DeeZee Limited

# D.Care

## Inspection report

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13 July 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

D.Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, people living with dementia and physical disabilities.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

Not everyone using D.Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This inspection was undertaken on 10 and 13 July 2018 and was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure key staff members would be available. At the time of the inspection 112 people were receiving a regulated activity from D.Care.

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.

Not all staff had received up to date training, yet people felt the staff to be competent and the provider's representative was taking action to ensure staff followed their training schedule consistently.

There were sufficient numbers of staff available to attend all calls and the management team were reviewing the allocation processes to ensure they were robust.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes.

People told us they felt safe. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Risks relating to the health and support needs of the people and the environment in which they lived were assessed and managed effectively.

Where staff supported people to take their medicines, we found this was done in a safe way. Staff followed infection control procedures and used personal protective equipment when needed.

Staff completed an induction programme and were appropriately supported in their work by the management team.

Staff followed legislation to protect people's rights and sought consent before providing care or support to people.

Where staff were responsible for preparing meals, they encouraged people to be involved in making choices about what to eat and supported them to maintain a healthy, balanced diet based on their individual needs and preferences.

Staff had built positive relationships with people, encouraged them to be as independent as possible and involved them in decisions about their care.

Staff treated people with dignity and respect and protected people's privacy during personal care. People were also supported to raise complaints should they wish to.

At the time of the inspection no one using the service was receiving end of life care. However, the registered manager assured us that people would be supported to receive a comfortable, dignified and pain-free death.

People had confidence in the service and felt it was managed effectively.

There was an effective quality assurance process in place at the service. The management team sought and acted on feedback from people. Arrangements were in place to share lessons learnt from incidents and inspections and to promote best practice.

There was an open and transparent culture. The registered manager notified CQC of all significant events and policies were in place to encourage staff to raise concerns.

## 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 Good.

**Good**

**Is the service effective?**

The service remains Good.

**Good**

**Is the service caring?**

The service remains Good.

**Good**

**Is the service responsive?**

The service remains Good.

**Good**

**Is the service well-led?**

The service remains Good.

**Good**

# D.Care

**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 was announced; we gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

This inspection was conducted over two days. The first day of the inspection was carried out on 10 July 2018 by one inspector who visited the service's office and two experts by experience who conducted telephone interviews with people and their family members. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The second day of the inspection was carried out on the 13 July 2018 and was completed by one inspector who visited people who used the service in their own homes.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 21 people who used the service, or their relatives, by telephone and visited five people in their own homes. We spoke with the provider's representative, the registered manager, the operations manager and eight care staff. We looked at care records for 10 people. We also reviewed records about how the service was managed, including staff training and recruitment records, complaints procedure, compliments, and audits completed by the management team.

Good

# Is the service safe?

## Our findings

At our last inspection; completed on the 2, 3 and 7 September 2015, the key question Safe was rated as Good. At this inspection, we found the same level of protection from harm and risks. The rating continues to be Good.

People told us and indicated they continued to feel safe. People's comments included, "I feel really safe with the carers", "I feel safe and secure when they help. We are fortunate that we have had the same two ladies [staff members] for a long time" and "They make me feel very safe. They are by my side all the time." Family members also told us they did not have any concerns regarding their relatives' safety.

There were sufficient numbers of staff available to attend all calls. None of the people or family members we spoke with reported that any of their care calls had been missed in the last 12 months and said staff stayed the allocated length of time.

Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager told us new care packages were only accepted if sufficient staff were available to support the person. D.Care had an 'on call system' in place to cover short notice staff absences and respond to any concerns that occurred out of office hours.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff showed the registered provider had operated a thorough recruitment procedure in line with their policy and procedure to keep people safe.

Risks to people had been individually assessed and risk assessments were in place to minimise these risks. These gave staff guidance about how to reduce risks to people. People had risk assessments in place in relation to; moving and handling, mobility, nutrition and use of equipment. Staff were knowledgeable about people's individual risks and the steps required to keep people safe.

