

Dunmore Care Limited







Surecare (St Albans and Dacorum)

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	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced, which meant the provider was informed about our visit two days beforehand to ensure managers and staff would be available in the office. When the service was last inspected on 02 April 2013, we found there were no breaches in the legal requirements for the areas we looked at.

Summary of findings

The service is a franchise of a larger organisation that provides care and support to people living in their own homes. At the time of our inspection the service provided care and support to seven people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. We saw that there were policies and procedures in relation to the MCA to ensure that people who could not make decisions for themselves were protected. The records we looked at showed that all the care workers had received training in respect of the requirements of the MCA and they were able to demonstrate a good understanding of this.

People felt safe from abuse. The service had up to date policies and care workers had received effective training in the safeguarding of vulnerable adults (SoVA). Risk assessments, in which the people who used the service were involved, were carried out when risks to people's health or well-being were identified.

There were enough trained care workers to provide the care and support that people needed. All the people we spoke with were very happy with the care and support they received. They thought that the care workers were well trained and treated them with dignity and respect.

For people using this service who were at risk care plans were in place to support them with their nutrition and hydration needs. Care workers were available to assist people to eat sufficient nutritious food. Care records included information that enabled the care workers to have meaningful engagement with the people for whom they supported.

The service was able to deliver care and support in a flexible way and were happy to adjust the number, times and length of visits as people's needs changed. The service involved people in deciding how their care and support should be delivered and welcomed any suggestions people made to improve the service. People were aware of the complaints policy but no complaints had been received.

As it was a very small service the manager was able to monitor care workers practice whilst assisting with care delivery. They discussed care workers performance and development at regular supervision sessions.

The policies and procedures were mainly produced by the head office of the national organisation of which the service was a franchise. The manager had produced local policies and procedures where they had identified gaps in the national provision.

As a member of Hertfordshire Care Providers Association (HCPA) they were able to access practical advice and discuss best practice. They told us this was shared with care workers on a day to day basis as well as being discussed at team meetings.

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.

People felt safe from abuse by the service provided and staff members had understood the training that they had received to ensure people were protected from abuse.

There were enough trained care workers to provide the care and support that people needed.

The care workers understood the requirements of the Mental Capacity Act.

Good



Is the service effective?

The service was effective.

People said that the service was reliable and thorough. Care workers arrived on time and stayed for the time that they should.

Staff members received up to date training. People were cared for by staff who had the appropriate skills. The manager held formal supervision meetings with staff members and monitored care workers practices during visits.

People were assisted to access healthcare professionals when they needed them.

Good



Is the service caring?

The service was caring.

People said that they received good care that was delivered with kindness and compassion.

People knew who would be delivering their care.

The care workers treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care was delivered in a flexible way and the care workers knew what was important to the people they cared for.

The service asked for people's comments as to how it could be improved.

People knew of the complaints policy and how to make a complaint should they need to. None had been received by the service.

Good



Is the service well-led?

The service was well led.

People knew how to contact the manager should they need to do so and they found that the manager was very approachable.

The manager had support to access training and discuss best practice from a professional organisation.

Good



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Detailed findings

Background to this inspection

The inspection was carried out by one inspector. Before we undertook the inspection we gathered and reviewed information that had been provided by other agencies and notifications of any incidents or matters of concern that the service had sent us. We asked the provider to tell us how they were meeting the requirements of a good service and reviewed the information they gave us before we carried out our inspection.

During the inspection we spoke with five people who used the service, the relative of one person who used the service, the manager, the office administrator and two of the three care workers who worked for the service.

We reviewed the care records of three of the seven people who used the service. We looked at staff recruitment, training and supervision records for two staff members, the service's policies and procedures and a visit report from a manager based at the head office.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe with the care and support offered by this service. A relative told us, "Once or twice they have sent someone else. I trust [manager] and the set up well enough to believe that they are suitably trained." One person told us, "It is a good service. I feel safe using them."

We saw that the service had an up to date policy on training on the safeguarding of vulnerable adults (SoVA). The manager, office administrator and the care workers we spoke with told us that they had received training on SoVA from a professional organisation and by e-learning. The care workers were able to demonstrate a good knowledge of the types of abuse that people may incur and the steps that they would take if they suspected that anybody had been subjected to abuse. They were aware of the local authority safeguarding procedures. People who used the service were protected from abuse because the necessary training and policies were in place so the care workers and other staff members knew what to do to keep people safe.

