Trident Reach The People Charity

Dudley and Wolverhampton Domiciliary Care

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This announced inspection took place on 8,10,11,15 & 17 September 2015. The provider had a short amount of notice that an inspection would take place so we could ensure staff would be available to answer any questions we had and provide the information that we needed.

Dudley and Wolverhampton Domiciliary Care are registered to deliver personal care. They provide Domiciliary care to people living in their own homes and support packages to a number of people who lived in four specially adapted bungalows. People who used the service had a range of support needs related to old age, dementia, mental health, learning and/or physical disabilities. At the time of our inspection 23 people received personal care from the provider.

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

Summary of findings

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

People and their relatives told us they felt confident that the service provided to them was safe and protected them from harm. We found overall that medicines were managed and monitored effectively within the service. Guidance for staff in relation to medicines to be given directly into the stomach were lacking.

Assessments had been undertaken to identify the issues that may put people using the agency at risk. People and their relatives told us they received the care they needed, when they needed it.

There were a suitable amount of staff available to deploy who had the skills, experience and training in order to support people and meet their needs.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. The registered manager was responsive in sourcing specific training for staff when it was needed.

Care plans contained information about people's abilities, preferences and support needs. People and their relatives told us staff established consent before providing care.

People and relatives told us that staff acted in a way that maintained people's privacy and dignity whilst encouraging them to remain as independent as possible. People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration.

Systems were in place for people and their relatives to raise any concerns they had or to make a complaint.

Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Staff told us the registered manager actively promoted an open culture amongst them and made information available to them to raise concerns or whistle blow.

The agency sought people's feedback through questionnaires and phone contacts about the quality of the service. The registered manager and the provider undertook regular checks on the quality and safety of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Medicines were overall well managed within the service, however clear guidance for staff in relation to medicines to be administered via the stomach were lacking.

Staff were knowledgeable and had received training about how to protect people from harm.

Risks for people in regard to their health and support needs were assessed and reviewed regularly.

Requires improvement

Is the service effective?
The service was effective.

Staff received regular training and the timely updates they needed to maintain their level of knowledge and skills to meet people's needs.

Staff were knowledgeable about how to access support for people if they became unwell or in an emergency.

Staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

People and their relatives were very complimentary about the staff who supported them; it was clear to us that staff had developed a good rapport with people.

People told us that staff respected their privacy and dignity when supporting them.

Good

Is the service responsive?
The service was responsive.

Staff we spoke with were aware of people's current needs.

People and their relatives told us they knew how to make a complaint and felt confident that any issues they raised would be dealt with effectively.

Support was provided to people which met peoples cultural needs and personal preferences.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the staff team and the registered manager.

Quality assurance systems including feedback from people were routinely undertaken.

Dudley and Wolverhampton Domiciliary 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 took place on 8,10,11,15 & 17 September 2015 and was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection team consisted of one inspector, a pharmacy inspector and an Expert by Experience of domiciliary care services. The Expert of Experience had personal experience of caring for a user of older people's services and learning disability services.

We asked the provider to complete a Provider Information Return (PIR) which they did. 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 the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with five people who used the service, six relatives, and eight staff by phone following our visit to the provider's office base. We spoke with one team leader and the registered manager whilst at the office base. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records, we reviewed three staff recruitment records, the staff training matrix, four medication records and a variety of quality assurance audits. We looked at policies and procedures which related to safety aspects of the service.

Requires improvement

Is the service safe?

Our findings

All of the people and family members we spoke with felt that the service provided was safe. A person told us, "The staff are good and keep me safe". Another said, "I had a piece of equipment in my home that they said was dangerous and so advised me to replace this, they had my safety in mind". A relative told us, "The staff are really good and do look out for my relatives safety". Staff we spoke to were able to discuss how they maintained peoples safety in a variety of ways for example, when using moving and handling equipment. A staff member said, "When I visit people I always make sure they are safe and content before I leave them".