Risks in relation to people's home and environment had been assessed and risk assessments had been completed by a member of the management team to promote the safety of both the people and the staff. As well as considering the immediate living environment of the person, including lighting, the condition of property and security, risk assessments had also been completed in relation to the safety of the location. For example, if lighting was poor or the home was in a rural area. A staff member was able to describe how they would keep people safe in their own home and what actions they would take if a risk in the home was identified. All risk assessments were reviewed six monthly or more frequently if needed by a member of the management team.

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. They had a good understanding of when to report concerns, accidents and/or incidents to the management team. The provider had a whistleblowing policy to ensure staff knew how to raise concerns and staff confirmed they were aware of it. The management team understood their responsibilities in regard to

safeguarding people who use the service and reporting concerns to external professionals and other organisations.

People were supported to take their medicines safely. Most of the people we spoke with said they or a family member managed their medicines. Those people for whom staff provided support with their medicine told us they were happy with the way staff supported them. One person said, "They [staff] put my tablets ready for me [in their boxes]." Another told us, "I self-medicate but the carers always ask me if I have had my medication." People's care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions.

Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. The MAR charts we looked at had been completed correctly. There was a system in place to help the management team identify any missing entries, errors or trends and enabled the registered manager to take the appropriate action to support staff to help ensure errors did not reoccur.

The provider had an infection control policy in place and staff undertook training in this area. Protective equipment such as disposable gloves and aprons were provided to staff to minimise the spread of infection. People told us that staff always wore gloves when completing care tasks and washed their hands and staff confirmed that they had access to gloves and aprons when required. During home visits we observed staff wore protective clothing as required.

There was a detailed business continuity plan in place, which identified how risks to people would be reduced in circumstances where care may be affected, such as during adverse weather conditions.

Good

# Is the service effective?

## Our findings

At our last inspection; completed on the 2, 3 and 7 September 2015, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People were satisfied with the care they received, and felt their needs were met. People commented, "They always ask if I need anything; they're very helpful", "I have no concerns at all, they always give me the time and support I need", "They do their job well and willingly" and "I am more than satisfied with the help I get."

Although we found issues in relation to staff training, people and their families described the staff as being competent and said they were confident in the staff's abilities. One person said, "They have enough training for my needs." Another person told us, "They seem properly trained and know what they are doing." A third person said, I am sure they are well trained. I need a hoist and they certainly know what they are doing when they use it."

We found that not all staff have received up to date training as highlighted in the provider's policy. For example, the training policy which had been updated in September 2017 stated, 'D.Care expects all staff to have current certificates in all the mandatory courses. These courses are First Aid, Manual Handling, Food Hygiene, Safeguarding, Infection Control and the Mental Capacity Act.' When we reviewed staff training records we found that one staff member had not received any training; another had only received medicines and safeguarding training and a third had not received up to date infection control or mental capacity training. Additionally, for a number of staff the training matrix stated, 'Reminder given July 2017' against some areas of training. However, this 'reminder' had not resulted in action. This was discussed with both the training coordinator and the provider's representative via telephone following the inspection. The training coordinator confirmed that some of the training was out of date as staff did not always complete the training as requested. The provider's representative said that they would talk to staff and ensure that all training required was updated as a matter of urgency.

Following the inspection the provider's representative contacted us to confirm that all training was now booked or completed and changes had been made in the way training was arranged.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Staff confirmed that they received an induction and completed 'shadowing' visits before working independently. Staff new to care were also supported to complete training that met the standards of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

Staff told us they received regular supervision and an annual appraisal of their performance; this was confirmed in the records we reviewed. Staff said they felt able to approach the registered manager or members of the management team if they had any concerns or suggestions for the improvement of the service. A staff member said, "I have marvellous support from management."

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. We checked whether the service was working within the principles of the MCA. The registered manager confirmed that each person who currently used the service either had full or variable capacity to make day-to-day decisions.