We saw that there were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) to ensure that people who could not make decisions for themselves were protected. The records we looked at showed that all the care workers had received training in respect of the requirements of the MCA and they were able to demonstrate a good understanding of it when we spoke with them. Staff told us that all the people they supported had the mental capacity to make decisions about their care.

The manager and care workers told us that risk assessments were normally completed by the manager, although the care workers had received training on the completion of these. We saw that there were risk assessments in the three care records we looked through. These showed that risks were assessed on an individual basis. Actions to be taken to reduce the identified risks, such as falling when out of their home, were determined in discussion with the person who used the service. This ensured their independence was maintained as much as possible. One record showed that a person was at risk of falls within their home. This was increased because they chose not to wear suitable footwear in their house. The care workers were advised to encourage the person to wear suitable slippers or shoes when in their home to reduce the risk of them falling.

People told us that there were enough care workers to provide the care and support they needed. A relative told us, "They never let us down." One person said that the most their call had been delayed was, "about half an hour." The manager told us that with a small service and only three care workers, annual leave was tightly controlled to ensure that there were always sufficient staff members on duty to provide the care.

We looked at the file of the recently recruited office administrator. We found that the necessary checks had been completed before they had started work at the service. We found that criminal record checks for the care workers had been recently renewed.

Is the service effective?

Our findings

All the people and the relative we spoke with were very happy with the service they received. A relative told us, "From the very first encounter they have been just so reliable and thorough." They went on to say, "Sometimes I have unrealistically high standards but I have not found anything to quibble about. I still can't quite believe it as good as it is." One person said, "They are very good with what they do, more than what they should do." Another person said, "All in all the care I get is very good."

On the day of our inspection the manager arranged for one of the care workers to collect some eye drops from a local chemist on their way to deliver care to the person who needed the drops. The care workers told us that they often ran errands for the people that they cared for. One of the people who used the service had asked the care workers if they could arrange for a hairdresser to visit them in their home. The service had recommended a hairdresser to them and, with their agreement; an appointment was made for them by the office administrator that day.

The people we spoke with told us that the care workers knew what they were doing. One person told us, "They are very good." The manager told us that as members of a professional organisation they accessed up to date training for themselves and their staff through this organisation. This promoted good practice and ensured that the care workers developed their skills. In addition we saw that each care worker had received regular supervision with the manager at which their performance and training needs were discussed. Because the service was small, the manager also frequently delivered care with each of the care workers and was able to review their working practices with them at these times. This meant that people were cared for by care workers with the appropriate skills.

We looked at staff records which showed that the manager had held formal supervision meetings with the care workers at which their performance, training and development needs were discussed. One care worker had been encouraged to apply for the Quality and Credit Framework level 5 in Health and Social Care, having achieved level 4 in 2010. They were due to start this course in October 2014. The training records showed that all care workers had received training in areas that the manager considered to be essential, such as moving and handling, food hygiene and infection control. The manager was a qualified trainer and told us that most training was delivered by them but some was sourced from the professional organisation to which they belonged.

The three care records we looked through showed that where people were at risk of poor nutrition or hydration a care plan had been put in place to address the need. The care plan was reviewed regularly. We saw that people were encouraged to eat suitable quantities of nutritious food and care plans stipulated that suitable drinks should be left for them. One care plan indicated that the person had stopped having meals delivered to them and an extra daily call had been arranged for a care worker to make them a meal at mid-day. The care workers told us that sometimes people asked them to collect a take away meal, such as fish and chips, on their way to the call. The care workers were happy to do this.

The manager and the care workers told us that they assisted people to make appointments with healthcare professionals, such as GP's, opticians, dentists and chiropodists. The care records we looked at showed that where people were at risk of developing a pressure ulcer a care plan was in place to monitor their skin and refer to a healthcare professional, either the GP or tissue viability nurse(TVN) if necessary. Body maps had been completed when bruises or other injuries had been noted.

Is the service caring?

Our findings

All the people who used the service and the relative we spoke with said that the care was very good and they were treated with kindness and compassion. One person told us, “They are very good carers, as good as what carers can be. I can’t expect more.” They went on to say, “We get on alright together and have a laugh.” Another person told us, “They are very friendly, very approachable.”

