DomCare

DomCare

Inspection report

165 Buryfield Road
Solihull
B91 2BB
Tel:0121 711 7636

Date of inspection visit: 26 October 2015
Date of publication: 25/11/2015

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?	**Requires improvement**

Overall summary

DomCare is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported 267 people with personal care and employed 100 care workers.

We visited the offices of DomCare on 26 October 2015. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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 and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and

Summary of findings

checks on care workers to ensure their suitability to work with people who used the service. There were enough suitably trained care workers to deliver care and support to people.

Most people had regular care workers who usually arrived on time and stayed the agreed length of time. People told us care workers did everything they needed before leaving, but some people said care workers rushed to finish and move on to the next person. Care workers received an induction and a programme of training to support them in meeting people's needs effectively. People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required.

The managers understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care. People who required support had enough to eat and drink during the day and were assisted to arrange health appointments if required.

Care plans and risk assessments contained information for care workers to help them provide the care people required. Most people knew how to complain and information about making a complaint was available for people. People said they knew how to raise complaints and knew who to contact if they had any concerns. Most care workers were confident they could raise any concerns with the managers, knowing they would be listened to and acted upon.

There were some processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through communication with people and staff, spot checks on care workers and a programme of other checks and audits. These systems were not consistently implemented.

Summary of findings

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 was safe.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. There was a thorough recruitment process and enough care workers to provide the support people required. Care workers understood how to support people with medicines.

Good

Is the service effective?
The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care workers respected people's decisions and gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Good

Is the service caring?
The service was caring.

People were supported by care workers who they considered kind and caring. Care workers respected people's privacy and promoted their independence. Most people received care and support from consistent care workers that understood their individual needs.

Good

Is the service responsive?
The service was responsive.

People received support from care workers that understood their individual needs. People's care needs were assessed and care workers were kept up to date about changes in people's care. People knew how to make a complaint if needed.

Good

Is the service well-led?
The service was not consistently well led

Most people told us they were satisfied with the service they received from DomCare. Care workers were supported to carry out their roles and felt able to raise concerns with the provider and managers. There were systems to monitor and review the quality of service people received but these were not always thorough**.** The provider could not be certain people received their care as required, as records of visits to deliver care were not regularly checked when returned to the office.

Requires improvement

DomCare

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.

We reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We found the PIR reflected the service provided.

The office visit took place on 26 October 2015 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted by two inspectors 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 office visit we sent surveys to people who used the service to obtain their views of the service they received, we also sent surveys to staff. Surveys were returned from twenty one people, five relatives and nine staff. We spoke with sixteen people by telephone, (eight people who used the service and eight relatives). We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had received three concerns about the service which they made the provider aware of, and the provider had responded to.

During our visit we spoke with six care workers and staff working in the office including the two care managers, the registered manager and the provider. We reviewed four people's care plans to see how their care and support was planned and delivered. We checked care workers had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaint.

Good

Is the service safe?

Our findings

People we spoke with said they (or their relatives) felt safe and at ease with their care worker. When asked if they felt safe,comments included, "Absolutely", "Safe and pleased" and "Always safe". People said they would contact someone at the office or speak to another care worker if they didn't feel safe. Returned surveys showed people who used the service felt safe from abuse or harm.

Care workers understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the managers. One care worker told us," If I have any concerns I would record it and report it to the managers. They would check it out and refer it to social services and CQC."

There was a procedure to identify and manage risks associated with people's care. People told us the service undertook assessments of their care needs and identified any potential risks to providing the care and support. Staff knew about individual risks to people's health and wellbeing and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers used equipment to support people who needed assistance to move around and undertook checks of people's skin where they were at risk of skin damage. We asked care workers about monitoring people's skin to make sure it remained intact. One care worker told us, "I check to see if it's red or sore. Any concerns I would record it and report it to the office, and I would let the family know. If the district nurse is involved I would let her know, if not the office would phone the district nurse."

