

Eyam Domiciliary Service Ltd

Eyam Domiciliary Service

Inspection report

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18 April 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Eyam Domiciliary Service provides personal care to people living in their own homes. At the time of the inspection there were 63 people using the service. This included 58 older people and five younger adults. This may included people living with dementia, a sensory impairment and a physical or learning disability including autistic spectrum disorder.

People's experience of using this service: The service continued to meet the characteristics of Good in all areas.

People continued to receive care that was safe. The provider's arrangements for people's care helped to protect them people the risk of harm or abuse. Staff were safely recruited and deployed to provide people's care. Risks to people's health, associated with their care and related safety needs, were effectively monitored and managed. Staff supported people to take their medicines safely when required. Relevant management checks of staff care practice and competency helped to ensure people's safety when they received care.

People continued to received care that was effective. People's care needs were effectively accounted for in consultation with them or their representative. Staff supported people to maintain or improve their health and nutrition when needed. People's care was provided in the least restrictive way possible and to maximise people's choice and control in their care. Staff were trained, informed, supported and worked closely with relevant agencies involved for people's care. This helped to ensure people received consistent and informed care, which they had agreed to.

People continued to receive care from kind, caring staff who treated them with respect and ensured people's dignity, equality and rights in their care. Staff knew people well; how to communicate with them and understood what was important to people them for their care. People were informed, involved and supported to understand, agree and make ongoing decisions about their care.

People continued to receive timely, personalised care that was tailored to their individual needs and wishes. Care was agreed and provided in a way that helped to optimise people's independence, autonomy and inclusion. People were confident and knew how, to raise a concern or make a complaint if they needed to. People's views and feedback were regularly sought. Findings from complaints and feedback were used to help inform and ensure any service improvements needed. Staff were effectively informed and supported to provide personal care for people living with a life limited illness or at the end stage of life.

The provider operated effective governance systems to ensure the quality and safety of people's care and for sustained or timely service improvement when needed. Management and staff understood their role and responsibilities for people's care. Operational management arrangements helped to ensure effective record keeping, safe information handling and timely communication, engagement and partnership working with relevant parities for people's care..

More information is in the full report.

Rating at last inspection: Good. Report published April 2016

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Eyam Domiciliary Service

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by a single inspector.

Service and service type: Eyam Domiciliary Service is a care service, providing personal care and support to people in their own homes. This may include people living with dementia, a sensory impairment and a physical or learning disability including autistic spectrum disorder. Not everyone using the service receives regulated activity. CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager for the service. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was announced. We gave the service two working days' notice of the inspection site visit. This was because we needed to ensure the manager and care staff were available to speak with us; and people's consent was obtained, for us to speak with them or their relative about their care experience.

What we did: Before this inspection we looked at information we held about the service to help us plan the inspection. This included written notifications the provider had sent to us when required, to tell us about any important events that happened at the service. We also looked at and the Provider's Information Return (PIR). This is information we may ask the provider to send us, usually at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

The inspection site visit activity started on 12 April 2019 and ended on 18 April 2019. We used a range of different methods to help us understand people's experiences. We visited the office location on 12 April 2019

and spoke with the registered manager, deputy manager, a care coordinator and four care staff. We also reviewed three people's care records to check whether they were accurately maintained. We spoke with five people and two relatives by telephone on 16 April 2019. We visited the office again on 18 April 2019 to look at a range of records relating to management of the service. This included checks of the quality and safety of people's care; staffing, medicines and complaints records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt both they and their homes and possessions were safe when they received care from staff. One person said, "Absolutely; staff are all trustworthy, professional but friendly at the same time." A relative said, "Things are done properly; there are regular checks with us and staff by the office, to make sure care is done properly and safely."
- People were informed and confident to report any safety concerns if they needed to; and felt management would listen and act promptly to ensure their safety.
- Staff understood how to recognise and report any witnessed or suspected abuse of any person receiving care.

Staffing and recruitment

- Staffing arrangements were safe and sufficient. One person said, "Staff always come on time and stay for the agreed call time." Another said, "My care staff are reliable and efficient." All of the people and relatives we spoke with were confident of this and felt safe with the provider's staffing arrangements for their care.
- Staff described safe procedures for their recruitment and deployment, which the provider's related records showed. This included relevant employment checks, which the provider obtained before any offer of employment to staff for people's care.
- People received timely care calls, as agreed with them. Staff deployment and related care co-ordination arrangements were effectively planned, monitored and ensured via an electronic care call monitoring system.

