

DICE Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection was carried out on 25 January 2017. Dice Healthcare Limited provides support and personal care to people living in their own homes in and around Mansfield in Nottinghamshire. On the day of the inspection visit there were eight people using the service who received personal care.

The service had a registered manager in place 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 were supported by staff who understood the risks they could face and knew how to keep them safe. People were supported by a regular individual or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they needed by staff who were trained and supported to do so effectively. People's care and support was provided once consent had been obtained in line with the relevant legislation.

People were cared for by staff who understood their health conditions and ensured they had sufficient to eat and drink.

People were treated with respect by staff who demonstrated compassion and understanding. People were provided with their care and support in the way they requested or by those acting on their behalf. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People used a service which was flexible in accordance with their needs. The directors provided leadership that gained the respect of staff and motivated them as a team. There were systems being implemented to monitor the quality of the service and make improvements when needed.

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 felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in meeting these.

Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People were involved in shaping the care and support they

received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and were confident any complaint they made would be responded to.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. Staff views were also encouraged and listened to.

People used a service where staff were provided with leadership that motivated them with encouragement and support to carry out their duties to the best of their ability.

DICE Healthcare 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.

This inspection took place on 25 January 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service and three relatives. We also spoke with two support workers, a service manager and two company directors, one of whom is the registered manager.

We considered information contained in some of the records held at the service. This included the care and support records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person who told us they felt safe said, "Absolutely I am, I couldn't be safer. I would never doubt their integrity or honesty they are good." Another person told us, "I am happy to have them coming into my home." Relatives said they felt their relations were cared for well and they did not have any worry about them not being looked after safely. One relative told us they, "Feel [name] is safe in their (staff) hands."

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. Support workers told us they undertook training on safeguarding and knew where and how to report any concerns. They told us they would report any concerns they suspected or identified during a visit to a service manager or one of the directors. One support worker told us they had raised some concerns about the safety of one person they visited to one of the directors. They said they had received a letter shortly afterwards thanking them for raising the concern and what was going to be done about this. The registered manager told us they had contacted MASH (which is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire) to seek advice about this situation. They also told us that as this was the first occasion the service had been faced with a possible safeguarding concern, they had undertaken an analysis afterwards to see if there were any lessons that could be learnt about the way they had handled this. The registered manager said one lesson they had identified would be to contact MASH for advice sooner in future.

People felt safe with the care and support they received. One person told us, "My mobility is not good, I need reassurance when they come in the morning. I need help with a bath." A relative told us their relation needed to use some equipment to assist them with their mobility. The relative said, "I absolutely feel [name] is safe with how they do this." The relative also confirmed that their home environment had been assessed to ensure the care and support could be provided to their relation safely.

Support workers told us they were aware of possible risks to people, such as poor mobility and pressure damage to their skin. They spoke of following risk assessments to keep people safe. One support worker gave an example of how there had to be two staff present to support one person, and they had to provide them with their support in a particular way to make sure they were safe. A service manager told us they carried out assessments to ensure people's accommodation was a safe environment for them and staff whilst any care and support was being provided. A service manager also said before they used any equipment they checked this was in good order and had been properly maintained. The registered manager told us they worked closely with other professionals when needed to provide people with the safest care they were able to.

There were sufficient staff employed to provide people with consistent care and support which met their needs at the time it was intended. People told us staff were punctual and their visits took place on or near to the time they had been planned for. They also said they had the same individual or group of support workers visit them. One person told us, "I have been assigned two carers who come to see me, I like that." A relative said the support workers knew their relation and it "just works so well".

Staff told us there were sufficient staff employed to undertake the visits to people they supported. Support workers said they had sufficient time to travel between visits and stayed for the full length of the planned call. The directors explained how they were carefully building up the service and recruiting new staff. They were only taking on new customers when they had the staff available to cover the visits required. The registered manager said they were only employing new staff who were able to demonstrate they met the standards expected for the staff they employed.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out. We pointed out to the registered manager of some limitations with the layout of their application form, and they said they would review this in light of our comments.

