

# Dignity Domiciliary Care Limited

# Lambeth

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 10 January 2017 and was announced. We gave the registered manager 24 hours' notice as we needed to be sure they would be available for the inspection. Lambeth provides personal care to four people in their own homes. This is the first time the service had been inspected by us.

There was a registered manager in post who has managed the service for several years. 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 this inspection we found one breach of regulation of the Health and Social Care Act 2014 (Regulated Activities) Regulations relating to safe care and treatment. We also made a recommendation relating to the management of the service. Although staff were trained in the safe administration of medicines, we found that medicines administered were not always recorded as given on the medicine administration charts. Staff knew what action to follow if there was a medicine error.

The service checked staff suitability to work with vulnerable people before they started work. Criminal records were checked and references were obtained. However, the references were not always verified to ensure they came from right people. Risk assessments were in place and detailed actions to manage identified risks and to keep people safe. People who required equipment for safe transfers had them and staff knew to use these.

Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse. They also knew how to escalate concerns to external authorities if need be. Staff understood their responsibilities within the Mental Capacity Act 2005. People gave staff their consent to care and support. Staff were supported through effective induction, supervision, appraisal and training to provide an effective service to people.

The service worked with social care and health care professionals to ensure they received co-ordinated care. People were supported to arrange appointments to ensure their health needs were met. Relevant professionals were involved to ensure people received appropriate support and care that met their needs.

People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. Staff supported people to do their food shopping and to prepare meals. People told us staff treated them with kindness, compassion and respect. Staff provided support to people in the way they wanted to be cared for. People and their representatives were involved in their care planning and these were reviewed and updated regularly to reflect people's changing needs.

People, their relatives and staff were encouraged to provide feedback and to raise concerns. The service

monitored the quality of service delivered and acted on feedback received to improve the service.

## 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. Medicines administered to people were not always recorded appropriately.

Recruitment was conducted safely; however, references were not confirmed with the person providing the reference to ensure it was authentic.

Risks to people were identified and managed in such a way that people received their care and support safely. Staff understood how to recognise abuse and take effective action to keep people safe.

There were sufficient numbers of suitable staff to support people safely. People had their care services at the right time.

### Is the service effective?

**Good** 

The service was effective. Staff received training and support which enabled them to care for people.

People accessed healthcare services and staff liaised effectively with relevant professionals.

People were supported to understand information about their care and support in accordance with the principles of the Mental Capacity Act 2005.

People were supported by staff to eat and drink well to meet their nutritional needs.

### Is the service caring?

**Good** 

The service was caring. People told us that staff were kind and caring. People were treated with dignity and compassion.

Staff understood people's background and their needs. People received care that reflected their individual preferences.

### Is the service responsive?

**Good** 

The service was responsive. People were happy with the service.

Records confirmed that the service had assessed people's needs and clarified their individual preferences. Support and care was delivered as planned. People told us their support was flexible and they were able to choose how and when their care was delivered.

People knew how to make a complaint if they were unhappy with the service.

**Is the service well-led?**

The service was not always well led. The registered manager did not keep themselves abreast with current good practice in relation to the management of care services. People and staff told us the registered manager listened to them.

Staff spoke positively about the registered manager and the support they received. The provider sought feedback from people about the quality of the service they received. They had also made improvements to the service in order to meet people's needs and preferences

**Requires Improvement** 

# Lambeth

## **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 10 January 2017 and was carried out by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that we could speak to the registered manager and access records.

Before the inspection we reviewed the information we held about the service, including notifications the service had sent to us. During the inspection we spoke with registered manager and we reviewed four people's care records to see how their care and support was planned and delivered. We checked three staff files to see how their recruitment was carried out; and what training, support and supervision they received. We looked at records relating to the management of the service. These included information about complaints and the service's quality assurance process.

After the inspection we spoke with two people who used the service, one relative, two staff members and one social worker involved in care of people using the service to obtain their views of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service and with staff. One person said "I have nothing to worry about when they [staff] are around. I feel safe with them. They treat me well." Another person told us "They [staff] are considerate and careful. They never rush me and are gentle. They speak to me nicely." And the relative told us "[relative] is in safe hands with the [manager] and [staff] looking after [relative] well."

