United Response

Durham and Darlington Domiciliary Care Agency

Inspection report

Milburn House
17 Woodland Road
Darlington
County Durham
DL3 7BJ

Date of inspection visit:
19 May 2016
20 May 2016

Date of publication:
14 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

The inspection took place on 19 and 20 May 2016. The inspection was announced as Durham and Darlington Domiciliary Care Agency provides domiciliary care to people in their own homes and we gave the service 24 hours' notice to make sure there was someone at the office for the time of our inspection.

Durham and Darlington Domiciliary Care Agency is a domiciliary care service that provides personal care and support to people with learning disabilities and autism who live in their own home or supported living. The service covers the Darlington, Gateshead and County Durham area and at the time of our inspection the service supported 27 people.

The service had a 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.

At the time of our inspection the registered manager was about to retire and was job sharing with the replacement manager as part of a handover. The new manager had applied to CQC for registration and was awaiting their interview. The registered manager was not available at the time of our inspection due to a family bereavement. Therefore the inspection was carried out with the replacement manager.

We spoke with members of the staff team including service managers and care staff who told us that the registered manager was always available and approachable. We spoke with people who used the service on the day of the inspection and their relatives.

We saw that peoples prescribed medicines and topical medicines were recorded when administered. We looked at how records were kept and spoke with the replacement manager about how staff were trained to administer medicines and we found that the medicines administering, recording and auditing process was safe.

From looking at people's support plans we saw they were person centred. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes and needs and choices are taken into account. The support plans made good use of personal history and described individuals care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the support workers and the registered manager.

People who used the service received person centred support and their individual needs were respected and valued.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we

viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP and care manager.

Our conversations with people who used the service and their relatives during the inspection showed us that people who used the service were supported in their own homes by sufficient numbers of staff to meet their individual needs and wishes.

We looked at the recruitment process and found that relevant checks on staff took place and this process was safe. People who used the service chose their own staff and together with their families were a major part of the recruitment process.

People were encouraged to plan and participate in activities that were personalised and meaningful to them. People were supported regularly to play an active role in their local community, which supported and empowered their independence including; accessing local facilities and the wider community.

We saw a compliments and complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found the service had been regularly reviewed through a range of internal and external audits. We saw action had been taken to improve the service or put right any issues found. We found people who used the service, their representatives and healthcare professionals were regularly asked for their views about the service via surveys.

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. At the time of this inspection one application had been made to the Court of Protection and several others had gone through the process.

We found breaches 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

The service ensured the safe management of medicines.

There was sufficient staff to cover the needs of the people safely in their own homes.

The service had individualised risk assessments in place that were developed in a person centred way.

People who used the service knew how to disclose safeguarding concerns, staff knew what to do when concerns were raised and they followed effective policies and procedures.

Is the service effective?

Requires Improvement

This service was not always effective.

Staff training was appropriate to meet people's needs but some needed refreshing and some competency assessments were out dated.

Staff were regularly supervised and received regular appraisals.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

The service communicated well with other healthcare professionals and people were supported to access other healthcare services.

Is the service caring?

Good

This service was caring.

People's independence was promoted and people were supported with this.

People were treated with kindness and compassion.

People had the privacy they needed and were treated with dignity and respect at all times.

Staff were knowledgeable about advocacy and people had access to advocacy where needed.

Is the service responsive?

Good

This service was responsive.

People received person centred care and support in accordance with their preferences, interests, aspirations and diverse needs.

People and their families took part in choosing their own staff.

Person centred planning included activity plans and goal setting and this reflected people's aspirations and enabled them to plan for them.

Is the service well-led?

Good

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included person centred approaches to support, dignity, respect, equality and promoting independence.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints and comments.

Durham and Darlington Domiciliary Care Agency

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 19 and 20 May 2016 and was announced. The inspection team consisted of two Adult Social Care Inspectors. At the inspection we spoke with the replacement manager and six support workers. We were unable to speak with the registered manager due to a family bereavement.

During the inspection we spoke with people who used the service and their relatives. We spoke with one at the main office and three at their home. We spoke with four relatives over the phone.

During the inspection we also spoke with one member of the local authority social work team who worked alongside the registered provider to support the people who used the service. They were complimentary about the service and had no concerns.

Before the inspection we checked the information that we held about Durham and Darlington Domically Care Agency. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service, including commissioners and no concerns were raised.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

The registered provider completed a provider information return (PIR) prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning our inspection.

