

Dreisco Care Limited

Dreisco Care Limited

Inspection report

34 Blaby Road
Wigston
Leicestershire
LE18 4SB

Tel: 01162771222
Website: www.dreiscocare.com

Date of inspection visit:
10 May 2017

Date of publication:
13 June 2017

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 inspected the service on 10 May 2017. We gave the registered manager 48 hours' notice of our inspection because we needed to be sure they would be available.

Dreisco Care Limited is a domiciliary care agency providing care to people in their own home. At the time of our inspection four people were receiving personal care and support from the service.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe and staff knew their responsibilities to help protect them from avoidable harm and abuse. Risks associated with people's care were assessed and guidance was available for staff to reduce the likelihood of an accident or incident. The provider had arrangements in place to deal with unforeseen events such as if a person did not answer when staff arrived at their home. The provider had safely recruited a suitable number of staff to provide care to people and to help them to remain safe.

Where people required assistance with their medicines, this was undertaken by staff who knew their responsibilities. They received training and guidance on the safe handling of people's medicines.

People received care and support from staff with the necessary skills and knowledge. Staff received an induction when they started to work for the provider as well as on-going training and guidance so that they knew their responsibilities.

Staff sought people's consent and supported people to be involved in decisions about their care and support. Staff knew the actions that may be required should a person not be able to make a decision for themselves. The provider had systems and processes in place to assess a person's mental capacity should this be required.

People received good support to prepare a meal where this was required. Where there were concerns about a person's health and well-being, staff knew the action to take.

People received care and support from staff who were kind and compassionate. People's dignity and privacy was respected by staff who knew how to deliver care in sensitive ways. Staff knew the people they supported including how to maintain their skills and abilities.

People received care that was based on their preferences and things that mattered to them. Each person had a care plan that was centred on them as individuals to guide staff when delivering care. People

contributed to the planning and review of their care and there were opportunities to make a complaint or to raise a concern should this be required.

People were mainly satisfied with the timing of their calls and the punctuality of staff. Staff stayed with people for the required amount of time.

The service was well-led and people had opportunities to give feedback to the service. The registered manager carried out quality checks of the service to make sure they offered good quality care, such as checking that the records staff completed were accurate.

Staff felt supported and knew the provider's expectations of them. The provider had a range of processes to make sure this occurred such as individual and group meetings with the registered manager.

The registered manager was aware of their registration requirements including notifying CQC of significant incidents that occurred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities. Risks to people's health and well-being were assessed and guidance was available to staff.

There was a suitable number of staff to provide care to people who had been safely recruited.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff undertook training and received guidance on their work so that they understood their responsibilities.

Staff worked in ways that protected people's rights and upheld their choices.

People received good support to prepare a meal where required and staff knew how to help people to remain healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind. Their dignity and privacy was respected.

People were involved in decisions about their care.

Staff knew the people they were supporting including how to help them to maintain their abilities.

Is the service responsive?

Good ●

The service was responsive.

People received care that was based on things that mattered to

them. They contributed to the planning and review of their support.

People had care plans that contained information about routines that were important to them to guide staff.

People were mainly satisfied with the timing of their calls and staff stayed for the agreed time.

People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to give feedback to the provider about the quality of the service.

Staff received good support and they knew the provider's expectations of them including the aims and objectives of the service.

The registered manager was meeting their registration requirements with Care Quality Commission. They undertook checks on the quality of the service.

Dreisco Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection visit took place on 10 May 2017 and was announced. We gave the registered manager 48 hours' notice of our visit as we needed to be sure they would be in. The inspection team included an 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.

Before the inspection visit, we reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received. We contacted Healthwatch Leicestershire (the consumer champion for health and social care) and the local authority who has funding responsibility for some people using the service to ask them for their feedback.

We spoke with one person who used the service. We also spoke with the relatives of two other people. We spoke with the registered manager and with two care assistants.

We looked at the care records of two people. We also looked at other records in relation to the running of the service. These included the staff rota, the provider's procedures and quality checks that the registered manager had undertaken. We looked at two staff files to check that staff were safely recruited and to look at the support and guidance they had received.

Is the service safe?

