

Derbyshire Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Derbyshire Homecare Limited provides domiciliary care to people living in their own homes. It provides personal care to a range of people including older people, people living with dementia, people with mental health needs, people with learning disabilities and younger adults. At the time of our inspection two people were being provided with personal care from the agency.

At the last inspection in April 2016, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Risk management plans were in place to protect and promote people's safety.

Where the provider took on the responsibility for the management of medicines, staff followed practice guidelines and staff had been trained to assist with people having their medicines.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse.

Staffing arrangements were suitable to keep people safe. Staff recruitment practices ensured staff were suitable to work with people.

Staff followed infection control procedures to reduce the risks of spreading infection or illness.

On-going refresher training was provided to ensure staff were able to provide care and support for people, though not all staff had not received training on some health conditions that people had.

Staff had received management support through supervision and appraisal of their performance.

Staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet.

People had been supported to have health appointments to make sure they received continuing healthcare to meet their needs.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

Staff consistently provided people with respectful and compassionate care.

People had positive relationships with staff and received care to meet their personal preferences. People had their privacy, dignity and confidentiality maintained.

The provider had a complaints procedure in place for when complaints were received.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The person and a relevant professional told us that they had confidence in the management of the service to provide managerial oversight and leadership.

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 remains Safe.	Good ●
Is the service effective? The service remained Effective.	Good ●
Is the service caring? The service remains Caring.	Good ●
Is the service responsive? The service remains Responsive.	Good ●
Is the service well-led? The service remains Well Led.	Good ●

Derbyshire Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 August 2018 and it was announced. The provider was given 48 hours' notice, because the service provides a community care service and we needed to ensure someone was available to facilitate the inspection.

The inspection team consisted of one inspector.

Prior to the inspection, we asked the provider to complete a Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We planned for the inspection using information from the PIR and other information we held about the service. This included statutory notifications. A statutory notification is information about important events the provider is required to send us by law. We also took into consideration information we had received from commissioners who monitor the care and support of people using the service.

During the inspection, we spoke with a person that received personal care from the service and the social worker of another person. We also spoke with two care staff and the registered manager.

We reviewed the care records of two people using the service and three staff recruitment files. We also reviewed records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

The person spoken with told us that personal care had been safely supplied. They said, "I am perfectly safe. [Staff member] is really good and always helps me."

Care plans contained risk assessments to reduce or eliminate the risk of issues affecting people's safety. For example, there was a risk assessment in place for a person recorded as having a risk of falling. Staff understood how to assist the person to try to prevent falls. Another care plan identified that a person needed to have action taken to assist them with health episodes. Staff were aware of what to do in these situations.

Staff members told us they were aware of how to check to ensure people's safety. For example, they checked water temperatures to prevent scalding and rooms for tripping hazards. There was a system to risk assess people's homes, which included checking relevant issues such as security, state of repair, hygiene and fire risks.

Sufficient numbers of suitable staff were available to keep people safe and meet their needs. A person told us, "I always have my care on time." They said there had been no missed calls and that staff stayed for the agreed call time. This indicated enough staff were in place to meet people's needs.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. This demonstrated the provider had taken appropriate action to ensure staff employed to work at the service were suitable. Some checks had been made many years ago. After the inspection visit the registered manager provided evidence that DBS checks were being redone.

Staff confirmed they had received training in protecting people from abuse and understood their responsibilities to report concerns to management and other relevant outside agencies if necessary, if action had not been taken by the management of the service.

The provider's safeguarding policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns that people had suffered abuse. The safeguarding policy had details of the type of abuse people could suffer and had contact details for different agencies, but no information on informing the Care Quality Commission (CQC) of any such incident, as legally required. The registered manager sent us an amended procedure after the inspection visit covering this issue.

A whistleblowing policy was in place but did not include the contact details for staff members to report issues to other agencies such as the local safeguarding authority. The registered manager supplied this after the inspection visit. This meant staff now had ready access to information to whistle blow and keep people safe if these situations arose.

A person told us that staff reminded them to take their medicines and to order them from the pharmacist.

There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. Detailed information on when to supply medicines prescribed to be taken when required was missing. After the inspection visit, the registered manager sent us a detailed procedure. This will assist staff to supply these medicines safely.

Proper recording of medicine supplied was largely in place. There were a small number of gaps in records which did not show the medicine was supplied. The registered manager stated this would be followed up.