We also reviewed; four support plans, four daily records, staff training records, five staff recruitment files, medicine administration records, accident and incident reports, safety certificates, internal communications, quality surveys and records relating to the management of the service such as audits, policies, rotas, call sheets and minutes of team meetings.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe having Durham and Darlington Domiciliary Care Agency supporting them in their own home. One person told us "Yes they do, the staff help to keep me safe." Relatives told us they were happy and they felt their family members were safe with Durham and Darlington Domiciliary Care Agency and they told us; "Everything is done with safety in mind, checks to equipment including wheelchairs and specialist beds," Another relative told us; "Yes safe, very much so."

During the inspection we were unable to observe medicines being administered in peoples own homes but could see how medicines were stored, managed and recorded within the supported living scheme we visited. We looked at the Medicines Administration Record (MAR) sheets. We found that there were no omissions within the MAR sheets. Where people were prescribed topical creams these were administered and recorded but we found that directions were not clearly marked on body maps. When we raised this with the manager they assured us that they would put them in place.

We looked at what was in place for people who needed PRN medicine (as and when required) and we found that for some people they had very detailed procedures in place within their health plan and the MARs but others didn't have any in place and when we asked the senior staff they explained that they knew when someone needed PRN Medicines and that they would administer them and record it. When we raised this with the manager they agreed to improve their PRN protocols to include everyone.

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. The staff members we spoke with were aware of who to contact to make referrals to or to obtain advice from. Staff had attended safeguarding training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I've done training in safeguarding and I've learned about the policies. I would immediately report any concerns to my manager. If I thought the manager was involved then I would contact the on call. I would make sure that everything was documented. The safeguarding team would be informed as well."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw evacuation plans were in place for the main office and also for the care staff to follow when in a person's home. These evacuation plans provided staff with information about how they could ensure an individual's safe evacuation from their home in the event of an emergency. One member of staff told us "We ensure that people are aware of health and Safety in their own homes and we have plans in place for an emergency and we practice them monthly." For fire safety we saw that people had individualised evacuation plans to enable them to safely exit their home in the event of an emergency.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to people's needs, such as taking medicines independently. Individuals had personalised risk assessments to suit their needs and to enable them to take risks safely. One member of staff told us; "We help people to keep safe and lock

their doors when they go out, check people's ID (identification) and not to let people in their home. Also not to carry large sums of money."

We looked at the arrangements that were in place for recording and monitoring accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system and we saw actions had been taken to ensure people were immediately safe. One member of staff that we spoke with told us "The manager goes through all the incidents and accidents when monitoring and asks us what could have been done differently and how could we prevent them from recurring, I think that's good."

During the inspection we looked at the recruitment policy and five staff files that showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

We found there were effective systems in place to reduce the risk and spread of infection and staff were trained and aware of the importance of infection control. One member of staff told us; "We can get protective clothing and gloves when we need them. We support people with the importance of infection control and food safety too."

Requires Improvement

Is the service effective?

Our findings

We looked at staff training and competencies within their training records and we could see that five staff members had seven core training courses that had expired and 12 staff had 19 competency checks that had expired some by one year and some by two years. These included; medicines, health and safety, safeguarding, mental capacity act and moving and handling. This meant that staff training was not up to date to enable staff to carry out their role effectively.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual staff supervisions and appraisals were planned in advance and took place regularly. Supervisions are when staff have one to one time with their manager to discuss their progress and working practices. These supervisions were carried out by senior staff and were then monitored by the registered manager when they supervised the senior staff. However we found that there was no clear tracking system in place. When we brought his to the replacement manager's attention they explained that they were in the process of developing one and then showed us what they were implementing.

Appraisals were also held annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. One member of staff told us; "Once a month we have a one to one and then we get an appraisal once a year. They're all typed up and we sign them. But you don't have to wait till your one to one if you have a problem it can be addressed there and then so you can discuss the things you can do and if you need any support. The support you get is always there even if you need counselling."

For any new employees, their induction period was spent shadowing experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files but the supervision didn't pick up that some staff training had expired. Therefore the staff development part of the supervisions was not effective.

New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn.

We looked at staff meeting minutes we could see that staff discussed the support they provided to people in their homes and guidance was provided by the manager in regard to work practices. Opportunity was given to discuss any difficulties or concerns staff had. One staff member told us "We have meetings and team days to discuss what the people we support like doing and we can share ideas."

