Miss Linda Deazle

Linda Deazle t/a D R & C Private Home Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 10 August 2016 and was announced. This meant we gave the provider 48 hours' notice of our visit because we needed to make sure someone would be in the office to meet with us.

Linda Deazle Agency provides personal care for people living in their own homes. On the day of the inspection the registered manager informed us that there were seven people receiving personal care from the service.

A registered manager was in place. 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 and associated Regulations about how the service is run. The provider is the registered manager.

People and relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

Risk assessments were not fully in place to protect people from risks to their health and welfare. Staff recruitment checks were not comprehensively in place to protect people from receiving personal care from unsuitable staff. People told us they had received personal care at agreed times to promote their health and welfare.

We saw that medicines were, in the main, supplied safely and on time, to protect people's health needs though more information was needed to evidence this had always been carried out.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choice about how they lived their lives but did not have an awareness of their responsibility to assess people's mental capacity.

Staff had awareness of people's health care needs and were in a position to refer to health care professionals if needed though this had not always been carried out.

People and their relatives we spoke with told us that staff were friendly, kind, positive and caring.

People, or their relatives, were involved in making decisions about how they wanted their personal care to be provided.

Care plans were individual to the people using the service to ensure that people's individual needs could be

met.

People or their relatives told us they would tell staff or management if they had any concerns and were confident any issues would be properly followed up.

People and their relatives were satisfied with how the service was run by the management. Staff felt they were fully supported in their work by management staff.

Management carried out audits and checks to try to ensure the service was meeting people's needs, though this system needed strengthening to identify issues to improve the quality of service to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments and staff practice to protect people's health and welfare were not fully in place to protect people from risks to their health and welfare. Staff recruitment checks were not comprehensively in place to protect people from receiving personal care from unsuitable staff. People had received care at agreed times to promote their health.

Medicines had been, in the main, supplied as prescribed to protect people's health.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were trained to meet people's care needs though more training was needed for staff to be in a position to meet the needs of all the people using the service. People's consent to care and treatment was sought though staff were not aware of how to implement the MCA. People's health needs had not been consistently promoted. People's nutritional needs had been promoted and protected.

Is the service caring?

Good

The service was caring.

All the people we spoke with and their relatives told us that staff were friendly and caring and respected their rights. We saw that people or their relatives had been involved in setting up care plans that reflected people's needs. Information about people's religious practices were in place to ensure that staff were provided with the information to respect people's preferences.

Is the service responsive?

Good

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs. People and their relatives were

confident that any concerns they identified would be properly followed up by the provider. Contact had been made with relevant agencies to provide support to respond to people's needs.

Is the service well-led?

Good

The service was well led.

People and their relatives told us that management listened and acted on their comments and concerns and they thought it was a well led agency. Staff told us the registered manager and senior office staff provided good support to them. Staff said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. Systems had been audited in order to measure whether a quality service had been provided but not all issues had been actioned to improve the service.

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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 10 August 2016. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with three people who used the service, three relatives, the registered manager, the care coordinator and three care workers.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits related to the quality assurance on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with thought that care had been delivered safely. One person told us, "Yes, I feel perfectly safe with staff. " A relative said, "The staff are really good. They keep my dad safe. "

Staff gave us examples of how they kept people safe. For example, a person had a health condition which meant they sometimes had a problem with walking, and were at risk of falling. Staff assessed this need on a daily basis and, when needed, provided a wheelchair, so they did not fall when their mobility was affected . Staff told us they would make sure there were no hazards on the floor so that people were protected from the risks of tripping and falling.

We saw that people's care and support had been planned but not always in a way that ensured their safety and welfare. Care records contained risk assessments for some aspects of people's care. For example, people's moving and handling needs. However, they did not always contain detailed risk assessments for other identified risks. For example, risk assessments for managing behaviour that challenged the service or for preventing pressure sores. Staff did not have the information on how to keep people safe.

One person's care plan stated that they were at risk of developing pressure sores. However, there was no specific risk assessment in place to reduce the risk of skin damage. This meant there was a risk that the person may develop damage to their skin. We checked with the person at risk of developing pressure sores. They told us that staff always applied cream, so despite the lack of assessment, some action had been taken to mitigate risks to this person's health.

Another care plan noted the person had behaviour that may challenge the service. There was no detail for staff about how to manage these situations. This meant there was a risk to the safety of the person and other people. The registered manager said she would ensure that risk assessments were put into place to provide guidance for staff on action they should take. We looked at a staff team meeting which discussed a person's needs and found relevant information in the minutes of the meeting. However, it did not cover all of the person's assessed needs, so there was a risk that their needs would not be safely met. The registered manager recognised this.

