

Dove Home Care Agency Limited

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Inspection report

48 Fentham Road
Hampton-in-Arden
Solihull
West Midlands
B92 0AY

Tel: 01675442226
Website: www.dovehomecare.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection on 7 June 2017.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. Dove care agency is a domiciliary care agency who provide personal care and support for people living in the community with a range of needs. Some people were provided with 24 hour care others had arranged visits to meet their needs. At the time of our inspection 79 people received support with personal care.

At the last inspection in August 2014, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People continued to receive care in ways which helped them to remain as safe as possible. Staff understood the risks to people's safety and were able to respond to peoples' needs. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. There were enough staff available to ensure people's needs were met. People were supported to receive their medicines by trained staff who knew the risks associated with them.

The care people received continued to be effective. Staff received training which matched the needs of people they supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff ensured people agreed to the support offered before assisting them. People were supported to eat and drink well when part of their identified needs. They were supported to stay well and had access to health care services.

People had built caring relationships with staff and were encouraged to make their own choices and maintain their independence. People were treated with dignity and staff were respectful to people's wishes. People and their relatives said staff and management team were caring and kind.

People and their relatives' views and suggestions were listened to. People's care plans reflected their preferences and people told us the service adapted to meet their needs. Systems were in place to promote and manage complaints.

Staff were involved in meetings, to share their views and concerns about the quality of the service. People and staff said the management team were accessible and supportive to them.

People, their relatives and staff were encouraged to make any suggestions to improve the care provided and develop the service further. The registered manager worked with people, their relatives and other organisations in an open way so people would enjoy the best well-being possible. Regular checks were in place to assess and monitor the quality of the service and action taken to drive through improvements for the benefit of people who were supported by 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? 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 remains Good.	Good ●

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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 was an announced comprehensive inspection completed on 7 June 2017 by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people, and seven relatives. We spoke with eight staff, the care manager and the registered manager.

We also spoke a social worker and an occupational therapist who regularly supported people at the service.

We looked at seven records about people's care, including their medicine records, and one staff file. In addition, we looked how complaints processes were promoted and managed and compliments received. We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service. These included quality surveys completed by people and their relatives and audits completed by the management team.

Is the service safe?

Our findings

People we spoke with told us they felt confident with staff and were safely supported with their care. One person said, "I always feel safe and it makes a real difference to me." Another person told us about staff, "Just knowing they are coming makes me feel safer." Relatives we spoke with felt their family member was safer because of the support from this service.

The registered manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of how to report any potential abuse and who they could report it to. They said they were always aware and quick to notice if anyone they supported had any concerns or potential abuse. They were confident to report it to the management team. Staff told us they completed regular training on how to recognise potential abuse and safeguarding concerns. One member of staff gave us an example of how they had reported a concerns and the management team had taken prompt action to support the person to remain safe.

People told us they discussed their support needs with staff. This included risks to their safety and welfare, for example, detailed risk assessments that looked at all aspects of how people's support was provided. One member of staff told us how the risk assessment prepared them to identify the risk before they visited people, such as how they were to support a person if there was a lack of space. Staff we spoke with said they kept up to date with people's risk assessments so they were aware of what support the person needed to help keep them safe and free from the potential risk of harm. Staff explained how they received regular updates from the management team to ensure they were always aware of any changes or emerging risks to people's safety.

People we spoke with explained they were supported by regular staff who knew them. Relatives told us their family member was supported by staff who knew their family member well. One relative said "[Family member] likes a few changes in staff, keeps them interested and they are always chirpy with all the staff." The registered manager explained they were continuously recruiting to ensure they had sufficient staff to meet people's needs. Staff we spoke with said there were always staff available to meet people's needs.

New staff we spoke with explained they completed application forms and were interviewed to check their suitability before they were employed. They all said they had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. We looked at one staff file and saw the relevant checks had been completed. This information supported the registered manager to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

People who needed support with their medicines told us they had their medicines as required. One relative said, "They are so dependable, it's such a relief to know [family member] will have their medicines as they should." Staff told us people's plans guided them to support people with their medicines and were updated when changes happened. Staff said they had received training about administering medicines and their competency was assessed by the management team. We saw audits were completed and staff competency

to administer medicines were checked through regular spot checks by the management team. Staff told us that prompt action was taken if there were any concerns about their practice.

Is the service effective?

Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They all seem to know what needs doing and how to do it." Relatives we spoke with said staff knew how to support their family member. One relative told us the service had quality staff who were very experienced and knowledgeable, they said staff were, "Real carer's."

Staff told us that they had received an induction before working independently with people. There was a dedicated member of the management team who spent time with new staff working through an induction program. This included training, reading people's care plans and shadowing with them to ensure a consistent high quality approach was established. One person told us how new staff always watched an experienced member of staff which they said worked well because they did not have to go through everything with new staff.

Staff told us they attended regular training to ensure their skills remained up to date. Staff told us the management team supported them to achieve their vocational training and how this supported them to feel recognised for their quality of work.

Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Relatives we spoke with told us staff offered support to their family member and checked they wanted to receive care, and their wishes were respected. One member of staff said, "We encourage people to make as many decisions for themselves as possible."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For this service applications would be made to the Court of Protection.