We spoke with people who used the service, relatives and family members about how the service supported people to prepare meals. One relative told us; "[Name] has thickened drinks and the staff support them with drinks and all the food is done at the right temperature for [name]." Another relative told us; "[Name] needs full support with feeding and has a PEG all the staff are trained in this and use gloves and sterile water." PEG (Percutaneous endoscopic gastrostomy) Is used when people are unable to swallow food. One person who used the service told us; "I'm going to be making a courgette omelette, I like cold cucumber soup and I like trying new things, the staff help me." One staff member told us; "We encourage healthy eating and support people to make healthy choices."

Where possible, we saw that people were asked to give their consent to their care and we could see in peoples support plans that they had been involved in the development of the plan and their comments were clearly recorded. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. We saw from the support plans that people were supported to access other healthcare professionals including; wheelchair clinics, dentists, GP, community nursing teams, speech and language therapy team and social work team. Staff had good working relationships with these professionals.

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. At the time of this inspection one application had been made to the Court of Protection.

We saw records that showed that the service ensured people's well-being was maintained. Each person had a personalised health action plan that held detailed information regarding their healthcare needs and their general health and wellbeing. Each health action plan also contained an accessible hospital passport to be used whenever a person was admitted to hospital. When we spoke with staff they were able to give us examples of how they had used them to support someone who was going into hospital for surgery they told us; "We go through [name] hospital passport with the hospital staff at their appointments before admission."

All contact with community professionals that were involved in care and support was recorded including; the dentist, chiropodist, district nurse team and GP. Evidence was also available to show that people were supported to attend medical appointments.

Good

Is the service caring?

Our findings

When we spoke with the people who used the service they told us staff were caring and supportive and helped them with day to day living. One person who used the service told us; "Staff support me to do some things like going to doctor's appointments, but I can go other places on my own." When we spoke with relatives about how the staff supported people within their own home and how they were able to protect people's dignity and respect their wishes. One relative told us; "[name] is never made to feel embarrassed the staff do a great job of protecting dignity especially with personal care."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's support plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role.

During our inspection we were able to observe care staff protecting peoples dignity and privacy. One member of staff asked the person they were supporting if it was "OK" for us to be in their home to speak with them and when they needed assistance with a personal task, the staff member asked us to leave the room without disclosing or compromising the person's privacy or dignity. One staff member we spoke with told us; "If we are in their house, people have their own room and we always knock first and we wait for them to call us in." This showed us that staff knew the importance of protecting peoples dignity and privacy.

We observed the staff interacting with the people who used the service at their home. The atmosphere was relaxed and staff and people were comfortable with each other; smiling and interacting with the people who used the service in a positive and encouraging manner. One relative told us; "The staff are good we are perfectly happy with them. The care and concern they have for [Name] is excellent." Another relative told us; "the staff are a lovely bunch of people, we are very happy, never had any problems. We have been lucky."

When we spoke with a social worker who supported someone who used the service they told us how they felt the staff were caring and went out of their way to support that person through personal anxiety, they told us; "The staff were very supportive and really knew the person well. The staff responded positively and helped [name] with dealing with personal issues."

We asked staff how they promoted peoples independence and they told us; "We get people involved in things as much as we can, for example, if someone needs prompts then we give them. We don't de-skill people. We encourage them to do what they can for themselves like making meals and cuppas." We also asked relatives how the staff supported their family members and one relative told us; "[name] can't physically do things in their room but the staff do all they can to involve them in tasks like tidying their room and talking them through everything."

During our inspection we saw in peoples care files and daily records that regular contact with family and friends was encouraged where possible and recorded. When we spoke to family members they told us that they valued the regular communication and one relative said; "I like it when I pop in and visit. The staff

support [name] to come to the door and answer the door. Even though she can't do this themselves it makes a big difference and [Name] is all smiles when we see them at the door. These little things mean a lot to us both."

We saw that there was information in the support plans for people who used the service regarding local advocacy services that were available. When we spoke with staff members, they were knowledgeable about advocacy and told us; "No one we support has an advocate at the moment everyone has active family members who act as their advocates but if someone needed one we know what to do and where to go to get the support."

Good

Is the service responsive?

Our findings

On the day of our inspection we were able to speak with a person who used the service. They were being supported by a member of staff to carry out their cleaning job that they did at the registered office. They told us; "The staff help me to go out and use the bus and I come here and do the cleaning."

The support plans that we looked at were very detailed and person centred. 'Person-centred' is about ensuring the person is at the centre of everything they do and their individual wishes and needs and choices are taken into account. The support plans gave details of the person's likes and dislikes, personalised risk assessments, daily routines and planned activities. The support plans gave an insight into the individual's personality, preferences and choices. They had a section that set out how people liked to live their lives and made use of pictures and was accessible for the people themselves.