We spoke with some people who needed assistance to move round, they told us staff understood how to assist people safely. A relative said, "They (care workers) walk safely behind him when he goes up the stairs and in front of him when he goes down." A person who used the service told us they needed to use a hoist to transfer safely from their bed to a chair. They said there were always two care workers to lift them and that this was done "carefully and safely." Care workers said they knew how to assist people to move safely as they had regular training which included how to use a hoist.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Care workers told us they could not start working in people's homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had a DBS check, references and health declarations completed before they started work.

There were sufficient care workers to allocate the calls people required. People had different experiences about care workers arrival times. Some people did not know what time their care worker was supposed to arrive, "They all come at different times**.** I don't know what time they are supposed to come." Another said, "I haven't been given a set time." We spoke with the managers about this, we were told people did have allocated times and that this was recorded in their care plans. A copy of the plan was available in the person's home. They told us they would ensure people were aware of this.

The provider had an out of hour's on-call system when the office was closed. One care worker told us, "It's the same number for out of hours. You can phone at any time and someone will answer." Care workers told us this reassured them that a senior member of staff was always available if they needed support.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their family was responsible for giving their medicines. Where care workers supported people to manage their medicines it was recorded in their care plan. Care workers told us they had received training to administer medicines safely which included checks on their competence. They told us they could only give medicines that were dispensed in a blister pack. One staff member told us, "There are not many people I support to take medicines. You can only give tablets if they are in blister packs. If someone has a short course of antibiotics we have to phone the office and let them know before we can give them."

Managers told us that care workers 'prompted' people to take their medicines. We asked what prompted meant. We were told care workers would pass the person their medicines or remind them to take it. We were also told in some cases care workers 'popped' the medicines out of the

Good

Is the service safe?

blister pack for the person to take. This meant care workers were administering medicines and should complete a medication administration record (MAR) to show medicines had been given safely and as prescribed. The managers told us they would review this with care workers. We asked to see returned medicine administration records to check if care workers had given people their medicines as prescribed. We were told completed medication records were not always returned to the office with people's record books. We asked how the managers could be sure people were receiving their medicines as they should. The managers told us, records were checked during spot checks and that care workers were responsible for checking the previous medication had been given and to phone the office if there were any concerns. We found how medicines were being recorded and checked was not sufficiently robust and asked the provider to improve this procedure.

Good

Is the service effective?

Our findings

We asked people and their relatives if they thought care workers had received the training needed to meet their needs. People said they assumed staff were well trained but did not know for sure. People we spoke with told us, "As far as I know they seem well trained," another said, "They are wonderfully trained." Returned surveys showed most people thought staff had the skills and knowledge to provide the care and support needed.

Care workers told us they received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, medicine administration and safeguarding adults. Care workers we spoke with and who completed the survey said they completed an induction when they first started to work in the service that prepared them for their role before they worked unsupervised. This included training and working alongside a more experienced worker before they worked on their own. The provider told us the induction training for new care workers included the Care Certificate standards. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Records confirmed there was a programme for regular refresher training for care workers to keep their skills up to date. The provider encouraged care workers to attain a vocational qualification in care. Five of the six care workers we spoke with had completed an NVQ level 2 or level 3 that supported them to provide effective care to people.

Care workers told us their knowledge and learning was monitored through a system of supervision meetings and unannounced 'observation checks' on their practice. Care workers said they had regular meetings with their line manager that provided an opportunity for them to discuss personal development and training requirements. One care worker said, "We have meetings where we discuss my training needs. I have completed NVQ level 3 which I enjoyed and that has really helped my understanding and practice." The managers observed staff practice in people's homes and assessed staff performance to ensure care workers put their learning into practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. The managers understood the relevant requirements of the Mental Capacity Act (MCA) 2005. They told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. Although some people did lack capacity to make certain complex decisions, for example how they managed their finances, they all had somebody who could support them to make these decisions in their best interest. The provider and managers had limited knowledge of the new guidance for DoLS in people's own homes. We were told they would ensure their knowledge was up dated.

Care workers we spoke with told us the MCA meant, "Giving people choice and allowing them to make their own decisions." Another said, "All the people I visit have capacity to make decisions. There is one person who takes their time to make decisions and I've found it helps by showing them the choices on offer for example different items of clothing, or different meal options." Care workers understood the principles of the MCA and knew they could only provide care and support to people who had given their consent.