People told us they received their medicines safely. One person "They [staff] give me my medicines. They explain what they are giving me." A relative told us "They manage [relative] medicines accordingly. No problem with it." All staff had training on safe administration of medicines and were assessed as competent before they were allowed to give people their medicine. Staff were able to explain how they administered and managed people's medicines safely in line with the registered provider's medicine administration procedure. Staff understood they needed to always check the prescription and label to confirm the name, dose and how the medicines should be given. However, we found that medicines administered from blister packs were not logged on the medicine administration record (MAR) charts. MAR charts were completed for medicines given from their original packs, for example, short term medicines like antibiotics. Medicines administered from blister packs were recorded on the daily note of the person's care record. We were concerned that records in relation to the management of medicines were not appropriately maintained to show clearly medicines that had been administered by staff. We spoke to registered manager about this concern and they explained they had misunderstood a procedure they read but agreed that they would immediately implement the use of MAR chart for all medicines administered by staff.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People received support from staff who were safely recruited and suitable for their role. Applicants submitted application forms and interviewed to test their experience and suitability for the role. Records showed that relevant checks were carried out before applicants were employed and started working at the service. These checks included obtaining two written reference requests, proof of identity, employment history, right to work in the UK and criminal record check called Disclosure and Barring Service (DBS). However, references were not confirmed with the person providing the reference to ensure they were authentic and they were not provided on by letter-headed paper, or sealed with the organisational stamp or sent from a professional email address to ensure they were valid. There was the risk that references obtained could not have come from the correct source. We spoke with the registered manager about this and after our inspection they had rechecked staff references and sent them to us.

People were protected from abuse and harm. Staff knew how to identify different types of abuse and neglect and what steps to follow to report any concerns about people's safety. They were confident that the registered manager would implement their safeguarding procedure and work with the local authority to investigate any concern to keep people safe. One staff member said "[manager name] would do anything to ensure people are safe. She takes anything concerning people seriously." Another member of staff told us "I am very confident that she will take all necessary actions to protect people and to investigate any concern."

Staff told us if they felt a concern had not been dealt with appropriately and people were unsafe they would 'whistle blow' to an external organisation to ensure effective action was taken to safeguard people. The social worker we spoke with told us they were happy with the way the registered manager dealt with a recent concern. We could be confident that people were safeguarded from abuse and neglect by the service provider.

People were supported by sufficient numbers of staff who had appropriate skills and experience. People told us staff were available to meet their needs at the time they needed them. One person said "They [staff] have never missed a visit and never come late. They finish their work and they spend some time to chat with me." Another person said "They arrive on time and never in a hurry to leave." The registered manager told us that staffing arrangements were flexible and they worked with staff to ensure people they cared for had the required support at the right time. They told us they planned and allocated staff to people based on geographical locations to make commuting easier for staff thereby reducing the potential risks of lateness and missed visits. Staff told us they always made sure people had their care visits. They said if they were not available to do a visit, they knew to inform the registered manager or supervisor on time to arrange cover quickly. We saw the allocation sheet for the three weeks period prior to our visit and three weeks after and these showed all shifts were covered. This meant that the registered manager made sure people had their care and support as planned.

People were supported by staff who knew how to respond appropriately to emergencies and unplanned situations. Staff told us that if a person they were supporting became unwell, they would assess the situation and if it was non-urgent they would contact the person's GP and if it was an emergency, for example, if the person was struggling to breathe or unconscious they would call 999. We saw that the service maintained a record of incidents and accidents and actions taken.

People were protected against risks connected with delivering their care. People had risk assessments in place covering moving and handling, health and safety of the environment, and medicine administration. Actions on how to manage identified risks were also available to give staff information how to support people safely. One person was supported with their transfers from the bed or chair using a rollator stand a moving and handling equipment. Risk management plan detailed how staff to use this equipment safely. The service involved an occupational therapist to provide guidance for staff in the use this equipment safely. Staff understood people's care plan and followed it to ensure they supported people safely. These plans were updated when there were changes in people's conditions or in the way their care and support is delivered.



## Is the service effective?

### Our findings

People told us that staff provided them with support which was right for them. A person told us, "The staff here are good. They help me with everything." Another person said "The manager and staff take care of me. They do things properly for me. I don't want to lose them."

Staff told us the registered manager supported and supervised them through informal and formal methods. A member of staff said, "We discuss the needs of clients always. The manager likes things to be done well, so she takes her time to make sure we understand." Records confirmed that staff were supervised and supported through regular direct observations, spot checks and one-to-one supervision meetings. These meetings were used to discuss any concern about people's care, team issues and performance of the staff member. We saw that the registered manager had addressed and improved a staff member's performance through supervision process. This showed that the service supported staff to improve their work and deliver effective service to people.