We saw people were involved in developing their own support plans. We also saw other people that mattered to them, where necessary, were involved in developing their support and activity plans too. One relative who we spoke with told us how they were involved; "Yes, we are involved we go to [name] review meetings and it is all explained; what the care plan is, and how it's adhered to."

People had set themselves goals within their person centred plans and they had been supported to achieve them. One person wanted to be able to overcome their anxiety and be able to visit some shops. This person was supported to do this and visited the shops with staff and their relatives for the first time and this was a major achievement for them and this took weeks of careful, timing and planning to ensure the environment was safe and at a quiet time for the person to achieve this.

People were encouraged and supported to take part in meaningful activities and to be an active part within their local community. When we spoke with peoples relatives they told us; "The staff take [Name] into town regularly so that they can go clothes shopping and choose their own clothes. [Name] also enjoys days out to Redcar and Saltburn and also sensory activities." Another relative told us; "The staff support [name] to visit the local pub regularly and the local shops and people know them."

From speaking with staff, relatives and people who used the service we were able to establish that staff enabled people who used the service to maintain their choices, wants and wishes. One relative told us; "We know [name] is included in everything. The staff tell him things and he smiles when he is happy. Everything is included in his choices; I cannot fault them on that." One staff member told us how they involved the people they support in making choices and they told us; "[Name] has flash cards and we use them to explain set things to him for example, what to do that day, a trip to hospital, or what staff are coming in that day or photos of cooked meals."

People who used the service were involved in the recruitment process for new staff and would take part after shortlisting in a second stage interview where they would ask prospective support workers questions about what was important to them and their support. Some people who used the service who don't use words to communicate would use photos to help them to ask questions. We saw evidence of how

candidate's responses and answers were recorded. People were then able to score candidates by using a smiley faces format. Relatives were also included in the recruitment process and one relative told us; "We got involved in the recruitment of staff with [name] and we really appreciated that opportunity."

The service had a compliments and complaints procedure in place and the registered manager and staff were able to demonstrate how they would follow the procedure and deal with complaints. When we asked staff if they knew how to make a complaint they told us; "Yes I know who to contact." When we asked people who used the service one person told us; "I would tell my support staff." We also asked relatives if they were aware of how to raise any complaints and one relative told us; "I have complained in the past, but not at the moment everything is fine. I was satisfied how it was dealt with previously and it was resolved." This showed us that the complaints procedure was well embedded within the service.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in post that managed the staff team and ran the service. A registered manager is a person who has registered with CQC to manage the service. The registered manager was qualified, competent and experienced to manage the service effectively. The registered manager was coming up to retirement and was job sharing with the replacement manager. The replacement manager was in the process of registering with us. The registered manager was unavailable at the time of our inspection due to a family bereavement and the inspection was carried out with the replacement manager.

Staff and relatives told us that they were supported by the registered manager. We saw that the manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. One relative and one member of staff told us; "The support from the manager is always there." One relative told us; "The manager runs a tight ship" and "The manager is approachable yes, I can just call them up and I have done."

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The manager told us; "our main aim is to support people to maintain and develop independence within their own homes. Working with them in a person centred approach to do the things they want to do."

We saw up to date evidence of quality checks carried out by the registered manager that focused on; people who used the service their views/concerns, staffing, suggestions for improvement, complaints, support plans, and safe administration of medicines. However we found that these checks didn't highlight the gaps in staff training, or enable them to monitor staff supervisions clearly. This was brought to the replacement manager's attention who assured us that improvement to the audits would be made.

Staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. One staff member said, "The manager gets back to you straight away we can call them on the on call or email them."

We saw how the registered manager adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring

system in place. These were based on seeking the views of people who used the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims and objectives, as set out in the statement of purpose of the service.
We saw that staff were given the opportunity to influence not only the service delivery locally but regionally within the organisation and we saw the minutes of regional meetings where staff had attended and were encouraged to have their say on staffing issues and regional agendas.

The complaints were managed monitored and clearly recorded by the registered manager. We saw the most recent monitoring of complaints and we could see that there had been one recent complaint made and from the records we could see how that complaint had been responded to and the outcomes were recorded appropriately. Staff, relatives and the registered manager were knowledgeable of the complaints procedure.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, such as the Local Authority and other social and health care professionals, were understood and met. This showed us how the service sustained improvements over time.

We found the registered provider reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 18 HSCA RA Regulations 2014 Staffing Staff didn't have up to date training to enable them to carry out the duties they are employed to perform.