Doves Care Services Ltd

Doves Care Services

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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

Doves Care Services is a domiciliary agency which provides care and support to people who live in their own homes. The agency was registered with the Care Quality Commission (CQC) in February 2015 and this was the agency's first inspection. The inspection was announced and took place over two days, 28 and 30 September 2015. At the time of inspection the agency was providing care and support to five people.

The registered provider also held the role of registered manager. 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.

Summary of findings

The registered provider confirmed they started supporting people in April 2015. The agency is very small, currently supporting five people, with the registered provider and one part-time member of staff providing care and support. The registered provider confirmed their plans to develop and expand the service and have put plans in place to support that growth and communication. Including training, induction, complaints, audits and improved record keeping.

We found people were involved in planning their care and the registered provider and staff member were knowledgeable about people's care needs. However, the care plan and risk assessment documents did not contain the same level of detail when describing people's care needs or risks to their safety.

People were complementary about the care and support they received and about the registered provider and member of staff. Comments included, "they do a good job, we also have a nice chat" and "they are very good, very thorough." One relative said, "they remember her perfume and cream" indicating staff knew people's preferences and what was important to them. People said they had not had a missed call, but had at times received a call later than scheduled but never more than half an hour late.

People said they felt safe when receiving care and support. One person told us, "Oh yes, I feel safe, they are lovely." A relative told us "I'm confident with (registered provider); I know I can leave the house for a short time when she is here." The registered provider and the member of staff had both undertaken safeguarding training, and people had been given the contact details of the local authority's safeguarding contact point and the Care Quality Commission should they wish to raise concerns about the agency.

People and their relatives told us they felt the agency was well managed. One person said, "I can't find fault" and a relative said, "there is good communication from (the registered provider)." Prior to the inspection, the registered provider had sent people a questionnaire asking them their views of the quality of the service being provided. At the time of the inspection, one questionnaire had been returned and this was very complementary about the agency. Other people told us they had received the questionnaire but had yet to return it.

The registered provider told us they were planning to develop the agency and were recruiting two new members of staff. We looked at the recruitment process and found the relevant pre-employment checks were being undertaken, to ensure as far as possible people were protected from unsuitable staff. The registered provider described the induction programme they had planned for newly employed staff. This was yet to be implemented and its effectiveness in ensuring staff received sufficient information to ensure they could meet people's needs had still to be assessed.

The registered provider had an understanding of the Mental Capacity Act 2005 (the MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. They confirmed at the present time, no-one receiving a service lacked the capacity to make decisions about their care and treatment, but assessments were available to them should that change.

People's access to support from health care professionals such as their GP was organised by their families. However, where specific care tasks had been requested by the GP, these were identified in the person's care plan. Where the agency supported people with their medicines, this was done safely.

People did not have a copy of the complaints procedure but did have contact details for the local authority and the Care Quality Commission to enable them to raise concerns about the service.

We found a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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.

The current system of managing risks to people's safety and well-being worked well.

The registered provider and the member of staff currently employed by the agency had received safeguarding training and knew who to report concerns to.

Staff recruitment practices were safe.

Where the agency supported people with their medicines, this was done safely.

Good

Is the service effective?
The service was effective.

The registered provider and member of staff were knowledgeable about people's care needs and preferences, as well as their responsibilities under the Mental Capacity Act 2005.

People were supported to make decisions about their care and how this was provided.

Systems were in place to provide newly recruited staff with the training they required to enable them to meet people's needs.

Good

Is the service caring?
The service was caring.

People spoke very highly of the care they received. The registered provider and member of staff were described as very kind and caring. They knew what was important to people.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was not always responsive.

Care plans did not provide a sufficient description of people's care needs and how they should be supported to ensure new staff would understand these.

People told us they received the care and support they required.

People had not had missed calls, but at times calls were later than scheduled.

People did not have a copy of the complaints procedure but did have contact details for the local authority and the Care Quality Commission to enable them to raise concerns about the service.

Requires improvement

Summary of findings

Is the service well-led?

Good

The service well-led.

The registered provider was planning to expand the service and had made management plans to support this.

People told us they were happy with the way the agency was managed. They had been consulted over the quality of the service provided.

Doves Care Services

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 was 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 28 and 30 September 2015 and was announced. The provider was given 48 hours notice because Doves Care Services is a small domiciliary care service which supports people in their own homes and we wanted to make sure they would be available.

One social care inspector carried out this inspection. Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. We also contacted local commissioners of the service for feedback.

During the inspection we spoke with the registered provider and the one member of staff currently employed by the agency. We visited three people who used the service and spoke with four relatives. We looked at documents relating to people's care and support and the management of the agency, including how staff were recruited.

Good

Is the service safe?