People were encouraged to manage their own medicines, but support was provided to people if they required it to ensure they took their medicines as prescribed safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or were supported with this by a relative. People who required support were provided with this in the way they wished it to be. A relative told us their relation was supported to have their medicines during their visits each day. The relative said their relation had these as intended as staff "know exactly what to do." They added that a record was made of when their relation took their medicines on a form.

Support workers told us how they supported some people to take their medicines. This included reminding people to take their medicines and providing them with any assistance they needed to do so. A record was then made on a medicine administration record (MAR sheet) to show the person had taken their planned medicine. Support workers told us they had received training on the safe handling and administration of medicines and that their competency had been assessed in supporting people with their medicines.

The directors showed us the medicines competency assessment staff completed, which was included with other competency assessments new staff completed during their first three months of employment. The directors said staff did not provide any assistance to people with their medicines until they had completed the competency assessment.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. During our conversations with people who used the service and some relatives they told us staff had the training they needed. One relative said, "Anything they don't know they are trained on it straight away." They also said staff had talked with them about the training they did. One relative told us they had been invited to join a staff training session when this was about a health condition their relation had. The relative told us they had found this very helpful. One of the directors had attended a session with a physiotherapist who had given a demonstration about how to physically support one of the people who used the service. The director then shared this with staff who would be providing this support to the person.

Staff told us they were provided with the training and support they needed to carry out their work. This included induction training when they began employment to prepare them for the work they would need to undertake. This consisted of an initial five day induction in the office. There were then further topics covered over next three months. This included the Care Certificate which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. Staff also spoke of having attended some additional external training courses and being encouraged by the directors to enrol on further training which would lead to a professional qualification. The training matrix showed that all staff had all received the planned training, and when this was due to be updated.

There were good training facilities available for staff. The office accommodation included a simulation suite equipped with a manikin where training such as manual handling, catheter care, stoma care and bed bathing could all be carried out in a protective safe environment. Both directors had previous experience of providing training to staff and had access to training resources.

The registered manager told us they provided staff with supervision on a regular basis, and due to the current size of the service, they frequently worked together. The registered manager said this happened when the opportunities arose and staff confirmed they felt well supported. The registered manager told us this was a suitable arrangement at present, but they had a more formal supervision and appraisal structure ready to implement once the service employed more staff.

People who used the service were asked to consent for their care and support. One person who used the service said, "I am not taken for granted, we have a good rapport." Another person said that staff, "Ask me what I want, they don't tell me." A relative told us support workers helped their relations to make choices and decisions about day to day matters, such as what they wanted to wear for the day.

Staff told us people were in agreement with their care and support plans and they obtained their consent prior to providing them with any care and support. They said that everyone who used the service was able to give consent and make decisions for themselves. One support worker said they encouraged people, to make decision by "asking in a way which encourages choice".

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. The registered manager told us everyone who used the service had the capacity to make decisions and consent to their care for themselves. They told us that they knew how to respond if a person did not have the capacity to make a specific decision and they had the relevant paperwork available if they needed to complete this.

People who required support to ensure they had sufficient to eat and drink to maintain their health and wellbeing were provided with this. One person told us that staff assisted them to prepare an evening meal. A relative said staff would provide their relation with breakfast and leave them with a day time snack.

Staff told us the people they supported did not require a lot of nutritional support, and there was not anyone who required a specific diet for health, cultural or religious reasons. Staff said they provided some people with assistance to prepare meals but they did not need to assist anyone to eat these. One support worker told us they had collected some fish and chips for the person they had been supporting that lunchtime as they had said they fancied this. The directors told us that although there was not anyone who used the service that needed any specific assistance with their nutritional intake at present they would be able to provide this if the need arose.

People were supported by staff who understood their healthcare needs and knew how to support them with these. A relative told us that they thought staff, "Take an interest in [name]'s complex needs." They added they found it reassuring that the directors both had nursing backgrounds so could "look at it things from a nursing point of view".