Staff we spoke with and the registered manager explained that most people using the service had capacity to make their own decisions. They explained they were implementing an improved system to evidence they were complying with the act. We saw the current system did not always effectively reflect who could not make a decision on their own and would require a best interests decision to a specific decision. The registered manager assured us the new system would be implemented within the next month, and the management team would update their MCA training to ensure they had the relevant skills to support people. People and their relatives told us staff demonstrated supporting people with least restrictive practice. One relative explained how they had been involved in a best interest decision for their family member.

Some people we spoke with had help with shopping, cooking and meal preparation as part of their support needs. They told us they were offered choice and encouraged to maintain a healthy diet.

People we spoke with said staff helped them if they needed support with their health and social care. We

spoke with an occupational therapist who was regularly involved with supporting people who used the service. The occupational therapist told us staff made appropriate referrals to them when people require their specialist help. Staff had involved other health agencies as they were needed in response to the person's needs.

Is the service caring?

Our findings

People we spoke with told us the staff and management team were caring and kind. One person said about the staff, "They are all helpful and kind." Another person told us, "They [staff] listen to me and care about what's happening to me." Relatives said staff were considerate to their family member. One relative told us, "We couldn't do without them; they never let us down and are very caring."

People told us they received support from regular staff who knew them and their needs well. This reassured people because staff knew their needs and were familiar to them. One person told us they had a problem with one member of staff and discussed it with the management team. They explained to us the management team had worked with the member of staff to improve their performance. They went on to say how they liked this member of staff and were glad they were still supported by them.

People said staff supported them to make their own decisions about their daily lives. One person told us, "They [staff] listen to me and we agree what we are going to do." Another person said, "They know my routine and it all works really well." One person explained how their regular staff member was "Just like a daughter to them," and how this helped to maintain their well-being.

Relatives said they were involved with their family member's support. One relative explained their regular staff would offer support to them too when they needed it, for example, completing additional house hold tasks when they were unwell. The relative really appreciated and this aided them save their energy to support their family member. Relatives told us staff were always very proactive and contacted them when they needed to. Another relative said, "Our regular [member of staff] has taken time to help my [family member] to communicate," they went on to explain how this had improved the well-being of their family member and ensure communication was effective.

People said staff respected their dignity. One person told us about staff, "They know me and help me feel confident when they are helping me." Another person explained how staff always supported them to be as independent as possible and only helped with what they wanted help with. Relatives said staff always treated them and their family member with dignity and respect. One relative explained how staff spent time talking to their family member which had led to a "Great relationship," with staff and respected their dignity as an individual. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible.

Is the service responsive?

Our findings

People we spoke with told us about how their individual needs were met. One person explained that staff supported them with everything they wanted help with, which helped them stay well. Another person said, "All my needs are met, they are always there when I need them." People we spoke with told us staff involved them with any decisions about how they were supported. Relatives said the service responded quickly to any changes or concerns and really listened to people.

A further person explained how they were having a problem with their door. They went on to say how they spoke with the management team and they support them to resolve the issue quickly.

The social worker we spoke with told us how the management team and staff listened to people and their families and worked together with them to resolve complex care needs to ensure people were well supported. The occupational therapist we spoke with said the management team responded quickly to any problems and staff were experienced to manage difficult situations.

Staff said they knew people well and from the beginning they were given all the information they needed to support people. They could describe what support people needed and we saw this was reflected in people's care plans. We looked at care records and could see people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed they had the supported they wanted. Where more complex needs were identified, staff were aware of how to support the person. The registered manager had identified that some people's records needed improving and they were in the process of updating them.

People told us their support was regularly reviewed and where changes were needed they were in place. People we spoke with said they felt able to say if anything around the support they received needed changing or could be improved. One person told us how when the management team visited for reviews of their care they always listened to them and any changes were implemented.

Relatives said they could contact the management team at any time and they would listen and support them. For example, one relative told us about an incident which the management had taken appropriate action and had been very supportive to them at the time.

People and their relative told us complaints were dealt with effectively and they were confident to raise any concerns. We saw complaints had been investigated and action taken in a timely way. For example staff told us there was a concern raised and the management team immediately improved documentation and retrained staff in the area that was a concern to resolve the issue. Staff said the process was much better now. We saw there was a clear procedure in place to ensure concerns were investigated, action taken and lessons learnt.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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.

People we spoke with said the service was well managed and provided them with the support they needed. They said the management team were approachable and took action when they needed to. Relatives we spoke with were happy with the support their family member received and said the service was managed effectively. One relative told us, "The management team are interested in helping people and do their best to listen and support people." People and their relatives told us there was a positive culture amongst staff and the management team reflected a caring approach that put the people they supported at the centre of their business.

People said they were sent questionnaires to help them give further feedback about the service. We saw the responses were positive and people overall were happy with the support they received.

The registered manager was developing the service to ensure the care provided met people's needs. For example, a new IT system was being implemented to ensure staff had up to date clear guidance for them to follow. The management team were proactive in taking action when any improvements were identified, for example with complaint responses we saw and staff told us actions were followed through and improvements made.

Staff told us they did not have regular staff meetings however, they said they could discuss any concerns with the management team and the team were very accessible. They told us they had regular one to one time with the management team, and fed back from spot checks which helped them to be reassured about their practice. There was also a compliments board to ensure staff were aware of positive feedback from people they supported.

The management team showed us their regular audits which supported them to monitor the quality of the service provided. People we spoke with told us about the spot checks which were completed on staff by the management team and they felt reassured that these were completed.