Our findings

People received care from staff who knew their responsibilities to protect them from abuse and avoidable harm. One staff member told us, "I would immediately call the office and talk to the manager. There are different kinds of abuse." Staff were able to describe the different types of abuse and signs that someone may be at risk. They told us the registered manager would deal appropriately with any concern they had. We saw that the provider had clear procedures for handling suspicions of or actual abuse. This included considering making a referral to the local authority for them to decide if they needed to investigate further.

People told us that they felt safe with the support they received. One person said, "I do feel safe with them [staff]. It means keeping me safe from harm and they do." A relative told us, "[Staff names] use a rotunda (equipment) to help [person] stand so they are very careful when they use that." The provider had a safe system for handling accidents and incidents. Although none had occurred, there were procedures for staff to follow which they were knowledgeable about.

Risks associated with people's care were assessed and reviewed to help them to remain safe. Staff had guidance to follow which instructed them about the type of assistance people required. Where people required assistance to move from one position to another, there was guidance about the specific equipment and the number of staff required to safely support them. We saw that the registered manager had assessed people's property to make sure that risks were minimised wherever possible, such as making sure there were no trip hazards. In these ways risks to people's health and well-being had been considered by the provider with a view of limiting the occurrence of an accident or incident.

The provider had procedures to make sure people received the care and support they required in the event of an unforeseen circumstance. For example, there was guidance for staff to follow should they not receive an answer when they arrived at a person's house. We also saw that the provider had considered how to cover people's care calls if staff were unwell or unavailable.

People could be sure that they would receive the care calls they required as the provider had employed a suitable number of staff. One relative told us, "Yes I think so [sufficient staff]. We never have a problem." We looked at the records of when staff had arrived and left people's homes. We found that people did not experience any missed calls.

People could be sure that they would receive care from staff who had been safely recruited. When new staff were recruited, the provider followed its procedures which we found were safe. One staff member told us, "At the beginning a DBS [Disclosure and Baring Service] check. Then when that came, then two letters of recommendations; one from my last employer and also an application form and an interview with the manager." The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We found that the provider's records showed that these checks systematically took place for each new employee.

Where people required prompting to take their medicines, they received this support. One relative told us,

"[Person] has a dosset box (storage for medicines) and they might take them out for [person] if needed." We saw that some people required assistance to apply their prescribed creams. The records showing the support that staff had given were accurate and staff had guidance on where to apply them. People did not require further assistance to take their medicines. If they required this in the future, there was guidance for staff to follow that was available to them. This included the arrangements for the safe handling of people's medicines as well as guidance for staff should they make an error. We found that staff received training to handle people's medicines safely and 'spot checks' occurred to make sure that any support that was offered met the provider's expectations.

Is the service effective?

Our findings

People received care and support from staff who had the necessary skills and knowledge. One relative told us, "Yes, they do know how to support [person]." Another relative said, "They are absolutely well trained. They get a gold star from me." We saw that staff undertook an induction when they started to work for the provider. One staff member told us, "I did some shadowing. When I was ready I could start working with people. The manager asked me if I was ready and if I had any doubts." New staff completed the standards of the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help make sure that staff work to the expected requirements within the health and social care sector. We saw that records of the induction staff received on their first few days of work were not always completed. The registered manager told us they would make improvements to their recording.

Staff received training relevant to their role. This included topic areas such as assisting people to move position, helping people to eat well and emergency first aid. Staff told us that the training they received was suitable. One staff member said, "It's the mandatory training. It was useful as after each unit you get a certificate and you cannot move onto the next one until you've done it right." We saw that there were training plans for each staff member so that the registered manager could be sure they were suitably trained. We also saw that staff received on-going guidance on their work. Staff received supervision with the registered manager and they described this positively. We saw that the provider's key policies and feedback about the practice of each staff was discussed. In these ways there were opportunities for staff to reflect on their work so that they offered good care and support to people.

People's consent was sought before staff carried out care and staff spoke with people about the tasks they were going to undertake. One relative told us, "Yes, they chat to [person] all the time and say what they are doing." Staff knew how to obtain a person's consent. One staff member told us, "I always ask about choices such as 'what would you like?' I also help them to choose what they are going to eat." We saw that people signed their care plan and consent forms to state their agreement to the planned care.