Because it was a very small service people received care from the same care workers. One person told us, “I get the same three of them.” This had enabled the people and the care workers to build good relationships and understanding of people’s needs. One person told us, “They understand me.” Another said, “I am quite happy with them.”

People told us that they had been involved in deciding what care they needed and how this should be delivered. This had included the timing of the calls by care workers, the length of time for the calls and the care and support that the care workers were to provide for them. The three care plans we looked at showed that people had been involved in the development of their care plans, risk assessments and their reviews. People had signed to confirm the content of the plans and the reviews. One care plan had included information as to how care workers were to support the person to care for their pet.

The care records included details of people’s personal history and spirituality and religious practices. This enabled the care workers to engage positively with the people to whom they provided care. The manager told us that they had arranged for the provision of a wheelchair for one person that they provided care for as they were very isolated due to mobility issues. Once this had been received the manager told us that the care plan would be reviewed to include social outings using it, such as trips to the local shops with a care worker.

People told us that the care workers treated them with dignity and respect. One relative told us, “My [spouse] is a very private person and they [care workers] always make sure that they maintain my [spouse’s] dignity when they have their weekly shower.” People told us that the care workers always asked for their permission before any care or support was provided. The care workers told us that they always read the care plans before any care was delivered. This ensured that they called people by their preferred name and delivered care and support in the way that people wanted it. They were able to demonstrate a good understanding of ways in which people’s dignity and respect could be maintained. These included drawing curtains and closing doors before providing personal care, keeping people covered as much as possible when bathing them and maintaining confidentiality about them.

Is the service responsive?

Our findings

People told us that the service was able to deliver their care in a flexible way. One relative told us, “When I went away for a week I was confident that the carers would call three times a day. They didn’t mind a bit.” Another person told us, “They are here for different times on different days.” People told us that they only had to ask the manager if they wanted anything in their care package to change. On the day of our inspection one person rang the office to ask for an additional call to be made to them that afternoon, which was arranged to their satisfaction.

People and their relatives told us that they had been involved in the development of their care plans. They told us that they discussed with the manager about the care that they needed and the frequency of the calls. Some people had calls three times a day, seven days a week, whilst another person only wanted assistance to have a bath on a weekly basis. People decided what time they wanted their calls and the staffing rota was determined

around their requirements. The manager told us that they always carried out the first few calls to people themselves. This ensured that the care provided was what the person required and was delivered in the way they wanted it to be.

The care workers were able to tell us about the things that were important to the people that they cared for. They gave us an example of how they calmed one person when they were upset by talking about their pet and taking the pet to them.

We saw that the service had a complaints policy and a system for recording and responding to any complaints received. However, the system had not been tested as no complaints had been received. The people and relative we spoke with confirmed that they were aware of the complaints system but said that they had no cause to use it. They said they would not hesitate to discuss any concern with the manager. The care workers we spoke with said that if anybody expressed any dissatisfaction with the service they would bring it to the manager’s attention.

Is the service well-led?

Our findings

People told us that they knew the manager of the service and were able to talk with them when they wanted. The manager knew the people that the service cared for and had carried out all the initial assessments and reviews of people's needs.

We saw that the service had issued a satisfaction questionnaire to people who used the service in August 2013. This survey asked people to highlight any areas in which the service could be improved. No areas for improvement had been identified by people who used the service or their relatives. One person had stated in answer to the question, "None. It is all excellent."

Because of the size of the service, the manager was able to monitor the working practices of the care workers and their record keeping. The manager told us that they reviewed the documentation kept in people's houses on a regular basis. They also spoke with the people who received care from the service and their relatives. They were therefore able to identify if any areas of the care did not reach expectations.

We saw minutes of formal staff meetings that were held on a four monthly basis. These showed that all the staff

members were involved in these, including the care workers and office administrator. The staff members had discussed topics such as policies and procedures, individual training plans and quality delivery.

The manager told us that as members of a professional organisation they were able to access practical advice and discuss best practice. They told us this was shared with care workers on a day to day basis as well as being discussed at the team meeting.

As part of a nationwide franchise the policies and procedures were mostly those of the national organisation. However, we saw that the manager had introduced local procedures, such as the individual learning plan and a staff induction document, to fill gaps that they had identified.

As a part of a national organisation the service was visited by a senior manager on a regular basis to look at the operation of the service and offer advice and guidance on improvements that could be made. A manager had visited the service in March 2014 and offered advice as to how the service could be expanded. They were due to visit again the week following our inspection.