

Dignity Homecare (Yorkshire) Ltd

# Dignity Homecare (Yorkshire) Ltd

## Inspection report

Mapplewell & Staincross Village Hall  
Darton Lane  
Mapplewell  
Barnsley  
S75 6AL  
Tel: 01226 381905

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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 an announced inspection of Dignity Homecare on 23 November 2015. We gave the provider 48 hours' notice of our visit to make sure the registered manager or their representative would be available.

Our last inspection at Dignity Homecare took place on 26 November 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

# Summary of findings

Dignity Homecare provides personal care for people who live in their own home. The service is based in the village of Mapplewell in Barnsley and has access to local amenities. The office is on the first floor. There is stair and lift access to the office.

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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we asked were positive or very positive about the service they received.

There were sufficient numbers of staff, with appropriate experience, training and skills to meet people's needs at the required times.

The staff recruitment process was comprehensive and ensured people's safety was promoted.

People were protected from abuse and the staff and service followed adequate and effective safeguarding procedures.

Staff were trained in medicine management and medicines records were accurately completed.

Staff told us they were supported by management and received regular supervision.

People were well supported in meeting their nutritional needs. Health needs were addressed and staff monitored people's well-being and contacted health care professionals when necessary.

Staff were knowledgeable and received regular training after their induction. They told us that they understood people's care needs because they were well documented and the registered manager ensured that they were alerted to any changes in these needs.

People told us that staff were caring and respectful.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

# 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

Staff had a good knowledge of safeguarding procedures and how to put these into practice.

There was a robust recruitment policy in place.

Safe procedures for the administration of medicines were followed and medicine records were accurately maintained.

There was enough staff to provide the service safely.

Good



### Is the service effective?

The service was effective

People were asked for their consent before any care, treatment and/or support was provided.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good



### Is the service caring?

The service was caring

Staff respected people's privacy and dignity and knew the people they supported well.

People's care plans contained information about their needs and preferences.

People told us the staff were caring.

Good



### Is the service responsive?

The service was responsive

People received care that was personalised and responsive to their needs.

People had care and support plans in place and people were involved in the review of these.

The service routinely listened to encouraged feedback from people who used the service and their relatives.

Good



### Is the service well-led?

The service was well led

Staff told us they were well supported by management.

The registered manager understood their responsibilities and was committed to improving the service.

There were quality assurance and audit processes in place.

Good



# Dignity Homecare (Yorkshire) 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 took place on 23 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the registered manager and some support workers would be present to talk with.

Prior to inspection we reviewed all the information held about the service. The provider had not been asked to provide a recent provider information return (PIR). This is a document that provides relevant up to date information about the agency that is provided by the registered manager or provider of the agency to the Care Quality Commission. The service provided personal care to approximately 130 people at the time of the inspection.

Prior to our inspection, we spoke with three stakeholders, including the local authority joint commissioning unit, an advocacy service and Healthwatch. The role of an advocacy service is to help people who lack the capacity or who have no family or friends that it would be appropriate

to consult to make important decisions. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Stakeholders we spoke with told us they had no current concerns about Dignity Homecare and made positive comments about the care and support the agency provided to people. We also checked any previous notifications or concerns we had received about the service, so that we could check they had been dealt with appropriately. This information was reviewed and used to assist with our inspection.

The inspection team was made up of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in supporting people to use domiciliary care agencies.

During the inspection we contacted 22 people who used the service. We were able to speak over the telephone with 14 people who used the service or their relatives. We met with the registered manager and office manager. We spoke with four members of support staff at the agency office and contacted another five staff by telephone. We spent time looking at written records, which included four people's care records, four staff records and other records relating to the management of the service such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

People who used the service told us they felt safe with the care workers who supported them in their homes. Their comments included, “We get different carers but I feel safe with them,” “The carers support me to stay in my own home and they protect me from harm. There are sufficient carers and they have the correct training to deal with me,” “I feel safe with the carers entering my home.” Relatives we spoke with said, “The family feel safe with the carers coming in via a key safe” and “We have no concerns about the staff.”

A safeguarding policy was in place and staff we spoke with were very knowledgeable about signs of potential abuse and their responsibility to report this. They had completed training in safeguarding of vulnerable adults and could tell us what they would do if they suspected that a person was being abused.