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 provider was working within the principles of the MCA.

Staff told us that the people they supported could make decisions for themselves. We saw that the provider had systems and processes in place to assess a person's mental capacity should this be required for specific decisions. We found that staff understood their responsibilities under the Act. One staff member said, "They are all able to make their own decisions. We assume all have the capacity." Another said, "We try and show what might happen, the things that might happen. If a person had no capacity, we need to make sure they are safe and healthy. For example, if we administer medication the family or doctor might have to agree to it."

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 if the provider was seeking to deprive people of their liberty. We saw that no one using the service was deprived of their liberty and therefore no applications were required.

Some people required support to prepare a meal. Where this occurred, people were satisfied. One person told us, "Yes, they help with meals because I cannot stand to cook. There have not been any problems." We saw that people's food and drink preferences and requirements were recorded in their care plans to guide staff when offering their support.

People were supported to maintain their health. Although no one we spoke with had required staff to help them to make contact with a health care professional, such as a doctor, they were confident this support would be available should they need it. Where staff were concerned about a person's well-being we saw that they took appropriate action such as sharing information with a social care professional. Staff knew their responsibilities for helping people to remain healthy. One staff member told us, "If something is wrong I record it, call the office or call the GP or member of the family."

Is the service caring?

Our findings

People were supported by staff who were kind and compassionate. One relative told us, "I have met them all and they are grand. [Registered manager] is very good too." Another relative said, "[Registered manager] recruits excellent carers. They are all brilliant carers." Staff described how they helped people in kind ways. One staff member told us, "Even small talk can help them. I'm always chatting with them to help them. The service user is not a robot, they are a human being so I talk about things like the weather."

People were treated with respect and their dignity was protected. One person told us, "Yes, they are very respectful when they speak to me." A relative said, "They are very good when they are washing [person]; very respectful ladies [staff]." Another relative commented, "They [staff] are so patient with [person]. They never try to rush [person] even though they are busy." Staff knew how to protect people's privacy and dignity including listening to what people told them and covering them when assisting them with personal care. We read in people's care records about the support staff had offered and provided. Staff wrote in professional and caring ways about people and commented on their well-being so that staff visiting at a later time could adjust their support accordingly if required.

Staff knew the people they offered care to. One relative told us, "I would say they know [person] very well." Staff knew how to gain information about people by reading their care plans which contained relevant information. A staff member described how they got to know one particular person. They said, "[Person] says they are really satisfied. They are always smiling. They will tell you what they like and they remind me if needed."

We found that people, and their relatives where this was agreeable, were involved in decisions about their care. They had signed their care plan and their care records showed us how staff asked people how they wanted their care to be carried out. The provider had arrangements in place where additional support for people to be involved in decision making was required. In the service user's guide, which was given to people when they started to use the service, was information on an advocacy service. An advocate is a trained professional who can support people to speak up for themselves. In these ways people were supported to receive care and support that was based on their decisions.

People were supported to maintain their level of independence where this was important to them. One person told us, "I do try to do as much as possible myself. I want to get my independence back." A relative commented, "Yes, they let [person] do as much as possible. [Person] gets easily distracted but they are very patient." Staff knew how to help people to be as independent as possible. One staff member told us, "One person has difficulty standing up. We encourage them to move without using the [equipment] automatically; even if it's just a few inches. A little move makes all the difference." We saw in people's care records that the things they could do for themselves and those that they required assistance with were recorded. This gave staff the information they required to help people to maintain their skills.

Is the service responsive?

Our findings

People told us that they received care that was based on their preferences and things that mattered to them. One person told us, "I think they are generally very good. They do all that I need doing. " A relative said, "We were asked if we had a preference and said we wanted a female to wash [person]. This always happens." We saw that routines that were important to people were detailed in their care plan to guide staff on the support required. For example, we read how one person required drinks to be placed near to them before a staff member left their property. Records of care that staff had delivered demonstrated that staff knew what things were important to people and they had checked that people had what they required during the time they spent with them.

The provider had assessed people's needs prior to them starting to receive a service. This was to make sure that they could provide the required support. Following this, care plans were written that were centred on people as individuals. We found that people had contributed to these and they contained guidance for staff about their preferences and things that mattered to them. In these ways people received the care they required in ways that were important to them.