Our findings

People told us they felt safe when receiving care and support. One person told us, "Oh yes, I feel safe, they are lovely." A relative told us "I'm confident with (registered provider); I know I can leave the house for a short time when she is here." The majority of care and support was provided by the registered provider, with one member of staff, who worked part-time.

The registered provider had assessed each person prior to working with them. A relative confirmed the registered provider had visited their relation in hospital to assess their needs in readiness for their discharge home. People confirmed the registered provider had met with them to discuss their care needs and anything they felt placed them at risk. Risk assessments had been completed and included risks to the person, for example, from restricted mobility, as well as risks relating to the environment such as trip hazards. For example, one person's risk assessment identified they were at risk of falls due to restricted mobility and they told us they had recently fallen twice. The current system of managing risks with discussions and sharing information between the person, the registered provider and staff member worked well. With the planned expansion of the service, this information sharing will need to be formalised to ensure all staff providing care have access to this.

At the time of the inspection, the registered provider was recruiting two new members of staff. We looked at the recruitment process. Both staff had completed an application form and had been interviewed. Prior to the interview staff were asked to describe their own values with regard to providing a care service as well as to consider their own learning and support needs and we saw evidence of this in the interview records. The registered provider said they used this as a screening tool to ensure only staff with the right values would be considered for interview. References had been requested and disclosure and barring scheme checks made to ensure the suitability of the staff to work with potentially vulnerable people and the outcome of these were yet to be received. The registered provider confirmed the staff would not commence employment until these documents had been received.

The registered provider and the member of staff currently employed were knowledgeable about their responsibilities should they have concerns over people's welfare and both had undertaken safeguarding training. The registered provider ensured people had the contact details for local authority's safeguarding point and the Care Quality Commission should they feel they needed to raise a concern about the service. They also understood their responsibilities in controlling infection and both had undertaken training and we saw records confirming this. We saw disposable gloves and aprons were available to use in people's homes and stores of these were held in the office.

We looked at how medicines were managed. Three of the five people being supported either managed their own medicines, or were supported to do so by their family. Two people told us they required prompting, or reminding, to take their medicines, or needed the medicines provided by the pharmacy in prepared blister packs put into a medicine pot to make it easier for them to take. Records of when people had been prompted with their medicines were kept.

Good

Is the service effective?

Our findings

People and their relatives told us the agency was effective at meeting their needs. One person said, “they do a good job, we also have a nice chat” and another said, “they are very good, very thorough.” A relative told us, “I feel confident he is well cared for.” Due to the small nature of the agency, the majority of personal care and support was provided by the registered provider, with the support of a part-time member of staff. People told us they both had the skills and knowledge to meet their needs.

People were able to make decisions about the care or support they received. They confirmed the registered provider had spent time with them asking them how they wished to receive care. People’s consent to care was sought at this initial meeting and throughout the care planning process.

Although no one receiving a service required assistance to eat or drink, some people required assistance with meal preparation. The meals provided or prepared for the person to eat later in the day were recorded. One relative told us their relation was supported to shop for food and staff helped them prepare a meal.

At the time of this inspection the registered provider only employed one member of staff. As they were planning to employ more staff as they supported more people they had designed an induction programme. We saw the on-line training programme included health and safety topics such as infection control, food hygiene, first aid and moving and transferring. Topics in care issues such as person-centred care and caring for people living with dementia were also included. Other training, such as caring for people with diabetes would be given to staff as and when needed depending on people’s support needs. The registered provider had not yet implemented the training programme but said they had given consideration to how to implement the physical aspects of training, such as using a hoist, as they had access to a training provider. Staff would also be supported to work alongside the registered provider to observe how people had their care delivered. The registered provider had not yet considered how to implement the Care Certificate for new staff, but said this was under consideration. The Care Certificate is a course designed to provide staff with information necessary to care for people well.

The registered provider had made ready a record to show what training staff had undertaken and when refresher training was needed. The currently employed member of staff’s record showed they had received training prior to commencing work with the service as they were also employed part-time at another care agency. The registered provider said once a staff team had been established regular observations of their work performance would carried out to ensure they were following care plans to people’s satisfaction and supervision and appraisal would be undertaken.

Some people who might use this service may need support to make decisions. The registered provider had an understanding of the Mental Capacity Act 2005 (the MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. The registered provider confirmed at the present time, no-one receiving a service lacked the capacity to make decisions about their care and treatment. The registered provider understood the assessment process needed and had documents available to support this.

People’s access to support from health care professionals such as their GP was organised by their families. However, where specific care tasks had been requested by the GP, these were identified in the person’s care plan. For example, staff knew the GP had requested one person be weighed each morning and should their weight increase by 2lbs the GP was to be notified and were following this instruction.

