

Doves Healthcare Ltd

# Doves Healthcare Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### Care service description

Doves Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people some of whom may be living with dementia or physical disability. At the time of our inspection the service provided a regulated activity to six people.

### Rating at last inspection

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good for Effective, Caring and Responsive but improvements were required in Safe and Well Led. The service has now been rated as Requires Improvement overall.

Medicines were not always being managed in a safe way and there was a risk that people did not receive their medicine when required. Risks assessments were not always reviewed when an incident occurred. Accidents and incidents reports were not always updated with the actions taken to reduce further occurrence.

Audits were not always robust and did not always identify the shortfalls around the completion of medicine charts and daily care records. Daily notes lacked information on the care that was provided.

Care plans did not always detail people's backgrounds and there was at times a lack of guidance around people's needs. We have made a recommendation around this.

Other risks to people's care was managed well by staff. People were safe with staff and staff were aware of the safeguarding procedures. There were sufficient levels of staff on duty to ensure that people's needs were met. There was robust recruitment processes in place before staff started work. Staff understood how to reduce the risk of spreading infections.

People's consent was sought before care was delivered. Other than the competency checks around medicines, staff were receiving appropriate supervision that related to their role. Training was up to date for staff and staff told us that they felt supported by the registered manager.

Assessments of people's needs were undertaken before they started receiving care. People were supported with their health needs and referrals were made to health care professionals where needed. People were provided with sufficient food and drinks when needed. No one at the service was receiving end of life care.

People were treated in a kind and caring way. Relatives told us that their family members were treated with respect and staff helped to maintain people's independence. People were asked what care they wanted and felt involved in their care planning.

Relatives told us that they would speak to staff or the registered manager if they had any concerns. There was a complaints procedure should anyone wish to complain and we saw that complaints were investigated fully.

The registered manager continually requesting feedback from people and relatives about the quality of care. People fed back positive comments about the care. Calls were made to staff each day to ensure that they arrived at the calls. Staff consulted with outside professionals to ensure the best delivery of care. People, relatives and staff felt that the service was well managed. Staff felt supported, valued and listened to.

The registered manager had informed the CQC of significant events including safeguarding and incidents.

There are two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Medicines were not being managed in a safe way. Risks were not being updated when accidents occurred. Incident forms did not detail actions taken to reduce further occurrence.

People told us that they felt safe in their own homes and relatives were confident that people were safe with staff. Staff received training and were knowledgeable about safeguarding people.

There were enough staff to meet people's care needs. Robust recruitment practices took place before new staff started work.

Staff understood how to reduce the risk of infections.

### Is the service effective?

**Good** 

The service was effective.

Staff ensured that they gained consent from people before they delivered care.

Staff had received appropriate supervisions to support them in their role and received training specific to the needs of people.

Assessments of people's needs took place before they received care.

People were supported with their healthcare needs, in interacting with medical professionals and in managing appointments. Staff worked well as a team.

People were supported with their hydration and nutritional needs.

### Is the service caring?

**Good** 

The service was caring.

People were treated in a kind and caring way by staff.

People felt that staff always treated them with dignity and respect.

People were able to express their opinions about the service and were involved in the decisions about their care.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans contained detailed guidance around the care that was required. Staff understood people's care and support needs and provided the appropriate care.

People knew how to make a complaint and who to complain to. We saw that complaints were responded to in an appropriate way.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

Improvements were required around the robustness of records and audits.

People were regularly asked for feedback relating to their care.

People and staff thought the registered manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

Where appropriate notifications were sent to the CQC.

# Doves Healthcare Ltd

## 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 site visit took place on 5 January 2019 and was announced. We gave the service 48 hours' notice of the inspection to be sure that the registered manager would be at the office when we inspected. The inspection team consisted of one inspector.

Before the inspection we reviewed records held by CQC which included notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection site visit activity started on 5 January 2019 and lasted one day. At the office we spoke with the registered manager and two members of staff. We read care plans for two people, reviewed medicines records and the records of accidents and incidents. After the inspection the registered manager sent us records that related to complaints, compliments, policies, recruitment, staff training and supervisions, audits and surveys.

After the inspection we spoke with two relatives of people that received care.

# Is the service safe?

## Our findings

When we last inspected Doves Healthcare Ltd we concluded the service was safe and rated it Good. Following this inspection, we found the service required improvements around how the medicines processes were followed, risk assessments and the recording of accidents and incidents.

People medicines were not always managed safely. Medication Administration Records (MARs) was not always completed according to NICE guidelines. Prescribed medicines had been hand written on to MAR charts which requires two people to sign that they have checked the information is correct. However, we found that there were no signatures present. Where it was indicated that PRN was required there was no guidance for staff on when this should be offered to the person. The service policy stated, "Any such 'as required' dose should have information about the purpose of the medication, the recommended dose and the maximum dose." This policy was not being followed and there was a risk that people did not receive the medicine where needed. Where people required topical creams (medicines in cream format), there were no body maps in the care plans to indicate where the cream needed to be applied.