From discussions with the registered manager and staff they demonstrated an awareness of the MCA and had an understanding of how this affected the care they provided. For one person, we saw that appropriate procedures were followed when they were unable to make specific decisions about their care or support and a decision had been made in their best interest.

People and their families told us that staff asked for their consent when they were supporting them. One person said, "They [staff] will always ask my permission before they do anything." Staff were clear about the need to seek verbal consent from people before providing them with care or support and this was observed during home visits.

Most of the people we spoke with said they or a family member prepared their meals. Those for whom staff prepared meals were happy with the way this was done and told us they were always given a choice about what they wished to eat and drink. Staff were aware of people's dietary needs included their likes and dislikes, what they could do for themselves and any additional support they may require. If staff had concerns about a person being at risk nutritionally, they reported this to the office, and referrals were made to the relevant community healthcare professionals if required.

Most people we spoke with were able to make their own arrangements in relation to their healthcare, or were supported to do this by a relative. However, where people required support to do this we saw that referrals were made to healthcare professionals including GPs, nurses, occupational therapists and mental health professionals in a timely manner. Staff were aware of the health needs people had and understood these. People's healthcare needs were also clearly recorded within people's care files. A person said, "They [staff] would get the doctor for me if I needed them to." A second person described a time the staff remained with them when they were unwell until additional assistance arrived. In one person's care file we saw that staff had been concerned about a wound to this person's skin. Staff had arranged for community nurses to visit and for equipment to be sourced to prevent further skin deterioration.

People were supported to use technology and specialist equipment to meet their care needs and to support their independence where appropriate. For example, we saw correspondence between the staff and an occupational therapist, to request specific equipment to help support a person safely. The computer system used by the service supported people to receive care from staff they were familiar with and also highlighted where staff and people may not be compatible. This helped to ensure consistency of staff and supported people's personal preferences to be met.

The management team and staff worked collaboratively across different services and organisations to ensure the person's needs were met and they had the right support. For example, care packages were only commenced after all appropriate equipment was in place to allow the person's needs to be met safely. Additionally, when people's needs changed, advice, guidance and support was requested from other services to allow effective and appropriate care to be provided.

Good

# Is the service caring?

## Our findings

At our last inspection; completed on the 2, 3 and 7 September 2015, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People and their families consistently told us about the good care provided by the staff at D.Care and described the staff as kind, caring and respectful. People's comments included, "They are lovely, these carers", "They are absolutely wonderful", "I'm very pleased with the carers; they're very friendly and always offer to make me a drink", "I am always amazed how kind and caring they are" and "I just couldn't be happier." One family member told us that "They are overall absolutely superb" and another said, "My [relative] likes the carers, so do I."

People and their family members spoke highly of individual staff members and confirmed they had a good rapport and relationship with the staff who supported them. One person said, "[The staff member] is more like a friend than a carer worker." A second person told us, "I particularly like [one staff member] as he's from the same place I am and we have a good chat while he helps me." During the visits to people's homes we saw that people had a good rapport with the staff that visited. For example, one person was receiving personal care from two staff members behind a closed door. We heard lots of laughter and friendly banter. When we asked the family member if this was usual they told us, "I always hear [my relative] and staff laughing and joking, [my relative] seems really happy with the staff."

People told us they were cared for with dignity and respect. One person said of the staff, "They are very respectful." Another person told us, "Yes, definitely (treated with dignity and respect), they are just very careful. They know where I can wash myself. They don't intrude in a personal way." A third person said, "They do very much 100% [treat me with dignity and respect]." A family member said of the staff, "They are very patient with [my relative]." During the home visits we saw all staff treated people kindly, gave them the time they needed and showed them respect.

People were encouraged to be as independent as possible. One person said, "I try to do things but they help me." Another person told us, "Yes; they do really [encourage independence]. It's just the little things. They will hand me the deodorant. I dry my own legs." A third person said, "They plug in the hairdryer and say, 'would you like to dry your hair yourself?" A staff member told us, "I don't take over, some people just need a little help and reassurance so that is what I do." People's care plans contained clear and detailed information about what people could and couldn't do for themselves.