We did not see evidence that risks within people's homes had been assessed and managed. For example, risk assessments did not set out how to protect people from identified hazards in the environment such as electrical appliances and tripping risks. The registered manager said this would be put into place.

Staff told us examples of how they kept people safe such as making sure that there were no trailing wires to trip people up, medicine was stored safely, doors and windows were kept shut and locked when needed. This showed that staff were aware of taking action to ensure people's safety.

People had emergency contact details for the agencyabout who to contact in the event of an emergency. This was confirmed by people we spoke with. There was evidence in an incident record that the registered manager had taken a telephone call from a relative that needed assistance in the early morning. This

showed us that emergency assistance was available at all times to protect people's safety.

We saw that staff recruitment practices were not always in place. We checked three staff records. Records showed that before new members of staff were allowed to start, checks had been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, for one staff member whose reference stated they had been subject to disciplinary procedures in their previous employment, there was no evidence that further checks had been carried out to explore this and why this information contradicted what the person stated in their application. This meant there was a risk of an unsuitable staff member being employed to provide care for vulnerable people using the service.

We found that sufficient numbers of staff had been available to meet people's needs, as people and their relatives told us that calls had been made on time or office based staff had contacted them to explain why they would be late.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities. Staff were aware of relevant outside agencies to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, in the safeguarding adults policy, this did not include information as to what different types of abuse were. There was therefore a risk that staff might not realise certain situations as being one of abuse and therefore not be reported to relevant agencies. The whistleblowing policy did not have contact details of outside agencies if they did not have confidence that the management of the service would properly deal with their concerns. The registered manager said this would be amended.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. The registered manager was aware that if a safeguarding issue came up, she would report this to the safeguarding authority and work with the authority to protect the safety of the person.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about people not receiving their medicine. One person said, "My carers remind me to take it."

We saw evidence in medicine records that people, in the main, had received their daily prescribed medicines. However, we also found evidence that a medicine have not been supplied from June to July 2016 and there was no reason recorded as to why this was. Another medicine was not supplied from July 2016 and again there was no recorded reason why this had not been supplied. The registered manager said these medicines were no longer prescribed but she would follow up the issue of recording this information.

Staff had been trained to administer medicines safely to assist people to have their medicines and staff had been assessed as being competent to do this. We saw that a medication administration policy in place for staff to refer to which assisted them to provide medicines to people safely. However, there was no information in place for staff on the purpose of specific medications and their side effects. The registered manager said this would be put into place.

Requires Improvement

Is the service effective?

Our findings

People and their relatives we spoke with said that effectively met their needs, from properly trained and competent staff. One person said, "I get the same staff so they know my needs."" Another person told us, "Staff know what to do. They seem to be well trained. They know how to deal with my son when he gets upset."

Staff told us that they thought they had received training to meet people's needs. A staff member said, "I don't think I need any other training." Another staff member said, "If I need any more training I tell the manager and this is arranged." Staff also told us that they were provided with information about understanding people's health conditions such as Parkinson's disease.

The staff training matrix showed that staff had training in essential issues such as such as protecting people from abuse, and mental health awareness. We saw that the registered manager was an accredited trainer in how to move and handle people and medicines administration. This meant staff from the agency had undertaken accredited training in supplying medicines and effectively being able to move and support people. We saw that training on the other relevant issues such as providing care to people living with dementia, dealing with behaviour that challenged, diabetes and epilepsy was also planned.

New staff were expected to complete induction training which covered relevant care issues. Staff were not expected to complete training on the Care Certificate which is national recognised training for staff. This was discussed with the registered manager for consideration.

Staff told us that new staff undertook an induction when they had begun work with the agency, which included shadowing experienced staff on shifts. We saw evidence that the registered manager observed and checked that staff had the skills and competence to provide effective care to people.

Staff we talked with said they had spot checks from the management of the agency to check they were providing care effectively. Staff told us they received supervision and there was some evidence of these sessions, though this was infrequent. The registered manager said this would become more frequent in future. This will then provide staff with more support to provide effective personal care to people using the service.

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 authorised under the MCA. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Whilst there was information referring to people's capacity to make decisions, there were no formal

procedures in place to assess people's mental capacity. The registered manager said that she would set up a system to assess people's capacity and a process to take decisions in people's best interests, if assessed to be needed. Staff were aware of their responsibilities about this issue as they told us that they always asked permission before they supplied care to people. This was also confirmed by people and relatives we spoke with. This meant that staff ensured people were able to choose to consent to the care provided. However, staff needed training on how to assess people's capacity to make decisions about how they lived their lives .