A policy on handling people’s money was in place and this described the responsibilities of staff to ensure people were protected. We saw that staff completed financial transaction records and these were returned to the office for safekeeping. The financial transaction records seen showed that each debit had been recorded and signed for by the care worker and person being supported.

We looked at the care records of four people who used the service and found all records contained relevant risk assessments. The care records showed that staff were given detailed guidance on the risks to be aware of when delivering care and how best to maintain people’s personal safety. These risk assessments included assessments of the environment, mobility and infection prevention and control. We found that risk assessments had been regularly reviewed and updated to ensure that they were still relevant to people’s needs. This meant that the service had up to date information about risk and how to minimise this.

There were systems to capture and analyse information about any accidents, incidents or ‘near misses’ that occurred.

Comprehensive policies were in place relating to the safety and welfare of employees including lone-working and responding to serious incidents.

At the time of our inspection there were 40 care staff employed by the service plus administration support staff

and a senior member of care staff. The registered manager said they were in the process of recruiting another five members of support staff due to the recent increase in the number of people the agency were supporting. We looked at how the registered manager ensured there were enough staff to care for people at the times they needed. The registered manager explained that the service had split into teams based on three areas of Barnsley which made it easier for planning calls and matching staff with people who use the service. This meant that the service made sure that they had sufficient numbers of suitable staff to keep people safe and to meet their needs.

We spoke with staff and people who used the service who said there were enough staff with the right skills, knowledge and experience to meet people’s needs. People said, “There are sufficient carers and they have the correct training to deal with me.”

We looked at the recruitment records for four members of staff. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This showed that recruitment procedures in the home helped to keep people safe.

The level of support people needed with their medicines was properly assessed and specified in their care plans. We saw that care plans were tailored to the individual’s requirements and preferences. For example, when the person took their medicines with a certain drink. The people we talked with expressed no concerns about the support they received with their medicines. They said, “They [care staff] help me with my eye drops but no other medication,” “They [care staff] give me my medication in a timely manner” and “Staff give me my given my medication three times a day, always on time.”

Staff told us that they had medicine management training as part of their induction and that ‘medication competency assessments’ were carried out by the registered manager before staff could administer any medicines to people using the service. This was to check that staff had understood the training and knew what it meant in practice. Staff told us, and we saw records which confirmed that the registered manager continued, after induction, to complete ‘medication competency checks’ for all staff to check staff remained competent to administer medicines.

## Is the service safe?

The registered manager told us that medicines administration record (MAR) charts were regularly audited and any issues raised were discussed at monthly meetings with staff or on a one to one basis with staff.

We checked a selection of MAR charts and found they had been fully completed and reasons were recorded when medicine had not been taken by the person. For example, a person maybe prescribed pain relief medicines to be taken PRN, this means as and when they need it. The MAR charts we saw showed that staff did regularly offer the medicine to the person and recorded whether it was taken or not.

We found that the MAR charts were not signed by the registered manager to confirm they had checked for any gaps or errors when the charts were returned to the office every month. We discussed this with the registered manager who confirmed they would start signing and dating the charts immediately to support the auditing process.

# Is the service effective?

## Our findings

We spoke with people who used the service and they told us staff always asked them for their consent before providing support. People and relatives said they thought staff were competent and well trained to meet their or their family member's individual needs. Comments included, "I am satisfied with my care and the carers ask my consent before carrying out any task for me and they give me choice of what needs doing," "The carers are all alright, they help me get dressed and have the right skills for doing this. They listen to what I have to say and ask my consent before and after tasks," "They [care staff] are like friends. I mostly have a core team of carers who have the correct skills for my needs, they listen to me and ask my consent before carrying out tasks. I am very happy with my carers and the help to support my independence."

People we spoke with told us the service was delivering care in a way that met their individual needs and ensured their health and safety. They told us that the service was reliable and they mostly knew the care workers that would be visiting them. People spoke highly of their care workers and said they had never had a missed visit. Comments made included, "They [care staff] mostly arrive on time and stay the correct amount of time, they are sometimes late because of traffic or an emergency" and "They [care staff] arrive on time for the visit and stay the allotted time and they do not rush me. They always turn up but are occasionally late but they let me know."

