team meetings.

Domriss Care

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 the 7 and 8 December 2016 and was announced. The provider was given 48 hours' notice of our inspection as they provided a domiciliary care service and we needed to ensure somebody would be available in the office to meet us. The inspection was carried out by one inspector and an inspection manager.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 12 people who used the service and seven of their relatives to gain their feedback. We spoke with five members of care staff, the care manager and the registered manager.

We reviewed care plans, risk assessments and daily records for four people who used the service. We looked at training and recruitment information for five members of the staff team. We reviewed information about how the service was monitored and audited and reviewed minutes from team meetings. We looked at the records of call times and how these were audited. We reviewed complaints received by the service and how they were being resolved.

Requires Improvement

Is the service safe?

Our findings

During our last inspection in May 2016 we found that people were not always receiving their visits on time. Staff rotas were not always managed safely to allow staff to travel between visits, and the electronic call record was inaccurate. There was not always enough information in relation to risk management or medicines in people's care plans.

During this inspection we identified significant improvements to the delivery of people's care and the management of rotas and risk assessments. However there were still some areas that required improvement in terms of how medicines were accounted for and recorded in people's care plans. The care plans we reviewed held a greater level of detail in relation to the medicines that people took, their preferred method of administration and the level of support required from staff. However some medicines prescribed on an 'as required' basis (PRN) were not always included in people's care plans. There were not always specific protocols in place to enable staff to understand how or when these were to be administered. Some people had creams applied but these were not accounted for on medicines administration records (MAR). One person's MAR had not been completed correctly, with large numbers of gaps and changes which had not been fully accounted for. This had been identified during the internal auditing process and addressed with staff. We were provided with updated care plans upon request.

People we spoke with who required support with their medicines told us that staff were trained and able to administer them safely. One person said, "I do some of it myself but they have to put some creams on and they always check they're doing it right. I've got some forms they sign afterwards." A relative said, "They do help [person] with their [medicines] and I've never found any issues there; it's all accounted for as far as I can see."

When we asked people if they received their calls on time we found that the responses were more positive than they had been during the previous inspection. However, some people told us that short staffing meant that calls were occasionally late. One person said, "It does depend on whether they have staff off sick but they're usually on time. If not they'll let me know." Another person said, "Sometimes you have to make allowances for traffic but I'd say generally they're on time." A relative said, "The staff are good but sometimes there will be a whole week where they are consistently half an hour late. It can't be a problem each day and there hasn't been much improvement in that respect."

We looked at the care plans for four people and checked the planned times against those written in the person's daily logs and monitored through the electronic call system. We found that the accuracy of records had improved substantially and that people were receiving their care within an acceptable tolerance of around half an hour. With one exception all of the people we spoke with told us that they were contacted if staff were running late. During the inspection we noted the office staff made calls to people to update them as to the whereabouts of their care staff if there was any lateness.

People using the service told us they felt safe. One person said, "They're very safe, very careful, very thorough." Another person said, "Yes I do feel safe when they come." The staff we spoke with were able to

describe the ways in which they kept people safe. One member of staff said "I would speak to my manager immediately if I had any concerns." Another member of staff said, "We covered this in safeguarding training. The first thing is to keep the person safe and don't promise them you won't tell anybody if you think they might be in danger. Then we should call our manager or go straight to social services."

People now had personalised and detailed risk assessments available which identified risks across different areas of their care and support. These included the risk of working in their home environment, pressure area care, moving and handling and behaviour which may have impacted negatively upon others. There were control measures included which guided staff as to how they could manage these risks during their visits. For example we noted that for one person it had been assessed that their environment was in a state of disrepair in some places and the risk assessment and management plan made recommendations to staff on how to safely deliver care in safe areas of the home.

The provider had a robust recruitment policy in place and new staff were being recruited safely to work in the service. We looked at the staff files for three care staff who had joined the service since our previous inspection. We saw that they had provided two references which had been validated. A Disclosure and Barring Service (DBS) check had also been completed. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. For staff who had been employed for longer we noted that they had completed an updated DBS declaration.

Good

Is the service effective?

Our findings

During our previous inspection in May 2016 we identified concerns in relation to the training of staff, knowledge of the Mental Capacity Act 2005, staff supervision and how people's dietary and healthcare needs were being met. During this inspection we found there had been significant improvements made to address each of these concerns and that the service was now providing effective care and support to people.

People told us that the care workers were trained to carry out their duties effectively. One person said, "The carers are all good. They change sometimes if somebody's off sick but I have to say that there aren't any that I wouldn't be confident about, even when it's not your normal ones." Another person said, "I'd say they're all quite competent, certainly now that we're seeing the same faces more and more." A relative said, "The staff are all very good."