Most people told us that they, or their relative provided all their meals and drinks. People who were reliant on care workers to assist with meal preparation told us choice was given whenever possible and drinks were offered where needed. People said that lunchtime meals were usually a meal that could be re-heated in the microwave although some people said care workers would make them an omelette or something similar if asked. No one we spoke with was dependent on their care worker to provide all their food and drinks. Several people said care workers always left them with a drink before they left. Care workers we spoke with had a good understanding of supporting peoples dietary requirements for health conditions, for example, diabetes.

All the people we spoke with managed their own health care appointments. Care workers said they would phone a GP and district nurse if they needed to but usually asked

Good

Is the service effective?

family to do this. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists, occupational therapists, and GPs.

Good

Is the service caring?

Our findings

Most people were happy with the support from their care workers and said they were kind and caring. One person told us, "They are fantastic**.** Without them I would be lost." Another told us, "They have a wonderful attitude towards her and towards the whole family. They are lovely people."

We looked at the call schedules for four people who used the service and three care workers. These showed people were allocated regular care workers where possible. A manager told us they tried to make sure people were supported by the same team of staff, "Where possible people have regular care workers who they can get to know. It would be awful if people had to get undressed in front of someone they had never seen before." Care workers told us they supported the same people regularly and knew people's likes and preferences. Care workers we spoke with had a good understanding of people's care and support needs.

People said care workers completed the tasks they expected them to before they left. Most people told us care workers had time to sit and talk with them to get to know them and how they liked their care. Although some people said care workers often rushed. People told us, "Carers do have time, especially in the morning, but at other times are a bit rushed." "Occasionally if the meal is ready we will have a little chat. I like that. It breaks the day up." Although one person told us, "I feel rushed. He's in, he's out; he's gone." Care workers said they were allocated sufficient time to carry out their calls without having to rush and had flexibility to stay longer if required. Comments from care workers included, "I love to spend time talking with people, the rota does allow for that."

Most people told us their dignity and privacy was respected by care workers. Comments included, "They make me feel at ease," and "Everything they do is done with respect and they talk to her wonderfully." Although one person thought the care worker talked down to their relative at times. People told us care workers maintained their dignity by covering them when they received personal care. Care workers told us how they ensured people's privacy and dignity. "I treat everyone how I would want to be treated myself." Other care worker's comments included, "I make sure curtains are closed and their bottom half is covered while I'm washing the top half." "I close the blinds and cover them up. I let them wash their intimate parts. I will leave the room to let them carry out personal tasks**."** This made sure people's dignity was maintained.

People we spoke with and their relatives confirmed they were involved in making decisions about their care and were able to ask carer workers for what they wanted. Some people said they had been involved and consulted when their care was put in place, at the planning stage, but others said their care had been arranged by social services and they had just been told what they could have.

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and out of sight while travelling or in people's homes. One care worker said, "You have to make sure you don't leave timesheets and other information in your car or available for other people to see."

Good

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when they started to use the service. Surveys from people and their relatives showed people were involved in decisions about their care.

We asked people if staff knew about their likes and preferences. Most people told us care workers understood how they liked to receive their care and the care they received met their needs.

Care workers we spoke with had good understanding of people's care and support needs. They said they had time to read care plans that included information about what to do on each call. Care workers told us they had regular clients, so they got to know how people liked their care provided. If people's needs changed they referred the changes in care to the managers so plans could be updated. They said plans were up to date and reviewed regularly so they continued to have the required information to meet people's needs.

We looked at four care records. Care plans provided care workers with information about the person's personal history, their individual preferences, and their allocated call times. We saw inconsistency in the level of information recorded in the care plans. For example, in two plans there was detailed information for care workers about what they needed to do on each call. In another plan the information was not specific, for example, the morning call details included, 'provide all personal care'. This could be interpreted differently by care workers so people received inconsistent care.