Staff told us and training records confirmed that staff had gone through a period of induction when they first started work. Staff also told us that they had training in key areas of care such safeguarding, Mental Capacity Act 2005, medicines administration, food hygiene, care values, moving and handling and health and safety. One staff member said, "I have received all the training I need and I have NVQ (national vocational qualification) in health and social care. I believe I know the job but I am always willing to learn more." We were convinced that staff had the skills to effectively meet the needs of people they cared for.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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. 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 Deprivation of Liberty Safeguards.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

People told us that they consented to their care and support before they were delivered. Staff have received training on MCA and were knowledgeable about the key principles of the Mental Capacity Act 2005. Staff told us that it was important to allow people to make their own decisions about their care by supporting them to understand information and make choices. One staff member said "We cannot force people to do anything even if you think the care you want to give them is the best for their best interest. We can encourage and gently persuade and try to make them understand but at the end of the day it is their life and they are in control." Another staff told us "We ask them before we do anything and they need to decide. We report any concern to the manager." They understood how a 'best interests' decision should be made if people were unable, even with support to make a decision.

Care records showed and a relative confirmed that they had a best interest meeting to discuss how to safely support their relative with their medicine without impinging on their rights. The pharmacist was also involved in this decision and a consent form was completed. This showed that people's rights and choices were protected whilst supporting them safely.

People told us they were able to have food and drink of their choice. People told us and care records confirmed that people had support with shopping and preparing meals. People's dietary needs were noted in their care plans and daily logs showed staff followed this plan to ensure people's nutritional needs were met. Staff told us they supported people according to their needs, preferences and choices. They said if required they would assist people to feed or sat with them to encourage them to eat well. Staff explained that if they had concerns about people's weight or how much they were consuming, they reported it to their manager who then involved the person's relatives and GP.

People told us their day to day health needs were met. The service involved health and social care professional such as district nurses, GP, occupational therapists and social workers to provide advice and support to ensure the person received the care and support they needed. Records showed that occupational therapist had been involved in ensuring a person was assessed for equipment they needed for their transfers and staff received training from the occupational therapist on how to use it safely. We also saw that staff had liaised with a person's GP and pharmacist to ensure they received their prescribed medicines. A professional we spoke with told us the registered manager liaised effectively with them to correctly resolve issues and followed a recommendation given. We could be confident that people were being supported to access healthcare services they need.

## Is the service caring?

### Our findings

People we spoke with were happy with the staff and the care they received. People told us staff treated them with respect, kindness and gentleness. One person said "The [staff] are perfect. They are kind and so helpful. Another person told us "They treat me with so much respect. I appreciate all they do for me. A relative said, "We are absolutely happy with the carers. They treat us with respect and kindness. They are just like family now."

People told us that they had developed relationships with staff. They said their care staff understood their needs and how to support them well. Care records detailed people's personal preferences, likes and dislikes and choices relating to how, when and who provides care to them. The times people prefer their visits were recorded. People knew that they could request for a change anytime and this would be accommodated by staff at the service. People also knew who their care staff was and were happy them. Staff demonstrated they understood the preferences and choices of people they cared for. Staff also showed they understood the benefits of being familiar with the backgrounds, social history, preferences and needs of the people they looked after. They said it enabled them deliver person centred care to people and improves their dignity.

Staff we spoke with understood how to treat people with dignity and respect. For example, they followed people's preferences and choices. One member of staff explained, "You have to be careful not to impose your way on people. You have to treat them [people] and everything that belong to them with care." Staff also explained and gave examples of how they supported people with personal care in a dignified manner, such as using appropriate language and closing doors when having their personal care. One staff said "it doesn't matter that they are in their homes; you still need to close the door in case anyone walks in."

People told us that staff took interest in their well-being and showed understanding and compassion to them. They said staff spend time chatting with them, sharing joke and laughter. One person said, "They don't rush off. They spend time to chat with me about anything. It makes me feel good." Staff told us that if a person they looked after became unwell, they would give assurance and stay with them until medical help arrive. This showed the service cared about people's emotional well-being.

## Is the service responsive?

### Our findings

People received support that met their individual needs. People told us that the service involved them in planning how their care from the beginning. The registered manager had an assessment which people and their relatives to look at their needs, requirements and aspirations. The registered manager told us that they also involved the referring social worker to discuss people's care needs. Care plans are then drawn up so staff would deliver care to meet the identified needs, including times of care visits. Staff told us the registered manager provided them with detailed information about people's background to enable them support them appropriately. Staff said they were also encouraged to read care plans to help understand people's needs better. People's care plans were reviewed as required to reflect changes in people's care needs. People and their representatives were also involved in this process.