Staff told us they knew what to do if they had any concerns about people because they had received training in how to protect them. Staff were able to describe the various types of potential abuse and harm people may experience. They told us they received regular training updates and said they would in the first instance contact the person on call to discuss and/or report any concerns. A staff member told us, "We have good emergency back-up via the on call manager, they are very supportive and we feed back any concerns about people's welfare". We saw that the registered manager investigated and reported the details of any incidents as necessary, including notifying the local safeguarding team and CQC. Staff we spoke with knew what emergency procedures to follow and knew who to contact in a variety of potential situations.

The records we reviewed included risk assessments of people's health and welfare needs; they were relevant to the persons identified needs and described the risks for staff to consider when supporting the individual. These had been reviewed and updated as necessary. Staff we spoke with were confident they would be fully informed of any potential risks before going to a new person's home. A staff member said, "If there are any changes to someone's needs, care plan or health we are informed either by phone or through the communication book in the person's home, which we have to sign to say we have read and seen the entry".

We asked people and their relatives about whether they experienced any delay in receiving care and whether the service made efforts to provide consistency of care staff that supported them. Overall people and their relatives told us that where possible they received care from a core of regular staff and as such they felt they had a good relationship with them. A person told us, "They [staff] are good and on time". One relative said, "They [care staff] come in every week to support [person's name], they are always on time. In the early days there used to be lots of different staff but now they are more regular ones; this has put [person's name] at ease". Staff we spoke with confirmed that there were enough staff to provide the care that people needed in an effective and timely manner.

We reviewed records in relation to recruitment practices. Staff confirmed that the appropriate checks and references had been sought before they had commenced their role. We found the processes in place to ensure staff recruited had the right skills, experience and qualities to support the people who used the service.

People and their relative's told us they were introduced to new staff by longer standing staff and staff told us they were given the chance to become familiar with their individual care needs before working independently with them. They told us they either attended the call with staff who already knew the person and/or they had information provided to them prior to attending to read in advance.

People we spoke to who received support to take their medicines or their relatives told us they were supported to take their medication in a safe way, at the appropriate times. A relative said, "[Persons name] has some tablets for pain relief; the staff administer them properly and I know it's all recorded". A staff member told us, "We get regular competency checks and training updates about how to support people with their medicines".

We looked at the medicine administration records (MAR) for four people and found the provider had good systems in place to record the quantities and times that medicines were received by people. As a result, our audit of medicines demonstrated that MARs were accurate in relation to peoples receipt of their medicines that were prescribed by their doctor. Staff we spoke with were knowledgeable about how to support people with their medicines. We found systems for obtaining medicines were robust ensuring they were always available to meet people's needs.

We found that where people needed to have their medicines administered directly into their stomach through a tube the provider had not ensured that the necessary safeguards were in place to ensure that these

Requires improvement

Is the service safe?

medicines were prepared and administered safely. There were no written protocols in place to inform staff on how to prepare and administer these medicines. We also found that this complex procedure was being undertaken by staff who had not received any formal nurse led training. A staff member said, “There is no guidance available as to what order medicines are put into the tube”.

Good

Is the service effective?

Our findings

People were asked whether they thought the staff had the skills to support them effectively. They told us they felt confident that staff were competent and trained to support them and care for all their needs. A person told, "The staff I have are fantastic, so far so good". A relative told us, "My relative has been receiving support for a number of years from various services and I am absolutely delighted with the staff; [person's name] care has never been so good". A staff member said, "As soon as a customer has a new health issue arise, the office organise training for us so we have the information we need to support people".

We saw that staff were provided with and completed an induction before working for the service. This included training in areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing more senior staff. One staff member told us, "The induction was good and I had lots of shadowing opportunities before going it alone". Another staff member told us, "I had a number of visits by a senior to oversee how I was doing during my induction; I was given feedback too". The registered manager told us that staff were supervised closely within their induction period. We saw that evaluation visits assessing the new employee's performance were completed periodically during their induction period by more senior staff. We saw records which demonstrated that staffs competency in relation to medicines management were completed. Spot checks were also periodically undertaken to check on the quality of support staff provided to people.