Care workers told us they had regular clients who had scheduled call times. They said they had enough time allocated to carry out the care and support required. We looked at the call schedules for the people whose care we reviewed. Calls were allocated to regular care workers and had been scheduled in line with people's care plans. Most people told us they usually received their care around the times expected, although some people had experienced calls later than expected. Care workers told us if there was an unexplained delay for example, traffic hold ups they may arrive later than expected. Care workers said they either phoned the person or asked the office to let people know they were running late. People we spoke with told us this didn't always happen, "They are sometime late coming. I do get on the phone to them. They say the carer is probably delayed and running late. They don't let you know if they are going to be late". A relative said they had contacted the office when the care worker was quite late and the person they spoke to had apologised for this. They said they had only had two late calls in four years. The provider had recently implemented an electronic call monitoring system that logged the time care workers arrived and left people's homes. This allowed office staff to respond quickly if care workers had not arrived within half an hour of their allocated time.

We looked at how complaints were managed by the provider. People and their relatives knew how to make complaints as they had all been provided with a copy of the complaints procedure. People said they would telephone the agency's office if they wanted to complain or raise a concern. Some people had phoned the office with concerns and most were satisfied that action had been taken to ensure the situation did not happen again. Records showed complaints received had been recorded and investigated in a timely manner. Trends were identified in regard to late or missed calls and the provider had implemented an electronic call monitoring system in response to this.

Requires improvement

Is the service well-led?

Our findings

Most people or their relatives told us they were satisfied with the service they received. Comments included, "It is a good service. They know what they are doing".

The provider and registered manager understood their responsibilities and the requirements of their registration. For example they knew about statutory notifications and had completed the PIR which are required by our Regulations.

The service had a clear management structure; this included the provider, the registered manager, two care managers and senior care workers. Care workers knew the management structure and understood who to report concerns to, and who was responsible for providing supervisions.

Care workers told us they felt supported by the provider and managers. They were aware of the provider's whistle blowing procedure and confident about reporting any concerns or poor practice to their managers. Care workers said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. Staff we spoke with and records confirmed managers undertook regular observations of care workers performance in people's homes to ensure standards of care were maintained and that they worked in line with the provider's policies and procedures.

We looked at how calls were scheduled to the people whose care we reviewed. We found some care workers had been allocated calls to different people at the same time. For example on one schedule three calls had been scheduled for 12.30pm to 1pm. We saw care workers had recorded the actual times they had arrived at the call. One survey had commented, "DomCare gives us two clients' times which are at 3pm, how can we be in two places at once. It's impossible." We asked the managers how the care worker was supposed to arrive at different people's homes at the same time. We were told people had requested this time, and care workers carried out the calls as near to this time as possible. The provider should ensure that care workers are able to carry out calls to people at the scheduled time so people receive their care and support at the times expected.

All the people we spoke with told us they knew how to contact in the service if they needed to. They told us the information they received from the agency was clear and easy to understand. People felt able to contact the office but people had different experiences to the response. One person told us "They seem not to be bothered." Another said the response of the person in the office was sometimes "offhand" and that they sometimes "did not listen". While other people told us, "I phoned the office with an issue and they dealt with it," and that the people in the office were "helpful".

The provider and manager used a range of quality checks to make sure the service was meeting people's needs. However we found these were inconsistently implemented and needed to be more thorough. The managers told us and records confirmed that people were asked for their views about the service during spot checks on care workers. However, most people we spoke with had not received a spot check or been asked for their views. People told us "There is no monitoring of the quality of the service. There are no calls to customers." Another said, "No one ever looks in the log book." Only two people remembered having had a visit from a "supervisor".

The provider told us they were in the process of arranging a satisfaction survey to send to people to find out their views of the service. The last survey sent by the provider was in 2013.

We found records completed by care workers were not checked or audited to make sure people received their care as required. For example, we looked at completed records care workers had made at the end of their calls for people who were at high risk of skin breakdown. Care workers had not recorded people's skin had been checked during calls. The managers were not aware of this. Completed medication records were not routinely returned to the office for auditing. Records had not been checked to ensure people received their care as planned and to maintain their wellbeing. The provider told us they would improve the system for auditing records.