The provider had made assurances to us during our previous inspection that they would have their staff fully trained by July 2016 and we found that each of the staff had now completed the training programme or had received refresher training in areas as required. The staff we spoke with were positive about the quality of the training and how it had informed their practice. One member of staff said, "I did all of the training before I started delivering care and it was a lot better than any training I've had before. You get time to discuss what you're learning and we talk about it afterwards to see what we've learned." Another member of staff said, "Sometimes it would be good to have more time spent on practical training. But the courses they have are good and you get workbooks afterwards to go through to test your knowledge."

Staff received training in areas such as moving and handling, safeguarding, health and safety and infection control. The provider's course also included more specialised training such as pressure area care and dementia. We noted, from the staff files we looked at, that each member of staff had been asked to complete assessments following their training to demonstrate that they had retained the knowledge and understood how it applied in practice. When staff first joined the service they received a full induction which incorporated their training and the completion of the care certificate. One member of staff said, "I've completed my shadowing with other staff and I know that I can still ask for help if I need it." Shadowing is working alongside experienced members of staff to observe practice. Another member of staff told us, "It's a good induction and you feel ready to work once it's finished. The support is always there."

Staff were now receiving regular supervision from their respective line manager. One member of staff said, "I've had a few now and it's not just the formal supervisions either. They do come out and see how we're doing in the community. Plus we're in the office all the time to collect rotas and we speak to the manager then too." We noted from each of the staff files we saw that formal supervisions were now being completed regularly, in addition to competency observations and monitoring visits. Annual appraisals had been completed with all staff to review their performance and development. Having a regular programme of supervision and performance review meant that staff felt more supported and valued. One member of staff said, "There's an open door policy. We can speak to the office staff about anything."

Training to understand the Mental Capacity Act 2005 (MCA) was now provided as part of the provider's

standard training programme. The 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection. The staff we spoke with showed an improved understanding of MCA and how it impacted upon people's care and support. People's care plans contained more information in relation to their decision making abilities and communication.

People told us that staff sought consent before providing care. One person said, "They're very polite. They know they have my permission anyway because I know them. But if there's anything they're not sure about then they will ask." The staff we spoke with understood the need to seek consent from people, and care plans were signed to indicate consent where appropriate. We saw in people's care plans that they had been asked for provide consent for areas such as sharing information and the administration of medicines.

The information in people's care plans in relation to their dietary requirements was now much more detailed. One person told us, "Somebody comes in to give me breakfast and provide my dinner but they're good at knowing what I like and making sure it's nice and hot." If people required support with their meals then the level of support required and the person's preferences and allergies had been identified.

Information relating to people's healthcare needs had also improved and we noted that people's medical conditions were now listed in their care plans. A referral had been made for one person who was assessed as requiring support with pressure ulcer care. One member of staff said, "We work closely with the doctors, hospitals and pharmacies and we've managed to improve some people's packages by highlighting things we've found on visits."

Good

Is the service caring?

Our findings

During our previous inspection in May 2016 we identified issues with the consistency of staff and people not always being treated with dignity and respect. During this inspection we found that there had been significant improvements in the quality of care being provided.

During this inspection we asked people whether they felt cared for by their care workers. Without exception they said that they found the care workers to be kind and caring. One person said, "I have the same [care worker] every morning and they have a caring attitude." Another person said, "I think they're all lovely people, really honest and kind. I'm very, very satisfied." A third person told us, "It's lovely, I've got no complaints and I'm really happy with them." A relative said, "All of them are nice people, absolutely." People told us that they now saw the same carer workers regularly or were informed about changes ahead of time.

The staff we spoke with were positive about the care they provided and the improvements that had been made. One member of staff said, "I now have a few people I see and it suits us all well because I know them and they know me." Another member of staff said, "I think it's about trust and building up that relationship by letting people know that you want to help them and care for them." When we spoke to the registered manager about how they had improved the standard of care they said, "It's quality over quantity. We won't take any new packages unless we can give them a really good standard of care."

People told us they felt treated with dignity and respect. One person said, "They do talk to me properly and yes, I don't have any concerns about that, it's all as dignified as it can be. A relative told us, "They're always helpful, nice and polite and respectful towards [relative]." The care workers we spoke with were able to tell us about how they observed people's right to dignity and respect when providing care. One member of staff said, "We'll close curtains and doors and just be sensitive to their needs." Another member of staff told us, "I'd be happy for these staff to provide care to my own mother." When senior staff carried out observations in the community they were asked to provide feedback in relation to ways in which care workers observed dignity and privacy.