Staff told us they understood people's health care needs and recognised signs and symptoms that may indicate they may need to seek further support. Staff said they were provided with training about healthcare conditions people had and felt they were able to provide people with the support they needed regarding these. A service manager told us they always asked people how they were feeling and had called the district nurse to visit one person when they felt their input was needed.

Any advice provided by healthcare professionals was acted upon. A record had been made in one person's daily notes that a district nurse had made a recommendation about how one person should be positioned when they were not in bed. The records showed that staff had followed this recommendation. All staff were required to complete, and maintain, a first aid qualification and staff told us if needed they would call the emergency services.

Is the service caring?

Our findings

People who used the service described staff as caring and showing a genuine interest in their wellbeing. One person said they felt all the staff were experienced and knew how to provide care in a meaningful way. The person told us, "They (staff) want to converse with you, they are interested in you." Another person said the staff were, "Just so caring and kind they know what I want before I do." Relatives also spoke positively about the caring nature shown by staff. One relative said staff, "Make it enjoyable for [relation] as well as caring for them. That's what I like." People who used the service and their relatives described staff as being professional and demonstrating the right values for people involved in this type of work.

Staff spoke of 'loving their work' and how they enjoyed supporting people. One support worker told us they got tremendous satisfaction in helping people remain living at home and being able to provide them with individual time. Staff also spoke of "making a difference to people", "giving the best care and support possible" and said how satisfying it was when people gave them positive feedback about their support. The directors told us it was extremely important for them that all staff believed in the values and vision they had for the service. They added the feedback they had received from people was that this was the case.

People told us they were involved in planning their care and support and making decisions about this. One person told us, "I said what help I wanted and I wouldn't need to change anything now." Relatives who acted on behalf of their relations told us they felt involved in deciding how their care was to be provided. One relative told us, "They found out what we wanted, they sat with us and went through everything. We knew exactly what we wanted, they listened to us and we've got that." Another relative said, "We told them at the initial interview what we wanted and they do all that."

Staff told us people were able to decide what they wanted to do and when they wanted to do it. A service manager told us they met with anyone new who wanted to use the service and found out what they required the service to provide for them. The directors told us that this gave people an opportunity to describe the care and support they needed. Support workers told us they may offer people advice, but they always did what people wanted.

The registered manager said there was not anyone who used the service at present that had the support of an advocate, however they would assist anyone who needed this support to find one. There was a reference to advocacy services in the information people were given when they started to use the service. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect and that staff were polite and respectful. A person told us staff who visited them were "polite" and said, "I am comfortable with them. They are very pleasant and easy to get on with." Another person said staff were "definitely respectful, they do what I want them to do". A relative said, "They (staff) have a lot of respect for your home and your things." They also told us staff always looked "immaculate". They commented that staff did not wear jewellery and followed best infection control practices by, "wearing nothing below the elbows".

Staff described how they conducted themselves in a respectful way when in people's homes and respected their thoughts and beliefs. They spoke of giving people choices so they made any decisions and described how they provided any personal care in a way that promoted people's privacy and respected their modesty. The directors told us people who used the service had commented how respectful staff were when they visited them.

Is the service responsive?

Our findings

People had their needs assessed so plans could be made to ensure staff provided them with the care and support they needed. People described how they had been visited to discuss what their needs were and these had been written down into a care and support plan. One relative said, "They went through everything and asked if we agreed with what they had written down."

Staff told us the care and support plans provided the detail they needed to meet people's needs and were kept up to date. They told us they found the plans were clear and easy to follow. One support worker said how they had made a suggestion to make these easier to use which had been acted upon. Staff made a record of any care and support people had received during their visit, and we saw this followed what was described in people's care and support plans.

We saw people's care and support plans contained clear detail about what people's needs were and how these should be met. There were charts completed to show any tests and checks had been completed and body maps were used to indicate where any skin marks or blemishes had been noted. There was an entry made alongside any care activity if staff were required to have completed any specific training before undertaking that task.

A service manager told us they were responsible for reviewing people's care and support plans, but these had not yet needed to be reviewed. They told us they would review these every three months or in-between times if needed. We suggested to the service manager it would have been good practice to review one person's care and support due to certain circumstances. We saw the service manager was doing this as we were leaving at the end of the inspection visit.

