

D & H Community Support Ltd

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Inspection report

Wigston Gardens, Kennedy House
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Tel: 01162966915

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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

D&H Community Support Ltd is a domiciliary care agency providing personal care to older and younger adults, living with physical disability, mental health conditions, learning disabilities and autistic spectrum disorder, dementia and sensory impairment. People are supported in their own houses. At the time of our inspection there were three people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

We have made a recommendation about the provider seeking further guidance on supporting people with their end of life preferences.

People were safe. Risk assessments were in place and reviewed regularly to ensure safe care continued. Staff were trained and could recognise signs of abuse and knew how to report it. Safe recruitment procedures meant that suitable staff were employed. Medicines were managed safely. Staff used Protective personal equipment (PPE) to prevent the spread of infection this included disposable gloves, and aprons.

People's choices, lifestyle, religion and culture as well as their personal and health care needs were all included in the care planning process. People were supported with accessing health care services when they needed, and the service worked in partnership with healthcare professionals. A training program meant people could be assured staff had the knowledge, skills and confidence to do their job.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

People's needs were met by good planning and coordination of care. Pre-admission assessments meant the service was confident it had the right staff available to support people prior to care starting. Regular reviews of care meant the service could respond to changes in people's needs promptly. A complaints procedure was in place and was given to people in a format that met their communication needs.

The provider, management team and staff had developed an open and honest culture, people and staff

found them friendly and supportive. The registered manager had good oversight of the service from the quality monitoring processes. Learning and skill development was actively encouraged, and staff felt confident in their role. The registered manager worked in partnership with other professionals to strive for good outcomes for people who used the service.

Rating at last inspection

The last rating for this service was good (published 19 August 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

D & H Community Support Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started and ended on 19 June 2019. We visited the office location on 19 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, and other professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including, the registered manager, two care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care records and one care staff members records. We looked at records in relation to training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person said, "I feel safe, [staff member] comes mostly I know them."
- Staff were trained in how to recognise signs of abuse and how to report concerns. One staff member had raised concerns around neglect, we saw that this was actioned appropriately by the registered manager to ensure the persons needs were met.

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place and considered risks in the environment and the delivery of personal care. Regular reviews ensured changes in risk to people were identified and actioned.
- People and staff that knew them well were involved in the risk assessment process.
- Staff had been trained in the safe use of moving and handling equipment and were able to explain the safety checks they completed prior to using equipment.

Staffing and recruitment

- There were enough available staff to meet people's needs. A contingency plan meant in the unlikely event of high levels of staff absence the service would still operate safely, and people's preferences of staff gender would still be supported.
- Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- At the time of our inspection no one was being supported with medicines. However, staff had received mandatory training with the service and had previous experience of the safe management of medicines. Staff competency in medicines was checked via team quizzes and a competency checklist would be completed when required.

Preventing and controlling infection

- Personal protective equipment (PPE) including disposable gloves and aprons were available for staff to prevent the spread of infection. Staff understood the importance of using PPE and good hand washing techniques.

Learning lessons when things go wrong

- There was a system in place for recording and analysing accidents and incidents, staff understood the procedure. One staff member said, "We fill out an accident and incident form and give it to the manager for sign off and it is recorded in the care file notes."
- The registered manager understood their responsibility for identifying learning and sharing this with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to the service starting. This ensured that suitable staff were available to meet people's needs.
- People were asked about their lifestyle choices, religion, relationships, culture, likes and dislikes. These were included in the planned care. People told us they had access to their care records. One person told us, "I've got a folder it's in the sideboard, what they [staff] write in."

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. One staff member said, "I had shadow shifts and an induction booklet, I completed training prior to starting and 2 weeks of shadow shifts." Another staff member told us the training was good. They said, "I was new to care, I have done national vocational qualification (NVQ) level 2 and 3, extra training is made available to us. The more the better."
- Staff received regular spot checks, supervisions and appraisals, they told us they felt well supported in their role. New staff had been given a handbook containing information to support them in their role, such as the whistleblowing policy and safeguarding information.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of our inspection no one was being supported with eating and drinking. However, staff had completed food hygiene training and the assessment process considered any known allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services and worked in partnership with other professionals such as GP's, occupational therapists and speech and language specialists. For example, staff had noted one person had not been attending their routine GP appointments and discovered this was due to lack of support and transport. After liaising with the person's GP and social worker staff stepped in promptly to support the person to attend.
- The staff and management team had worked closely with other professionals to ensure timely admissions for people into the service. One social worker had commented, "They [the staff and management team] have been particularly flexible and supportive and have supported two emergency referrals recently."
- Emergency grab sheets were available in people's home files in case of emergency treatment or hospital admission. This meant that healthcare professionals that did not know the person would have immediate access to information on how best to support them, including their communication needs and emergency

contacts.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, and found they were.