Recording of reasons why medicines were not given were also inconsistent and unclear. On one person's MAR, we saw the person had refused their medicines on several occasions however, there was no information recorded on the MAR with the reason why. Another person's MAR showed staff were giving a person their medicine that had been prepared by the family member. The MAR chart recorded, "Morning and noon. Mixed tablets prepared by [relative]." Staff had no information on what medicine there were giving. There was a risk that they were giving the person medicines that they should not have received. The service policy stated, "Carers must not administer medication from a compliance aid made up by the family member." Staff were not following this policy.

Staff competency to administer medicine was not robustly checked which put people at risk. The registered manager had undertaken medicine competency checks on staff. However, where areas for improvement had been identified this was not followed up again. Each member of staffs 'area for improvement' were identical and there was no plan to indicate what actions the registered manager was going to take to address this.

Systems were not always in place to identify and reduce the risks to people living in their home. There had been people that were at risk of dehydration who required their fluid intake to be recorded. Although staff were recording the amount people drank there was no target information on what the appropriate levels of fluid needed to be. Although the registered manager told us that they did review the fluid charts there was no evidence of this. Where accidents and incidents were recorded there was no information on what actions had been taken to reduce further risks. For example, one person had fallen out of bed. Their care records stated that consideration was being given to whether the person required a bed rail. There was no additional information on whether this took place or other actions to prevent reoccurrence. The registered manager told us what actions had taken place but this had not been recorded.

People's care plans did not always have sufficient information for staff to reduce the risks associated with

their care. We noted from accident forms that one person had fallen three times since November 2018. Their care plan had not been updated to reflect this risk or any update for staff on how to manage this. One member of staff told us that the person was not at risk of falls however this was not the case. The person also displayed anxiety towards staff at times. The care plan stated that staff must avoid, "Triggers" but there was no information on what these triggers were.

As medicines and risks to people were not always being managed in a safe way this is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were other risk assessments that were in place for people. Prior to providing care a member of staff risk assessed the persons home to ensure that care could be provided safely. In one person's care plan it stated that the person did not wear dentures. Staff were to ensure their food was soft and easy to chew to prevent the risk of choking. The person was also at risk of falls and there was guidance for staff to ensure that they were to support the person to walk with a frame and to ensure that the person always wore supportive non-slip footwear. One relative told us, "They help her [their family member] when she needs to get up."

Relatives we spoke with told us that they felt their family members were safe with staff. One told us, "I feel mum is safe. I've seen the way staff are with her. I've never had any concerns."

People were protected as staff had a good understanding about safeguarding and the procedures to be followed should abuse be suspected. Staff told us clearly what they would do. One told us, "I would call the police if it was an emergency and I will call the manager straight away." Another member of staff told us that they would record all of the information that related to their concerns. Staff had received safeguarding training and there was a policy in place.

People were supported by sufficient numbers of staff to meet their needs. Relatives confirmed that staff arrived on time and stayed for the expected duration of the call. One relative said, "They have never been late and at times have stayed longer." Staff were provided information of the calls they needed to attend. Any absence was covered by the registered manager. We confirmed that there had been no missed calls. One member of staff said, "There are enough staff, we are never pressured to work more hours."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work for the service. We saw reference checks from previous employers and checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed that they had not been able to begin work at the agency until all checks had been carried out.

Staff understood what they needed to do to reduce the risks of spreading infection. Staff wore gloves where needed and relatives confirmed that staff washed their hands regularly. One relative told us, "Staff always wear gloves when they are giving mum a wash." Staff had access to protective equipment including gloves and aprons where appropriate. One member of staff said, "You must wear gloves to avoid spreading infections."

# Is the service effective?

## Our findings

When we last inspected Doves Healthcare Ltd we concluded the service was effective and rated it Good. Following this inspection, we found the service was still effective and our rating remains Good.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. There were no people at the service that lacked capacity to make decisions. Relatives told us that consent was obtained from their family members before care was delivered.

Relatives told us staff were competent in their role. One told us, "They [staff] do everything expected in the way that's expected." Other than the concerns identified with the medicine competency checks, people were supported by staff that had undergone an induction that gave them the skills to care for people effectively. Prior to providing care staff underwent training that included mandatory online training, face to face training and work books. One member of staff said, "[The registered manager] ensured I did all the training which was good. I then shadowed other staff for people I was going to care for." Spot checks were completed on staff to check that they are using correct procedures and that both the person and member of staff were happy with the service. One member of staff said, "I have supervisions. I like them because the manager can explain to me where I should be doing better."

Staff worked well together to provide the most effective care. There was a small team of carers that met regularly to discuss any changes to people's care. One member of staff said, "It's useful because I get information about the clients."

Prior to using the service detailed pre-admission assessments took place to ensure the service was able to meet people's needs. One relative said, "[The registered manager] came to visit us to go through what she [their family member] wanted." Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. We saw from the care records that health care professionals were contacted where needed. For example, we saw that an occupational therapist was contacted by the registered manager when one person's mobility had declined. Staff also supported people with their GP appointments where necessary.