People told us they received the care and support that had been planned for them to receive and this met their needs. They said this was provided in a person centred way and they had the time needed so this was not rushed. A relative told us, "I feel they are doing what is needed to meet [name]'s needs." Staff said they followed what had been written in people's plans but would do any extra people asked them to, as long as this was safe.

People were provided with information on what to do if they had any concerns or complaints with the service. A relative told us that they would have already known how to do this, but confirmed this was explained to them.

Support workers told us if anyone wanted to raise any concerns or complaints they would suggest they contacted a service manager, but if they were reluctant to do so they would do this on their behalf. One of the directors showed us the records they had made regarding some complications that had arisen with some people's care and support. Although these had not been complaints they showed how any issues people raised would be responded to.

The registered manager said they would welcome any complaints from people so they could address these

and make any changes needed, as well as providing an opportunity for them to make improvements to the service overall. The information given to people about making a complaint included a reassurance that making a complaint would not affect how a person was treated. It stated on the leaflet that this may 'allow an issue to be put right for other clients'.

Is the service well-led?

Our findings

People who used the service and relatives felt the service was well run and had a positive culture. They told us they found the service to be supportive and helpful, as well as being responsive to their requests. One person gave an example that they liked having a schedule each week of who would be visiting them so "I can look forward to who is coming". A relative said they had been told they could make changes to their relation's visits if they needed which was very helpful. Some people told us the service had been recommended to them and they in turn had recommended them to others. One person told us their friend had recommended them as "the best (care agency) they had ever had" and they added that they agreed with this.

Staff spoke of being able to make suggestions and these being acted upon. The directors told us they wanted to provide the best service they could and showed us how they looked back as to how different situations had been responded to. They said this enabled them to identify if there were any lessons that could be learnt to help them in how they dealt with a similar situation in the future. There was a meeting structure in place and we saw the minutes from staff, management and directors meetings that had been held.

The office layout was organised so staff had access to information. There were information leaflets for staff to take to give to people or for their own reference about other services and support that were available to them. There was a wall display of what had been done within the service from comments made by people who used the service, relatives and staff. There was also a staff suggestion box. There were noticeboards with current displays on, one being about care for people over the winter. A director told us this would be changed with the seasons. Staff told us they could always contact a senior or one of the directors for advice, including out of hours when there was an 'on call' service provided.

Staff said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. New staff were given a 'starter kit' which contained information and practical items they would use during their work, such as handwashing gel, first aid kit, torch and a personal alarm. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The directors were keen for the service to be involved within the local community. They had joined a business club which provided information, guidance and work experience to young people in the local community. The directors had also sponsored a guide dog on behalf of the service and we saw there was information about this in the newsletters sent to people who used the service and staff.

People who used the service and their relatives were confident in the way the service was managed and had confidence in the directors of the service, one of whom was the registered manager. They told us they had been visited by both (operational) directors. A relative told us, "They want to see what it is we want and make sure it is all running perfectly." They added, "They are very proud of what they do and what they've

got." A support worker told us the directors, "Want everything doing perfectly. They will put us right if we haven't."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. There was a structure detailing which director or staff member was responsible for specific areas of the service. The registered manager told us that in addition to the two directors who led on the care provided there was a third director, who implemented and managed the information systems they used. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of an event in the service the provider was required to notify us about.

People were provided with opportunities to comment on the care and support they received and their experience of using the service. The registered manager said at present they were having regular contact with people who used the service, as they undertook some of their visits, and were able to ask them for feedback at those times. They said this also gave them opportunities to observe how staff were working and to give them feedback on this.

We saw records that had been returned to the service were audited to ensure these had been completed correctly. This provided an oversight of people's care and support and how this had been delivered. In addition it gave an opportunity to identify any issues that may have occurred that needed to be monitored or followed up. The registered manager outlined their plans which included in the near future employing a care coordinator who would undertake further auditing of the service provided.