Staff had completed training in health and safety matters to ensure they were up to date with the most recent guidance to keep people safe, and were aware how to carry this out.

The service understood how to record and report incidents. There had not been a witnessed incident in the past 12 months. The registered manager was aware of the need to analyse incidents when they occurred and discuss any lessons learnt with staff to learn from anything that had gone wrong.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was provided to meet people's needs. A person told us that their needs were assessed when the service commenced and updates were carried out.

People received care from staff that had received training to meet people's assessed needs, though not all relevant issues had been covered. This included people's health conditions such as dystonia, a neurological movement disorder. The registered manager said this training would be provided to staff.

Staff thought they had been sufficiently trained to meet people's needs and they received refresher training on important subjects. A person told us; "I have had no problems. [Staff member] always knows how to help me."

An induction training package was available for new staff. The registered manager said that if new staff were taken the Care Certificate would be considered for their induction. The Care Certificate covers the basic standards required for care. Staff had been supported by receiving one-to-one supervision. This covered important issues such as people's views of the service they received and the attitudes of staff members.

Staff supported people to eat and drink sufficient amounts. The person said, "I am always left with water so I don't get thirsty."

The service worked and communicated with other agencies and staff to enable effective care and support. For example, staff made sure a person was able to have regular dental and eye tests. People had their health needs assessed. Records showed that people's health requirements were recorded and updated as needed.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA. Staff confirmed they sought people's consent before providing personal care. A person also confirmed this.

Is the service caring?

Our findings

People were treated with respect and staff were kind and caring in their approach. A person told us, "The manager has a real jewel in [staff member]. All the staff are very friendly and do what I ask of them." The social worker stated that their client was, "Happy with the support provided by Derbyshire Homecare."

A person said that they had been consulted about their care and given the chance to make changes. Involvement of people in producing their care plans was recorded in care plans.

The person confirmed that the staff respected their privacy and dignity when providing care. One staff member said, "We are very conscious about people's privacy and dignity and treat them as we would want to be treated ourselves."

Information from the provider stressed staff should respect people's right to privacy, dignity, choice and not being discriminated against. After the inspection visit the registered manager sent us information which also included respect for people sexual orientation. Care plans contained information about people's religious needs.

Staff were aware of people's individual needs and choices. For example, a person wanted specific meals every day. Staff understood the importance of keeping personal information confidential and that personal information was not shared with people inappropriately.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. Care plans contained detail of people's preferences, likes and dislikes such as for food and hobbies. Staff responded to people's preferences. One person said in response to being asked if staff had responded to their preferences; "She [staff member] knows what I like and I always get it."

Call times were mostly on time and the person we spoke with told us that calls were consistently timely. However, records showed that a small number of call times had been 30 minutes or more late. The registered manager said this issue would be followed up. This will ensure more consistent responsiveness.

People had regular reviews of care plans. Changes were made to people's care plans when their needs changed.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information about people's communication methods was in place.

The registered manager said that no complaints had been made since the last inspection. Records confirmed this. The person we spoke with knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted on. They told us, "I have never needed to complain. The service I get is perfect for me."

No end of life care was being delivered, but the registered manager was aware of how to respond to people's needs and wishes if this care was ever needed.

Is the service well-led?

Our findings

A registered manager was in post. 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.

A person confirmed they had confidence in the management of the service. They told us, "It's a very good agency. It's run very well. I've had no problems at all with it." They said the registered manager was approachable and friendly.

Staff told us that the management of the service was good, and they got the support they needed to perform their roles. A staff member said, "I know I can go to [the registered manager] at any time and get the advice I need."

People and staff were able to have their voices heard. Staff said they were able to make comments and suggestions through speaking with the registered manager. Staff were able raise ideas or concerns within team meetings. Staff reported that the registered manager was receptive to their comments and ideas, and they felt listened to. The registered manager stated staff would be provided with a survey so they would have another opportunity to comment on the service and whether any improvements were needed.

Quality assurance systems were in place to assess, monitor and evaluate the quality of people's care. Call times had not been audited in detail. The registered manager said this would be carried out in the future. Records on people's care, staffing, and policies and procedures held within the agency office were organised and up to date.

The provider was aware of their legal duty to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They were aware of needing to share information as appropriate with health and social care professionals.

The service worked positively with outside agencies. This included liaising with the local authority. There was detailed evidence of an up-to-date comprehensive review of a person's care needs.