Staff we spoke with said they received regular supervision to discuss their training and development needs. One staff member said, "I get regular supervision and we talk about how I am doing". Staff said they were satisfied with the regular supervision, training and professional development options available to them; a number of staff employed by the service were completing additional diploma level courses with the support and encouragement of the provider. A staff member said, "The management do tell us about training opportunities and they book me on things I need to do". Another staff member told us, "I identified I wanted to complete a dementia course and they [management] were supportive in me doing it". We saw a training matrix which outlined training staff had completed and when they needed to have an update.

Staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. One person said, "They do things how I want and they always ask first". A relative told us, "Staff are so patient with [person's name]". We spoke to staff about how they gained people's consent before assisting or supporting them. A staff member said, "I always give people time to process information I am giving them and repeat until I am sure they are consenting to my support". Another staff member said, "Consent is not always achievable through verbal agreement it is often by just knowing the person, their usual body language, behaviour and how they communicate non verbally".

People told us that staff ensured they were eating and drinking enough when they visited. Relatives told us they were satisfied with how staff supported their relative in relation to their diet and fluids. Staff told us they had received training in food hygiene and recorded and reported any concerns they had about people's nutritional intake that they identified.

People and their relatives told us they thought staff would know what to do for them or who to contact if someone became ill. We saw that people's care plans included information about their general health. Where people had specific health care needs there were detailed plans about how to support them appropriately. The staff we spoke with told us they felt confident they had information and skills to provide effective support and knew who to contact should any health concerns arise. A staff member said, "We liaise with the family and GP straight away whenever we are concerned about someone".

Good

Is the service caring?

Our findings

People told us they had positive relationships with the staff who supported them. Relatives we spoke with were positive about the staff's approach and nature. One person said, "They are all very good and caring". A relative told us, "The carers are wonderful, they go out of their way to help; [person's name] cannot verbalise if anything is wrong but they wouldn't accept support unless they are happy with the way it's done". Another relative told us, "I couldn't do their job; they have so much patience and understanding".

Staff described how they showed care in their role and towards the people they supported. They explained they gave people time by listening to them, reassuring them and getting to know them. A relative told us, "The carers are currently trying to find new ways of communicating with [person's name] to help them assess their mood and levels of pain". One staff member told us, "I go at [person's name] pace, and make sure they are happy and stay as able as possible". Another member of staff told us how they demonstrated caring, "By always being courteous and respectful to people when in their home; for example asking permission, involving them fully and giving people as many choices and options about the support they receive". We saw that the provider sent out a letter with a photo giving information to each person and/or their relative to introduce a new team leader who had joined the service; it explained they were a point of contact and their details were included in the information.

People and their relatives told us staff behaved respectfully at all times. One person told us, "When they [staff] help me they are always respectful; they cover me up when they can when helping me to get dressed so that I am not embarrassed". A relative said, "Staff treat my relative with respect just as they would their own family member". Staff explained how they maintained people's privacy and dignity when providing care. They gave examples such as closing curtains, making sure family members were not present when personal care was being delivered and covering people's bodies to maintain the person's dignity when they were supporting them to get washed and dressed. Staff knew how to access advocacy services for people if they needed independent advice and support.

Good

Is the service responsive?

Our findings

People and their relatives told us they received the care they wanted. The majority of them were able to confirm to us that they had been involved in making decisions about their own or their relatives care and support needs. One person said, "I have a ledger that staff write in, I am able to read and see that staff are doing what they are supposed to do". Relatives told us that they were aware of what the care plans contained and that they frequently had discussions about their or their relatives general needs. Records showed assessments were completed to identify people's support needs that people and their relatives had contributed to. Pre assessment information was also available to inform the planning of care.

Care plans contained relevant personalised information, detailing how people's needs should be met and had been reviewed and updated in a timely manner. People and their relatives we spoke with felt the staff knew people's needs. Staff demonstrated they had a good understanding and knew the importance of personalised care and told how they put it into practice. The staff we spoke with were clearly knowledgeable about people's needs.