People were mainly satisfied with the timing of their care. One relative told us, "We have the times that [person] wants and they know [person] very well." Another relative commented, "They are spot on time usually. They phone to say if they are going to be a few minutes late and if they are going to be over ten minutes they ring me as well. That has only happened once or twice." One person was not always happy about the timing of one of their calls. They told us that this meant that they missed an appointment at times. We saw that the registered manager had arranged a meeting to discuss this further with them. We found that staff were usually on time and stayed for the required amount of time that had been arranged.

The registered manager reviewed people's care with them to make sure the support staff offered continued to meet their requirements. A relative told us, "[Person] has a care plan and it is reviewed regularly. I am involved as well." We saw that people's reviews included considerations about if people were involved in daily decisions, if their dignity was respected and if people were satisfied with the support they had received.

People knew how to make a complaint should they have needed to. One person told us, "I would call the manager." Other people said that they were confident to make a complaint if the situation arose. We saw that the provider's service user's guide detailed how people could make a complaint or raise a concern. The provider's complaints procedure clearly detailed the procedure they would follow should a complaint be received. This also detailed that they would use any complaint as an opportunity to learn and to develop the service.

Is the service well-led?

Our findings

The service was well-led and the feedback we received confirmed this. One relative told us, "It is excellent. Messages are relayed within minutes and they always keep me informed of what is happening." Another told us, "[Registered manager] is brilliant. They came first as a carer and I always say I want [registered manager] back! It is a very well run agency." People and their relatives had opportunities to give feedback to the provider. They confirmed that they had been asked for their feedback through reviews of care or that the registered manager had made an appointment to meet with them. The registered manager told us that they planned to send questionnaires to people during July 2017 to ask for their feedback in a range of areas including people's experiences of care and the suitability of staff. They told us that they were open to making improvements should they be required.

Staff felt supported by the registered manager. One staff member told us, "The manager is very organised, easy going and I feel very comfortable talking to her." Staff told us that through staff meetings and their own supervision, they could offer suggestions for how the service could improve. They had not felt this necessary as yet but told us that the registered manager would listen to their suggestions.

Staff knew the provider's expectations of them. We saw that 'spot checks' occurred on their practice to make sure they were meeting people's care needs in line with the provider's systems and processes. We saw that these checks included making sure that staff were on time and that they followed each person's care plan. We also saw that staff meetings occurred. The registered manager told us that these had recently started to take place as the service was still relatively new. The registered manager had not recorded the details of the discussions that had taken place. They told us that they would make improvements to detail any action that was required of staff members following any future meeting.

We saw that staff were given a handbook when they started to work for the provider. This outlined their key responsibilities. This included the provider's whistle-blowing procedure and we found that staff knew about the process to follow. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. One staff member told us, "I would tell them [colleague] after the call about what I had seen when we had worked together. If something was more serious, I would talk to the manager. They would deal with it. I can report the concern to a higher authority such as the CQC [Care Quality Commission]."

The provider had aims and objectives that they strove to achieve. We read how Dreisco Care Limited aimed to focus on each individual, respect people's choices and sought to protect people's dignity. We found that staff were aware of these aims. One staff member told us, "To support people in their daily lives, to facilitate their daily routine and to promote independence." Another staff member said, "To support the service user with care, to protect them and to encourage them to be independent as much as is possible. To help generally." This meant that staff worked towards a shared vision when offering their support.

The registered manager was meeting their conditions of registration with CQC. No statutory notifications were required to be submitted but the registered manager was aware of when one would need to be submitted. For example, they were able to explain that they would need to notify us when a serious injury or

death occurred. This was important so that we could determine that appropriate action had been taken.

The registered manager carried out a range of quality checks to make sure the service was delivering good care. These included checking people's care records that staff completed to make sure they were suitable and accurate. They also checked the practice of staff through 'spot checks' and routinely checked the accident book to make sure they knew about and took action on any accidents that had occurred. The timings of people's calls was being monitored by the registered manager to make sure that people did not experience missed or late calls. We saw that the registered manager signed each record to show that they had made these checks. This meant that people could be sure that they were receiving care from a service that strove to drive improvement.