Staff found ways to communicate with people in a way they understood. For example, care plans contained detailed information on how people communicated their wishes. During home visits, we observed staff knew people well and how to communicate with them. We saw staff supporting people to make choices throughout their visit.

People were supported to express their views and to be involved in making decisions about the care and support to be provided. This was achieved through regular reviews of the person's care which were

completed by a member of the management team, the person and, where appropriate, the person's family member. People told us that where they had requested a specific gender of staff member to support with personal care this was always respected. One person also told us that when they had requested to not have a particular staff member visit them, this was respected and the staff member was removed from their care team.

Good

# Is the service responsive?

## Our findings

At our last inspection; completed on the 2, 3 and 7 September 2015, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

Staff provided individualised care and support to people. People told us that they felt staff were knowledge of their needs and preferences and that they received personalised care. One person said, "The carers know what I need and how I like things done." Another person told us, "They are all on the ball." A family member told us, "They [staff] know [my relative] really well, I always hear them chatting away about things [my relative] likes." During home visits we observed staff supported people in a personalised way and staff were clear about the importance of taking a person-centred approach to providing care and support.

People had mixed views on the timing of their care calls. Comments included, "They've been a bit late some days" and "I do ask them not to come until 7.30am but they come before 7.00am." Yet all these people confirmed that they were happy with the service and would recommend it to others. Many other people were happy with the timings of their calls and the punctuality of the staff. People's comments included; "They are allotted time to have a chat," and "They don't rush me, I get what I need." Staff members also had mixed views on their ability to meet people's required call times. Staff comments included, "We don't get anytime between calls but I don't find it a problem as I'm used to it and tend to go to the same people regularly so that makes it easier", "Sometimes I feel like I am chasing my tail to try and catch up" and "I can usually get to my calls on time." People and staff comments were discussed with the management team on the second day of the inspection. The management team told us that when people started with the service they or a family member were made aware to contact the office if the staff member had not arrived within 15 minutes of their allocated call time. Staff members were also expected to contact the office if they felt that they were going to be late for any care calls. The management team explained that the delays were often due to the volume of traffic at particular times or the overrunning of a previous call. The management team agreed to review their allocation processes.

People were assessed before their care started to ensure that their needs could be met appropriately and effectively. This allowed the person the opportunity to discuss any care preferences they had, such as times of calls, gender preferences of staff and religious or cultural needs they had. The information gathered from the initial assessment was used to inform the person's care plan.

Each person's care plan contained information about their specific needs and how they wished them to be met. The information was available within the person's home and in the service's office. On viewing these care plans we found them to be clear, detailed, informative and easy to follow. They provided staff with clear guidance on what was expected of them at each visit and detailed information on how to ensure that people's need were met safely and effectively. For example, where people required a hoist to help them mobilise the information within the care plan advised staff on the type of hoist and hoist sling that would be required with detailed pictures of how these should be used. All the staff we spoke with told us that they found the care plans informative and helpful. Care plans were reviewed every three months or when the person's needs changed.

Staff recorded the care and support they provided at each visit and a sample of the care records demonstrated that care was delivered in line with people's care plans and people's wishes. Staff told us they were always informed about the needs of the people they cared for. Staff were kept up to date about any change in people's needs from the previous entries within the daily records, directly from the people and their families, and from the office staff and management team.

The service was able to respond to changes in people's needs, even if these were unpredicted, such as ill health. A person told us, "The [staff] would stay with me if I was unwell." Staff confirmed that they would remain with people if they needed to due to ill health, concerns or injury. A staff member said, "I would never just leave someone, I would stay with them for as long as I needed to. This is never a problem, I just let the office know and they will cover my calls." During the inspection we heard a telephone conversation taking place between a member of the management team in the office and a staff member that was supporting a person in their home. The staff member was passing on concerns they had about the health of the person they were supporting. Advise was given and a discussion took place about contacting heath care professionals. The staff member was also reassured that their next call would be covered if they needed to remain with the person.