Good

Is the service caring?

Our findings

People spoke very highly of the care they received and told us the registered provider and the member of staff were caring. As the agency was small with currently only two staff providing care, they said they had built up a good relationship with them. One person said, “they are lovely girls. Very kind and respectful” and another “I wouldn’t want anyone else caring for me.”

One relative told us, “I know my (relation) is happy with them” and another said “they remember her perfume and cream”, indicating the staff knew people’s preferences and what was important to them. The registered provider was described by one relative as “passionate” about providing a quality service to people. People said they could discuss any aspects of their care needs with them or raise any issues of concern. They said they were listened to.

People told us their privacy and dignity were respected when receiving personal care. One person said, “very much so” when asked if staff were respectful towards them, and another said, “yes, always.”

People confirmed they had been involved in planning their care and felt their preferences were respected. The care plans we looked at held some information about each person’s preferences in their daily lives, their hobbies, and important facts about their previous occupation and interests. This was more detailed in some people’s plans than others. This information helped staff to provide support in an individualised way that respected people’s wishes. The registered provider said they added information as it was shared with them and as some people had only been receiving a service for a short period of time this information had yet to be shared.

Requires improvement

Is the service responsive?

Our findings

People said the agency was responsive to their needs and they received the care and support they required. However, we found their care plans did not provide a sufficiently clear description of their needs for new staff to know how to offer support. For example, one person's plan described them as preferring a shower each morning. However, they told us they don't always want a shower and the staff supported them to have a wash. They described how they were unable to stand for long periods and had to "stand for a bit and then sit for a bit." Although this person's care plan said they "became easily fatigued" the information about needing to sit down was not recorded. Another person's plan indicated they required assistance with their personal care but not in what way.

This is a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider said because they knew people well, they had not always recorded everything they knew about the person as they got to know them better. They recognised it was important to include a clear description of people's care needs and how to keep people safe, especially when more staff are employed.

People said they had been asked their preferences with their daily routine and this was respected. One person said the timing of their morning visit was a little early to start with but now it had settled into the time of their choosing. People said they had not had a missed call, but had at times received a call later than scheduled but never more than half an hour late.

We looked at four people's care records. Although staff had not recorded their involvement, people told us they helped to develop their care plans and had been consulted about how they wished to be supported. They had also been asked their preference over the gender of the staff to support them.

Each person had been given a copy of the agency's "service users' handbook" which provided information about the agency's key policies and procedures, such as confidentiality and the acceptance of gifts. It also referred to people using the formal complaints procedure but didn't provide details as to what the procedure was. Although people did not have a copy of the complaints procedure, they said they had a good relationship with the registered provider and felt they could raise concerns should they have any. They confirmed they had been provided with the contact details for the local authority and The Care Quality Commission should they wish to raise concerns about the agency. The agency had not received any complaints since the start of the service.

Good

Is the service well-led?

Our findings

Doves Care Services registered with the Care Quality Commission in February 2015 and the registered provider confirmed they started supporting people from April 2015. The agency was providing a service to five people, with the registered provider and one part-time member of staff providing care and support. The registered provider was planning to expand the service and had made management plans to support this, such as staff induction and training; planning visits for a larger staff team; care plan and risk assessment reviews; the management of complaints and quality audits. The registered provider had obtained policies and procedures from a management company which have been adapted for the agency but they had yet to review these to ensure they were reflective of the services provided.

People and their relatives told us they felt the agency was well managed. One person said, "I can't find fault" and a relative said, "there is good communication from (the registered provider)."

The agency's principles and values were stated in the "service users' handbook" and included: "Doves Care Services is committed to supporting vulnerable people so that they can continue their lives with dignity and independence. Doves Care Services are committed to meeting the needs of those entrusted to our care". People told us the service supported them well, listened to them and they had developed a good relationship with the registered provider and the member of staff. The registered provider told us they were careful about who they would employ. They wished all staff to have the same values as they did so as not to undermine the quality of the service they were striving to provide.

Prior to the inspection, the registered provider had sent people a questionnaire asking them for their views of the quality of the service being provided. At the time of the inspection, one questionnaire had been returned and this was very complementary about the agency. People told us they had received the questionnaire but had yet to return it.

The registered provider was aware of their responsibilities to review and audit the care and support provided, which they did informally on a daily basis as they supported people, but which would commence formally once the two staff currently being recruited commenced work. They were also aware of their responsibilities to notify the Commission of untoward incidents relating to people's care and safety.

The commissioning service within Devon County Council told us they had no concerns over the quality of the service currently being provided by the agency.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not maintain an accurate, complete or contemporaneous record in respect of each service user. Regulation 17 (2) (c)