People were supported to take part in meaningful activities of their choosing and with their personal likes and preferences in mind. One relative told us, "They take [person's name] him on holiday and to the theatre, as well as meals out and about". A staff member said, "We take [person's name] to disco's as they love music and dancing".

We saw that people's cultural and spiritual needs were discussed and considered as part of their initial assessment. At the time of our inspection the registered manager told us they were providing support to people in respect of language needs; this person received support from staff who could speak in their language. The agency also accommodated people's preferences for either a male or female worker to provide their care; rotas were organised to ensure these preferences were met. We saw that staff had sign posted people to specialist support services in relation to their sexuality when they had requested this.

People and relatives we spoke with told us if they wanted to raise complaints they knew who to speak with. There were arrangements for recording complaints and any actions taken. One person told us, "I have no complaints but would tell staff if I had". A relative said, "When I raised some minor concerns I had these were resolved quickly". The service had not received any formal complaints but the staff knew how to advise people and the registered manager was clear about the process and timescales for their investigation and response. Some people who used the service may need support to be able to make a complaint or raise a concern but staff told us how they would support those people. A copy of the procedure for making a complaint was made available to people when they started receiving support from the service. The procedure was available in a variety of formats.

Good

Is the service well-led?

Our findings

The agency had a registered manager who had managed the service for a number of years. Staff we spoke with told us there were clear lines of management and accountability and they were very clear on their role and responsibilities. One staff member we spoke with said, "I feel very much supported by the management here; they are fantastic". A second member told us, "Management sort out any issues I have or any changing needs customers have; you can talk to them anytime". Staff told us the registered manager and other senior staff had an 'open door' policy and that they had access to support at all times. From discussion with staff we found that the registered manager was an effective role model for staff and this resulted in a clear focus on working together.

The registered manager was aware of what notifications had to be sent to CQC; these notifications would tell us about any significant events that had happened in the service. We use this information to monitor the service and to check how any events or incidents are handled. We reviewed the services records of incidents and this demonstrated that the provider had informed us of reportable incidents, which form part of the requirements of their registration with us, in a timely manner. We saw incidents were all reviewed by the registered manager and signed off when dealt with or investigated more fully, with any action taken clearly highlighted. This meant that incidents that had occurred were continually reviewed and monitored for any themes.

Staff we spoke with told us that they felt valued and empowered to do their work. Staff provided us with a number of instances of this, for example, staff who were completing additional qualifications told us that the management had been very supportive towards them. Meetings were held for staff to discuss people they were caring for and to share good practice in respect of meeting their needs.

We found there was a culture of openness and support for all individuals involved throughout the service. We were able to clearly see that staff encompassed the values of the service when they spoke about their work. A staff member said, "I have been working here for about six months and find the manager lovely and very helpful. I think the delivery of services is done well and I haven't experienced any problems". Staff we spoke with were aware of how to whistle blow and said they had read the providers policy on this.

People and their relatives told us they were asked for their views about the quality of care they received. A relative commented, "I get a newsletter and have completed a survey before; I was introduced to the manager, she was very approachable and friendly". The agency sent out annual satisfaction surveys and analysed the findings. Some people told us on occasion they had also been asked questions and had given their feedback over the phone about the quality of care provided and their level of satisfaction.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified. For example, over a 12 month period the service had experienced an increase in incidents related to medicines administration. The provider did a full comprehensive report when they identified this trend which included, setting out the issues, their impact on people and how they intended to implement and update current systems to minimise the risks of further incidents. The provider was open and transparent in its reporting to us and other external agencies when incidents occurred within the service. We saw evidence that fact finding exercises were constructively used following incidents so the provider had a true understanding of the risks, impact and any action they needed to take.

The provider had internal quality assurance processes in place. We saw that actions or areas needing attention had been identified through the quality assurance process had been actioned by the registered manager or their staff team.