People told us they knew how to raise a complaint and felt happy that if they did so they would be listened to. One person said, "I have no complaints what so ever." Another person told us, "I can't fault anything about the service, I don't think they would ever give me a reason to complain." The management team confirmed that they had received no formal complaints in the last 12 months. The management team were clear about their responsibilities to investigate any complaints and were able to describe the process they would take when dealing with any issues or concerns.

Although no one using the service was receiving end of life care, the management team provided an assurance that people would be supported to receive good end of life care and supported to help ensure a comfortable, dignified and pain-free death. They told us that they would work closely with relevant healthcare professionals, provide relevant support to people's families and ensure staff were appropriately trained.

Good

# Is the service well-led?

## Our findings

At our last inspection; completed on the 2, 3 and 7 September 2015, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

All people; including those who commented on the timings of their care calls told us they were satisfied with the organisation and the running of the service. Comments included, "They seem to be well managed", "It's a very good agency, they do well", "I'm happy with the service" and "I just couldn't be happier [with the service]."

There was a clear management structure in place, which consisted of the provider's representative, a registered manager, the operations manager and care co-ordinators. Staff were able to describe the role each person played within this structure. Staff were complimentary about the management team and told us they enjoyed working at D.Care. One staff member said, "The management team are really good and helpful, they are always there for us when we need them." Another staff member said, "We are really well supported."

The provider had a clear set of values and staff knew what was expected of them. They were familiar with the provider's ethos of providing people with high quality person-centred care. The operations manager told us, "We want to ensure that people get the care they need, the way the want it." The management team also confirmed that although staff were not provided with travelling time between calls, "staff were allocated to calls within the same area"; this was confirmed by a member of care staff.

The management team were aware of, and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings, unannounced spot checks and regular contact with the people that used the service and their families. Feedback from people, their families and staff showed the service had a positive and open culture. Staff confirmed they were able to raise issues and make suggestions about the service and care provided in their one to one sessions or at other times when they visited the main office. One staff member told us, "They will listen and act when needed." Another staff member said they felt listened to by the management team and felt able to approach them if they had any concerns or suggestions for the improvement of the service.

The management team sought feedback from people and their families on an informal and formal basis such as, during telephone contact and during review meetings. Quality assurance questionnaires which were sent to people and their families annually, where appropriate. The last quality assurance questionnaires were completed in November 2017. The results of these showed that nearly all of the people using the service and their family members were positive about the overall quality of the service provided. Where areas for improvement were recorded we saw that action was being taken to address these issues. For example, four people commented on the time of their calls. This had resulted in letters being sent to all people offering them a visit from a member of the management team to discuss and address this issue.

There was an appropriate quality assurance process in place to monitor and continually improve the service

provided. The daily care records and MAR sheets kept in people's homes were returned to the office regularly. These were then reviewed by the registered manager in order to pick up any recording errors, missing entries and to review the quality of record keeping. The registered manager told us, "If concerns were found during the auditing process I would discuss this with staff and arrange additional training if required." Additionally, the registered manager and coordinators completed 'spot checks' during staff care visits to check staff were working to the required standards. The checks included punctuality, moving and positioning practices, medicine administration and dignity and respect. Staff were provided with written feedback from these 'spot checks' and where the checks indicated staff needed additional support, this was provided.

There were processes in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety. The registered manager kept up to date with best practice through training and reading relevant circulars and updates provided by trade and regulatory bodies.

D.Care had up to date and appropriate policies in place to aid the running of the service. For example, there was a whistle-blowing policy in place which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. A duty of candour policy was in place; this required staff to act in an open and transparent way when accidents occurred. The registered manager was aware of their responsibilities and notified CQC of significant events and safeguarding concerns. This meant that they were aware of and had complied with the legal obligations attached to their registration.