The service had received a number of compliments which praised the work undertaken by the care staff. Comments included, "I want to thank all the staff for all their hard work over the years," and "Thank you for all of the wonderful work you do."

Good

Is the service responsive?

Our findings

During our previous inspection in May 2016 we found that care plans were not personalised or reviewed as people's needs had changed. One person did not have a care plan in their home. Complaints were not always being dealt with effectively. During this inspection we found that improvements had been made in each of these areas and that the service was now responsive to people's needs.

All of the people we spoke with knew they had a care plan and told us they had been asked for their involvement during the implementation and review of it. One person said, "I've got a care plan and all the other paperwork they [staff] have to sign. I've had people come round and ask if anything has changed." A relative told us, "The care plans are spot on now and they do ask me if I've got any contributions." This meant that staff had the most up to date information on people's needs and were able to provide appropriate care to address them.

Prior to creating a care plan an assessment of need was completed for each person. Because the service had not taken on any new packages since our last inspection we were unable to review the assessment process from the beginning of a person's care package. However we noted that all of the people using the service had now been re-assessed based on the provider's own templates. The assessments were broader in their scope and allowed the staff to identify any conditions, routines or other information about the person which may not have been accurately captured previously. The registered manager said, "We've put a lot of work into trying to make them more person-centred and I think now they're much better."

Care plans now included more information in relation to people's backgrounds, histories, preferences and interests. Outcomes were identified for each person and the tasks that care workers were to undertake during each visit were listed in greater detail. This included objectives such as 'help the person to regain their independence'. We looked through the daily notes for four people and found that they were written with a good level of detail to account for the care and support that care workers had delivered during each visit.

People told us they knew how to make a complaint and would be confident that it would be resolved. One person said, "I would complain to [registered manager], but I've never had any complaints to tell you the truth." Another person told us, "I have bought things up in the past and I must say they do get back to you and try and do what they can." The service had received seven complaints since our previous inspection. The service had responded to people with the outcome of each complaint and we saw that appropriate action was being taken to address the issues raised.

Good

Is the service well-led?

Our findings

During our previous inspection in May 2016 we identified significant shortcomings in the management and oversight of the service. The service had been acquired under a different brand in February 2016 and this process had not always been managed effectively. Both people and staff felt that the management was not responsive to their concerns and they did not feel listened to. Quality assurance was not effective at identifying areas for improvement and staff were not given an opportunity to contribute to the development of the service. During this inspection we found that there had been substantial improvement across each of these areas.

A new manager had registered with the Care Quality Commission in November 2016 and had been in post since our previous inspection. When we asked people who the manager was, the majority were able to name them and told us that they had received a visit from them in person. One person said, "The manager [name] is a very caring lady, always there if you call." Another person said, "[Name] is the manager, I've seen her a few times because she sometimes does the calls." We noted that the registered manager had been providing care to people and had written to each of them to introduce herself when she had commenced the role.

Staff were similarly positive about the change in management. One member of staff said, "[Registered manager] is really nice, all of the office staff are." Another member of staff told us, "It's much better now we have a full-time manager who is available." A third member of staff said, "I've always felt really well supported since I started working here. The manager is lovely."

Staff now had the opportunity to contribute to the development of the service through regular team meetings. One member of staff said, "We have a meeting each month all together but lots of smaller meetings and informal chats as well. We do get listened to if there's anything we need to share." There had been meetings each month since our previous inspection. The items discussed included medicines, professional boundaries, call monitoring and communication.

We asked people using the service if they were encouraged to share their views. One person said, "They call every so often and ask how things are going." A relative told us, "They do calls and visits and we've had questionnaires sent to us." We saw in people's files that regular monitoring calls took place to find out whether people were happy with the service being provided. A questionnaire had been forwarded to people by the provider to ask for people's views. A report was then issued which detailed the responses to this. We saw that feedback across the service was largely positive. People answered 'usually' or 'always' to questions such as 'do your carers arrive within 30 minutes of the specified time?' or 'do carers provide all of the care they are meant to?' Where negative responses had been recorded, these had been investigated where possible. We saw that changes were being made in response to feedback, for example we noted that one person had asked not to receive visits from a certain member of staff any longer. This had been changed upon request.

There was a clear auditing system in place to monitor quality and identify areas for improvement. We were

shown matrixes which accounted for care plans, staff files and training and used a traffic light system to highlight any records that were overdue or due to be reviewed soon.