People told us that the food prepared by staff was good. One person told us, "Staff prepare my food and do it well." A relative said, "Staff are good cooks." People told us that their food choices were respected and staff knew what people liked to eat and drink. They told us that people had drinks and snacks left for them between calls to make sure they did not become hungry or dehydrated.

A care plan we looked at stated that the person needed to be prompted to eat and to have a healthy diet. However, although there was information that the person needed to be supplied with a piece of fruit for breakfast, there was no other indication of what this diet would consist of. The registered manager said this would be followed up to ensure the person was offered and encouraged to eat healthy foods.

We saw evidence that staff contacted medical services if people needed any support or treatment. For example, we saw in daily care notes that person had a boil on their leg. This was reported to office staff and the district nurse was then contacted to assess and supply treatment. On another occasion, a person had a fall. Records showed that the ambulance was called and the person was taken to hospital for treatment. We saw that a person's social worker had been contacted to request a specialist visit due to a change in a person's behaviour. A person told us that staff took them to their health appointments to make sure their health was maintained. These were examples of staff acting to provide effective care to meet people's needs.

However, this was not always carried out consistently. For example in April 2016, a care record noted that a person had bleeding from a blister. There was no evidence that medical personnel such as the district nurse had been contacted for treatment. The registered manager said this would be followed up.

Good

Is the service caring?

Our findings

All of the people and their relatives we spoke with thought that staff were kind and caring in their approach. A person told us, "All the staff are friendly and kind." Another person said, "They help me all the time. I have the same staff and I know all of them and they know me." A relative said, "The service is good. Staff are respectful."

We saw information in service user surveys that praised staff members. One survey from a person using the service stated, "[staff member's name] is fantastic, trustworthy … very kind, a good listener, supportive."

We saw evidence that people had face to face meetings with members of the office to discuss how their care was going. People considered that care staff were good listeners and followed their preferences. People and their relatives told us their care plans were developed and agreed with them and that they were involved in reviews to make sure they got the care they needed.

People told us that staff knew their preferences and choices, such as what type of drink they liked. Care plans had included information of importance to people. For example there was information about anything that the person disliked, such as raised voices, and also tips for talking to people, such as not correcting the person and going with the flow of their conversation.

Care plans included whether people were religious to provide information to staff on respecting people's beliefs. A relative told us that staff accompanied her relative to church. This information was included in people's care plans to help staff to provide relevant respect and support for people's preferences.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff used preferred names, gave them a choice of what food they wanted to eat or the clothes they wanted to wear.

Care plans set out how staff should respect people's privacy. Staff told us that they protected people's privacy and dignity. They said they always knocked on doors before entering their houses and covered people when they provided personal care. One staff member told us, "We are going to people's houses and we need to respect them and their things."

We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. The staff handbook also emphasised that people's rights needed to be respected. This encouraged staff to have a caring and compassionate approach to people.

The care plans we looked at stated that staff needed to encourage people's independence. People stressed that being independent was very important to them. For example, one person told us, "I can do things for myself and the staff don't take over. They leave me to do it." The staff handbook emphasised the importance of promoting people's independence.

This presented as an indication that staff were caring and that people and their rights were respected.

Good

Is the service responsive?

Our findings

People and relatives we spoke with told us that staff would do anything asked of them. One person told us, "If I need anything doing, there is no problem. Staff are really good and would do anything." Another person said that when the registered manager had initially visited them, they were told that if there were any issues these would be quickly looked into. This made them feel positive about raising any issue of concern

People spoken with and their relatives told us that office staff responded to their requests and made changes where needed .

We found that people had an assessment of their needs and information about their personal profile in the care plan. People using the service and relatives we spoke with said that management properly assessed people's needs before providing a personal care service and meeting their needs. Assessments included relevant details such as the support people needed, for example, information relating to personal hygiene, mobility and communication needs. There was also information as to people's social and emotional needs, personal histories and preferences and how they liked to spend their time. For example, it was noted that person liked to chat and there was information to assist staff on what the person liked to talk about. This helped staff to ensure that people's individual needs were responded to.

People told us that they received their personal care from the same staff and they appreciated this. This meant that staff were able to get to know people's preferences, and people received the service from staff that were knowledgeable about their needs.

We saw that the assessment of a person's support to help them transfer had identified that equipment was needed to help the person and how many staff were needed to ensure this was carried out. The relative we spoke with confirmed that staff carried out this procedure properly.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed and they were informed of this so that they could respond to these changes. Staff told us they informed office staff of any changes that needed to be made to respond to people's needs.