Stakeholders we spoke with told us they had no current concerns about Dignity Homecare and made positive comments about the care and support the agency provided to people. Comments included, "When dealing with a client of ours we were extremely impressed with the level of commitment and compassion demonstrated by the company, they were efficient and dedicated and I would not hesitate to recommend the company. It was a pleasure to work with them and good to know that there are services like this for residents to remain in their own homes."

People told us that staff helped them with meals and made sure they had a drink so their nutrition and hydration needs were met. Care plans identified when support with meals was required. People said, "They [care staff] feed me my meals and give me choices of what I would like to eat" and "They [care staff] have the right skills for the job and they give me a choice of meals."

All of the staff spoken with said that the training provided by the agency was 'very good.' Comments included, "The training definitely gave me what I needed to do the job," and "We are supported to complete any training that would be beneficial to us and the care we give, the manager is really good at getting us through training."

Training records showed induction training was provided that covered mandatory subjects such as health and safety, and also included subjects such as care in supporting people living with dementia, person centred planning and end of life care.

New care workers were given a comprehensive induction to prepare them for their roles. The induction was completed over seven days and was followed by a period of shadowing experienced workers.

Staff spoken with said they were up to date with all aspects of training. We looked at the training records and these showed that a range of training was provided that included safeguarding people, infection control, moving and handling and the safe administration of medicines. We found a system was in place to identify when refresher training was due so that staff skills were maintained.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff said they regularly received supervision and said the registered manager and other staff in supervisory roles were very supportive. Records seen showed that staff were provided with supervision on a regular basis and an annual appraisal for development and support.

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

## Is the service effective?

authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This does not apply when people are supported in their own homes.

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 were being met.

Staff we spoke with had a good understanding of the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS would be referred to the Local authority in line with guidance. They confirmed nobody they were currently providing support to was subject to a DoLS authorisation.



# Is the service caring?

## Our findings

People who used the service and their relatives told us the staff were caring and their privacy and dignity was respected. Comments about staff included, “The carers are very kind and have the right skills for the job. They listen to mum and are very considerate, they share information with me,” “I am treated with dignity and respect,” “I have a core team of staff who visit me. They are friendly and listen to me they also respect my dignity and privacy. They centre the care around me,” “Carers are like friends, they care about me and I am right fond of them. I have never lost my dignity or privacy with the carers” and “The staff are very caring and we have a good relationship with them, they show interest in mum and her care is centred around her, respecting her privacy and dignity and they do not talk over her.”

Care plans were written in a person centered way, containing details about the person and their lives including the name they liked to be called, their social activities and interests and how and when staff should access their home.

People told us that they had a regular support staff that knew them well. People told us that when their regular support staff were not working they generally knew who

would be visiting. One staff member told us how a person they supported always called them, “T’old faithful” because they were the regular member of support staff who visited the person.

Staff spoken with said that they had a regular schedule which meant they could get to know the people they supported, their preferences and needs so that these could be supported.

We looked at the daily notes of four people which were kept in their care plans. The notes recorded by staff included staff who visited, the support provided, the time of staff arrival and time of departure. It was evident from checking these notes that people experienced a regular core group of four or five staff over the weekly period.

Discussions with members of the care staff showed they clearly understood the needs of people they were supporting, and they were able to understand how individuals wanted to be supported. Staff were aware of people’s likes and dislikes and their life stories.

People we talked with and their relatives told us they had been involved in decisions about care planning and had taken part in care reviews within the last year. We checked four people’s care plans and saw that a review of their care had been carried out and the person or their relative had been involved in this review.

# Is the service responsive?

## Our findings

People spoken with said the support provided by Dignity Homecare was reliable and they had been involved in planning their care so that the support provided matched their needs. People said the registered manager from the service had visited them to assess their needs and write a care plan. Relatives told us they had been involved in writing their relatives care plan with them so that their opinions were considered.

People's care plans contained a detailed and person-centred assessment of their needs which had been carried out prior to receiving care. People's preferences were documented and there was contact information for other health professionals involved in the person's care such as GP, social workers, and district nurses. The care plans contained information about people's health so that staff could provide appropriate support.