- People were being supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and care plans were signed to consent to care. where required independent mental capacity assessors (IMCA) were used to support people in making decisions about their care.
- Staff had received training in MCA and had a good understanding of the principles, they told us if people refused care they would respect that choice and not force them.
- Staff were mindful of making sure that people understood what they were agreeing to. For example. We saw that a consent record for one person around allowing the use of their photograph had been signed by the person. There was an additional note at the bottom from a staff member stating they had explained what the photos would be used for in a way the person would understand, and staff were confident the person had understood when consenting.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the care they received. People had developed good relationships with their staff and we saw staff chatting and sharing smiles and laughter. One person said, "I get the same carers I know when they are coming it's on the wall [a visit schedule], I like them [staff] they make me laugh."
- Care plans detailed how people wished to be supported, what was important to them and what staff needed to know about the person. This provided the staff with the information they needed to deliver consistent care and support.
- The registered manager and provider supported staff to have a good understanding of equality, diversity and human rights. For example. They had displayed guidance information on the staff notice board around supporting people who were lesbian, gay, transsexual or transgender (LGBT+).

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in developing their care plans and were encouraged to make decisions around how they would like their care to be delivered. One person told us, "I choose what I want to wear." Another person said, "[Staff member] turns the shower down if it's too hot I tell them, and they turn it down."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent. One person told us, "They help me in the shower, I can do most of it myself they help me with what I need." Review meetings included discussion with people and staff on what activities they could manage for themselves and what they needed support with.
- People received dignified care. One person told us that staff closed the bathroom door and curtains while helping with personal care. A staff member said they remind a person to close the bathroom door to promote their dignity as they sometimes forget.
- Care records were stored securely in lockable cabinets. Staff understood the importance of confidentiality. One staff member said, "I Don't talk about [person] around anyone that doesn't need to know."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans were written with the person at the centre of their care. They covered choice and desired outcomes, religion, culture, eating, drinking, communication and health. Where people liked a specific routine, this was well detailed with how the person liked things done and the positive impact this had on their well-being.
- Regular reviews took place with people and included information where it had been identified that someone did not like something. For example. One review had found that a person did not like to wear a certain clothing, this information was included in the care plan.
- People's goals and aspirations were included in care planning and we saw that positive outcomes were being achieved. One person told us that they had wanted to have a go at a craft skill, this had been encouraged by staff and the person showed us the item they had made. A social worker had commented, "They [the staff and management team] have a strong focus on meeting outcomes and promoting independence."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information and care plans were developed individually to meet people's communication needs. For example. One person had their records in pictorial format and careful consideration was given to how to ensure these did not overload the person with irrelevant information. The pictures in the records were photographs of the person rather than generic pictures so that the person could relate better to the activity or information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The service supported people to access the community and maintain relationships. One person told us, "I choose where I want to go, and staff come with me, I sometimes go to the [meeting place] to see my friend who works there." Another person was supported by a staff member that knew them well to attend a day care service, we saw that the person was partaking in activities they had expressed as being interested in during the care planning process.

Improving care quality in response to complaints or concerns

- People had been given a copy of the complaints procedure and this was kept in their home file, it explained the process and signposted to other organisations such as the Care Quality Commission (CQC) and the local authority. One person had been given a pictorial copy to meet their communication needs.
- The provider had a policy and procedure in place for complaints that was reviewed regularly. There had been no complaints at the time of the inspection therefore we could not look at any provider responses.

End of life care and support

- The provider did not provide end of life services. The registered manager told us that if people using the service required end of life support they would assist with a smooth transition into an alternative service.
- The service had not explored people's preferences and choices in relation to end of life care if sudden death occurred.

We recommend the provider consider current guidance on discussing and recording people's end of life preferences and act to update their practice accordingly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The nominated individual and registered manager put people at the centre of the service. They were passionate about ensuring people's choices, goals, aspirations and feelings were considered and incorporated into care.
- The registered manager and nominated individual were friendly and approachable, and staff described morale as good.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a good understanding of their responsibility. There was an open-door policy and staff told us they felt comfortable and confident in raising concerns. One staff member said, "I don't come with too many concerns, but when I have the manager has acted on them."
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular record and systems checks took place to monitor the quality of the service.
- Staff received regular supervision, appraisal and spot checks these were used to offer guidance and support as well as monitor quality.
- The service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought through one to one conversation and surveys. The registered manager had developed satisfaction surveys for people in pictorial format where needed. Careful consideration had been taken about the amount of questions to ask without overloading people with information. Surveys were sent out frequently with a few different questions each time to ensure a good overview of people's experience was achieved. The information was shared at meetings and used to drive improvements.
- Staff met on a regular basis and communicated effectively; they told us they felt able to speak up and

share ideas.

Continuous learning and improving care

- The registered manager was proactive in their own learning and development and the development of the service and its staff. They had sought advice and guidance from reputable sources to ensure that the service continues to follow best practice.
- Regular team and individual staff meetings were used as learning opportunities. Subjects discussed included the care act summary, fundamental standards, safeguarding policy and procedure.

Working in partnership with others

- The registered manager, provider and staff had good working relationships with other professionals' people and their families. They had worked in partnership to provide the best outcomes for people who used the service. One professional told us, "The service works well and in partnership with other services including occupational therapists, speech and language therapists, Psychiatrist and GP. They recognise the need for decision specific assessments for [person] around capacity and have hosted a meeting with other professionals recently."
- People and their family or representatives were treated as equal partners in the development of care plans to ensure people's needs were met in a way that they remained in control of.