People were supported by staff with their meals. Relatives told us that staff always ensured that their families members had a drink and food before they left the call. We saw notes in the care plans for staff to ensure that people's food was within date and to contact the office if they had any concerns about what the person was eating and drinking. We saw that this was happening.

## Is the service caring?

### Our findings

When we last inspected Doves Healthcare Ltd we concluded the service was caring and rated it Good. Following this inspection, we found the service was still caring and our rating remains Good.

Relatives fed back that they felt staff were caring towards their family members. One told us, "Staff are so kind and caring. It's the way they talk to her [their family member]. Their general manner is always so lovely." Another told us, "Staff are very friendly, very helpful. She [their family member] gets on well with them [staff]. Staff are very chatty with her."

People were treated with dignity and respect by staff. One relative said, "They always speak to her with dignity. If she is having a wash they always close the door and give her time. They don't rush her at all." Staff told us that they ensured that they treated people with dignity. There was information in the care plans around what people preferred to be called and relatives confirmed that this happened. Relatives told us that staff spoke slowly and clearly so that people could understand them.

Relatives said they and their family members felt involved in the planning of their care. They said that their family members were supported with their independence. One told us, "She [their family member] likes this to be just so. Staff listen to her and take all of this on board." People were informed if the member of staff was going to be late so that they knew a carer was still attending. The registered manager told us that when staff were going to be late they would contact them and the registered manager would then call the person. Relatives confirmed that they were contacted if staff were going to be late. As much as possible people received their call visits at the time of day they preferred. People told us that staff were flexible in relation to the times that people wanted their calls.

## Is the service responsive?

### Our findings

When we last inspected Doves Healthcare Ltd we concluded the service was responsive and rated it Good. Following this inspection, we found the service remained Good.

Care plans that detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. One member of staff told us about one person that they supported and this reflected what was in the care plan. Other care plans detailed how the person liked to have their personal care, how they preferred to be assisted with meals and the sorts of meals that they liked. We saw in one care plan what the hobbies of the person was and what programmes they liked to watch on the television. We saw that care plans were reviewed regularly. One relative told us, "I know I can look at the care plan whenever I need to. Everything was discussed with us." There was no one receiving end of life care at the service.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. Relatives said that they would not hesitate in making a complaint if needed. One relative told us, "I raised something with [the registered manager] and she dealt with it straight away." There had been one complaint at the service since the last inspection which was responded to by the registered manager.

Compliments had been received into the service. Comments included, "Thank you for everything that you do" and "We really appreciate everything that you do."

# Is the service well-led?

## Our findings

When we last inspected Doves Healthcare Ltd we concluded the service was Well-Led and rated it Good. Following this inspection, we found that improvements were required around the recording and auditing of care, medicines management, risk assessments, accident and incident reviewing and action following staff competency checks. As a result we have rated this domain as Requires Improvement.

On the day of the inspection we found that records were disorganised. Despite the notice given to the registered manager of the inspection and the information we were likely to need to see records were still not available to us.

Systems and processes were not always established appropriately to ensure that records of care were up to date and accurate. People's daily notes were task-focused rather than person-centred. Staff were recording that personal care and meals had been given. These lacked person-centred information such as how the person felt throughout the day and what conversation topics were spoken about. This information can help provide responsive and personalised care to a person. Audits were not being undertaken to review the quality of the daily notes. MAR audits were taking place however they were not effective in identifying the shortfalls that we identified. The risks assessments for people were not being updated by the registered manager when a change had been identified and staff were not always following policies that related to the management of medicines.

As records were not maintained appropriately and audits were not always robust in identifying shortfalls this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager at the service. 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.

Relatives were complimentary of how the service was managed by the registered manager. One told us, "She [the registered manager] is so reliable and friendly." Another told us, "If you call her she answers the phone straight away. She will go out of her way to support us."

There were other systems in place to ensure care that was delivered was appropriate. Due to the small staff team the registered manager was able to call staff each day to make sure that they had attended calls. We saw that people were visited regularly to ask them about their care and surveys were filled in with people and their relatives. All of the feedback received was positive. One comment stated, "I am very pleased with my carers. They are not just my carers but my friends." This was reflected in the conversations with had with relatives who were very complimentary of the service provided. One told us, "She [the registered manager] responds to any concerns."

Staff told us that they felt supported and valued by the registered manager. One member of staff told us, "I

am happy with the manager. I work when I want to. I am really happy with the agency." Another told us, "I'm very happy with my job and I feel valued. I get thanked for doing a good job. She is interested in me and what I need."

The service worked closely with other agencies outside of the organisation. The service liaised with other organisations such as the local authority in order to provide effective care. The registered manager had worked in partnership with the GP and social worker to ensure that one person received the care that they required in order to meet their care needs.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that medicines and risks to people were always being managed in a safe way.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that records were maintained appropriately and that audits were always robust in identifying shortfalls.</p>