People we spoke with said they had a care plan and a regular set of support staff that they knew and were happy with. They told us support staff provided care and support that was responsive to their needs. Staff were usually punctual and if they were going to be late they would ring or text.

People and their relatives said, "I have a book in the house that is signed when the carers come in and go out. I am not sure what a care plan is," "I have a care plan which includes respite and it has been reviewed occasionally. I am not going out as much but this is written into my care plan," "I more or less have a core team of carers, new members of the team are usually introduced to me. I do not get a rota of carers who are coming into my home. I have a care plan which has recently been reviewed," "I have a care plan and was involved in it and the carers read the notes and it was reviewed last week," "I have a group of regular carers," "We have regular carers and we are informed if new ones are coming, they record their visits" and "We had a care plan at the beginning which has been reviewed and the service reduced due to improvement in mum's health."

We checked four people's care plans. Care plans contained clear guidance for staff on what type of support the person needed and how this should be delivered. Care plans we looked at presented a clear picture of the person and contained sections for health and mobility, communication needs, medication and additional information that the person wanted staff to know.

We saw that people's assessments contained information detailing the preferred times of calls and whether people preferred male or female staff to provide support. No one we spoke with told us that these were not adhered to.

All the care plans we looked at showed evidence of a review taking place, they contained a lot of information about the person and included risk assessments which were individual and environment specific.

The registered manager told us that care plans were reviewed at least annually. We saw evidence that the care plans had been reviewed in the last three months and at a frequency in excess of every year.

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement. People knew how to raise concerns and we saw evidence that concerns had been dealt with effectively. We saw information on how to make a complaint was provided to people in the service user guide or within the care plan kept at the person's home. We asked for the complaints record and found there were no ongoing complaints. We reviewed two historical complaints made last year. In each instance the provider's procedure, including timescales for investigation and response were followed. The service had given people written responses sensitive to the nature of their complaints and the outcomes. This showed us that complaints were taken seriously and responded to appropriately.

# Is the service well-led?

## Our findings

The service had a manager who had been registered with the Care Quality Commission since 2011.

The registered manager attended regular training and kept up to date with best practice and legislation. They also attended meetings at the local authority that supports workforce development in the independent sector. The registered manager was committed to improving the service and had continued to do this despite the increase in the size of the agency over the last two years.

Each of the people we talked with told us they felt Dignity Homecare provided a good service and several said they would recommend the service to others. We saw a person who used the service had commented, "When I am asked who my homecare team is I am proud to tell them Dignity Homecare."

Other comments made by people and their relatives included, "They are sometimes a bit muddled in the office, I would ring the manager if I had a complaint," "You could not ask for a better manager, I think the world of her," "The office respond quickly. Recently I was ill in the night and the carers came back to me so that I could have some extra time to sleep," "The service is very good to me I cannot say anything wrong about them and I am very satisfied with my care" and "On the whole the service is well managed."

Most people told us they had received surveys/questionnaires from the provider in the past regarding the services they receive, and had received letters telling them about any organisational information or changes, for example the recent change of address of the agency office.

All of the staff spoken with said the registered manager was approachable and supportive. Staff told us they felt listened to. Staff said, "The manager is fantastic, really supportive."

Throughout our visit we saw care workers visit the office and observed they had a good relationship with the registered manager and approached her freely.

We found the service had a policy on quality assurance. We saw that regular checks and audits had been undertaken to

make sure systems were safe and people's opinion was sought and responded to. The registered manager was able to show us that she had identified areas for action and had prioritised these.

We saw records of spot checks that showed senior staff or the registered manager undertook unannounced visits to observe care workers providing support, and to ask the opinion of people being supported. All of the staff spoken with said that regular spot checks took place.

We found the service had sent questionnaires to people at various intervals throughout 2015 requesting feedback on the quality of the agency. The results of the survey were being audited and action was taken on an individual basis by the registered manager of any issues that required attention. We discussed with the registered manager the idea of collating all the audit results so a report could be made available to people.

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they felt able to talk with the registered manager when they needed to. This helped to ensure good communication in the home.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant any changes in current practices were reflected in the services policies. All policies were chronologically filed and accessible to staff.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this had happened.