People told us they had the care they needed in the way they wanted to meet their needs. One person said "The [staff] take care of me absolutely beautifully." Records of care visits showed that staff delivered care to people as agreed in their care plans. Staff supported people with their day-to-day activities as required including personal care tasks and domestic tasks. We saw that a person had been supported to report on a repair in their property and was followed through until it was resolved. Staff told us that they were flexible in the way they supported people to meet the person's care needs and requirements.

The service responded and was flexible to changes in people's care needs and delivered care to them in line with their choices. People were able to cancel or change their care visits time if they wished. We saw evidence that a person's visit was changed to a later time as requested by the person. People could also have longer visits from staff if required to accommodate their needs. The registered manager and staff told us that it was important that people were safe and comfortable before they left. People confirmed this in their comments. One person said "They always checked I was happy before they leave." This meant that the service delivered met individual requirements and choices.

People and the relative we spoke with told us that the registered manager always requested for feedback about the service and gave them opportunity to raise any concern. They told us they knew how to raise or make a complaint. Details about how to complain were included in the handbook given to people when they started using the service. One person told us "I know how to make a complaint if I was unhappy, I will contact social services." Another person said "I am happy with the service so no need to complain about anything." There had been no complaint recorded in the last year.

## Is the service well-led?

### Our findings

People and staff told us that the registered manager was at providing a good care service. One person said "Oh yes, she [manager] is very good. She puts her heart into what she does. She listens and takes what you told her seriously." Another person told us "I would say I am lucky to be looked after by the service. The manager is very good so are the girls [staff]." A relative said [manager name] is very responsible. She listens to us and keeps informed of anything going on. We are quite happy with what she does." Staff also commented positively about the registered manager. They said it was a good place to work and they were happy working with her. One staff member said "It makes a difference working with a manager that respects you listens to you and keen to help you do a good job." Another staff told us "She is just an amazing person. Professional, caring and like a mum to us."

The provider had quality assurance systems but these were not always effective as they had not identified the areas for improvement we identified. We found that the provider's policies for the administration of medicines had not been updated to reflect current best practice. Staff had not appropriately recorded all medicines administered to people and there was a lack of management oversight of recordings. There was also no system in place to audit medicines management. The registered manager was unaware that all medicines administered must be recorded clearly and audited. We discussed these issues with them and they told us they would put systems in place to correct these issues immediately. We were concerned that the registered manager was not up to date with current best practice relating to providing safe and effective care and support to people. This may expose people to risk of unsafe care and support.

We recommend that the provider seek support and training for the management team about keeping up to date with current good practice in relation to the care of people who use their service and about the management of care services.

The registered manager operated an open and transparent culture and provided leadership to the team. Team meetings were held regularly where various issues about people and the service were discussed. Notes from the meetings showed discussions about improving quality, meeting the needs of people, working in collaboration with professionals and local authority to develop the service. We saw that staff were given feedback about a monitoring visit from the local authority and they discussed ways to improve the areas of concerns identified from the visit. The registered manager also discussed ways to grow the business with staff and they contributed in discussions and shared their views about issues deliberated. Staff told us they felt valued and knew their opinions counted. They were involved in decisions about the service and organisation. They said they felt part of the business and believed the growth of the business would also mean an increase in job for them so they were committed to achieving that goal.

People told us that the registered manager contacted them regularly through face-to-face visits and sometimes phone calls to check if they were happy with the service and seek their feedback. Spot checks from senior staff members to review the quality of work carried out by care staff were also used as opportunity to find out from people if they were happy with care staff and the care they received. They told us that the registered manager was always keen to hear their views about the service and how they could

improve the service. People told us they could express their views and if they ever had concerns it would be addressed promptly and resolved appropriately. We saw reports from spot checks conducted. It covered issues such as attendance/punctuality, staff conduct, quality of work, communication, health and safety and documentation. Issues picked up were discussed with the staff member concerned at supervision and resolved. We saw that the staff team were advised about the importance of ensuring that records were written clearly, accurately and had people's names on them.

The commissioning authority conducted a monitoring visit to review the quality of service provided in October 2016 and they raised concerns mainly relating to and the general administration of the organisation. We reviewed the issues raised and found that the registered manager had made improvements. We saw that records about people and staff were locked away in a cabinet in the office where the service operated from and we were able to access people's and staff records and other records relating to the management of the service. Staff understood the importance of keeping people's information confidential. They knew not to discuss about people in public where others could hear them.

The registered manager understood their responsibility to inform CQC of notifiable incidents as required to comply with its registration requirements. There were no incidents deemed notifiable to us.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines administered were not always recorded