People and their relatives told us that care plans were reviewed by the management from the agency to ensure any changing needs were recognised and could then be responded to. We saw evidence that this had been carried out in people's care plans.

People told us of other agencies involved in their care including the adult care department, GPs, and community nurses. A person told us that the registered manager had contacted other services when needed. For example, a person said that the occupational therapy service was contacted so that an assessment could be made for a new wheelchair. They said the registered manager had also helped them to advocate with the occupational therapy service to install a ramp to their front door. This showed that the person's needs had been responded to.

We found that people and their relatives were aware of how to make complaints. They told us they would speak to the registered manager or care coordinator if they had any concerns, and would feel comfortable about doing so. No one stated that there had ever been an issue about the attitude of any staff members. Everyone told us they were confident that action would be put in place if there was ever an issue in the future, to ensure people's needs were responded to. One relative said that if they had any concerns then they just needed to speak with the registered manager who had always arranged a meeting, listened to them carefully and then took appropriate action.

Staff told us that there had never been an occasion when they received complaints from people or their relatives but, if there ever was, they would report issues to the registered manager or care coordinator and they were confident that issues would be dealt with.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. It stated that should people complain, they would be taken seriously. The procedure stated that the complainant could contact the commissioning body but did not explicitly state they could go to the complaints body, the local authority, or the local government ombudsman should they have concerns that there complaint had not be being investigated properly by the local authority. The registered manager stated the procedure would be amended.

We looked at the complaints file. We found only one complaint had ever been made. The complaint had been investigated and action taken as needed. However, no response had been provided to the complainant setting out the results of the investigation. This would provide assurance to complainants that they had received a comprehensive service responding to their concerns. The registered manager said this would be carried out in the future.

Good

Is the service well-led?

Our findings

All the people and their relatives we spoke with said that the service was well run and organised. One person told us, "It is a very good service." Another person said, "It suits me. I never have any problems." A relative told us, "When I have concerns, we have a meeting. They are attentive and they listen to our suggestions."

People told us that they always saw the registered manager and could speak to her about anything and always received a sympathetic response. One person said, "If I am depressed, I will call [the registered manager]. She has always got time to listen and help me."

The registered manager was aware that incidents of alleged abuse needed to be reported to local authority safeguarding teams to protect people from abuse. To date there has not been a safeguarding incident. The registered manager stressed to staff that people using the service needed to be protected from abuse.

Staff were provided with information as to how to provide a friendly and individual service. For example, to always respect people's rights to privacy, dignity and choice. Staff told us that the management of the service expected them to provide friendly personal care to people, and to meet their individual needs.

All the staff we spoke with told us that they were well supported by the management of the agency. They said that the registered manager and care coordinator were always available if they had any queries or concerns. One staff member said, "I know I can get in touch at any time and get any support I need." Staff told us that they were asked what hours they could do, so they could fit this into their other commitments. They were not pressurised to carry out work which they felt they did not have time to do.

We saw that staff had been supported in providing care by having staff meetings. These mainly centred around the care of individual people using the service. We saw evidence of these meetings. This meant staff are kept fully informed about people's changing needs and how to provide care to meet those needs.

People using the service, their relatives and staff members we spoke with told us that they would recommend the agency if a relative or friend of theirs needed this service, as everyone rated the care provided as being very good.

There was evidence that people's needs were reviewed. Reviews covered important issues such as their general satisfaction with the service, whether their care needs were being met and whether they needed any more assistance with regard to meeting their health needs. People were also contacted periodically by telephone to check that they were satisfied with the service.

We saw that people had been asked about their views about the running of the service through a satisfaction survey. There were positive comments about the standard of service that people received such as, "This service is brilliant." And "Friendly, I can have a laugh." The only issue raised was outlined in the action plan, although there was no detail on how it was to be progressed. The registered manager said she would put this into place and act on the issue.

Staff had not received a survey. The registered manager said this would be considered so that staff had more of an input into the overall running with the service.

We did not see a system whereby staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude, and performance such as respecting people's privacy and dignity. The registered manager said this had been carried out and she would send us evidence of this.

Daily care records had been reviewed to ensure they were still relevant to people's needs. This included the times of staff arriving and departing so that staff were checked to see if they were on time and stayed for the full length of calls. However, we saw a small number of records where staff had not attended at the agreed time, and an issue where a person's health condition had not been referred to medical personnel, but this had not been picked up in the audit process. The registered manager said these issues would be reviewed and followed up.

Medicine sheets had been audited to check that people had been supplied with their prescribed medicines.

This process assisted in developing the quality of the service to meet people's needs.