Assessing risk, safety monitoring and management

- People were confident staff knew how to keep them safe when they provided care. One person said, "Staff know I can forget to take my medicines; they always remind me so I take them on time." A relative said, "Staff make sure [person] is safe when they help them to move; they always follow safe procedures and use equipment safely."
- Risks to people's safety associated with their health condition, environment or any care equipment used were assessed with people before they received care and regularly reviewed with them.
- Staff understood the care steps they needed to follow, to help reduce any risks identified to people's safety. This information was recorded as agreed with people, in their written care plans. For example, to help people to move, eat and drink or take their medicines safely. One care staff member said, "We have training the training and information we need to support people safely; management carry out regularly checks to make sure this is followed." All related records we looked at reflected this.
- Staff understood and followed the provider's operational care procedures, concerned with people's safety and also their own when needed. Such as, in the event of a health incident, foreseen emergency or adverse

weather. This also included effective communication, record keeping and reporting procedures. Safety principles were in place to support staff lone working.

Using medicines safely

- The provider followed relevant protocols to ensure people's safety in relation to their medicines when needed.
- Staff were trained, competency checked and understood how to support people to take their medicines safely.
- People confirmed they received the level of support agreed with them, to enable them to take their medicines safely at the times they should.

Preventing and controlling infection

- Staff usually followed safe hygiene practices when they provided their care. This included wearing personal protective clothing (PPE) such as disposable gloves and aprons when needed. Recent action was taken by the registered manager following a related concern raised with them to fully ensure this.
- Staff were trained and understood the universal principles of infection prevention and control for people's care. All staff we spoke with confirmed they were supplied with sufficient amounts of PPE to use when they provided people's personal care. This helped to protect people from the risk of an acquired health infection.

Learning lessons when things go wrong

- The provider had established arrangements for the ongoing monitoring and analysis of any health incidents or accidents relating to people's care. This helped to identify any trends or patterns, which could be used to inform or improve people's care relating to their safety needs, when required.
- There had been no safety incidents resulting in significant harm or injury to any person using the service since our last inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's personal care needs and choices were assessed with them or their representative before they received care. People and representatives were very happy with the care they received from the service. All felt staff fully understood and followed their care needs and choices. One person said, "Brilliant staff team; they follow the care agreed and know how to support me." A relative told us "Staff follow the care plan agreed; there's absolutely no doubt, they know what they are doing."
- Staff we spoke with understood people's individually assessed needs, which were shown in their written care plans. Feedback from people and relatives also confirmed this. One staff member said, "We make sure we provide people with the right care; the client always comes first."
- People's care plans we looked at were reflective of nationally recognised care guidance and regularly reviewed with them. This included routine reviews or following any changes in people's health condition. For example, in relation to people's support with their mobility or skin care.
- A key worker system was introduced since our last inspection, which helped to ensure people received consistent and effective care from staff who knew them well.

Staff skills, knowledge and experience

- Staff were trained, motivated and supported to provide people's care safely and effectively. This included support to achieve recognised vocational qualifications and to progress. One staff member said, "The training and support is brilliant; computerised records flag up when staff training updates and supervisions are due; this is then put onto the rotas for dedicated time to attend." Another staff member told us, "Fantastic - there is always opportunity to learn and progress here."
- Staff were provided with a comprehensive care induction to enable them to support people effectively. All new care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care. Bespoke information and training was also provided to help staff understand people's health conditions and how they affected them.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the MCA, 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 with the appropriate authority. There were no people receiving care in a way that restricted their freedom or liberty.

- We checked whether the service was working within the principles of the MCA.
- Staff ensured people's consent to care was in line with law and guidance.
- People said staff always asked for their consent before they provided care and checked they were happy when care was being provided.
- Where people were unable to make specific decisions about their care because of their health condition; related care plans showed how their care was provided and specifically agreed in their best interests.

Supporting people to live healthier lives, access to healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Working with other organisations to deliver effective care.

- People were supported to maintain or improve their health and nutrition when needed. One person said, "Staff always follow healthcare instructions and take good care of me." Another person's relative told us, "Staff work with the district nurse; [Person's] physical and mental health has improved considerably; it's by far the best care service we've had."
- Staff we spoke with understood people's individual health conditions, how they affected them and followed people's related personal care plans. This included any instructions from relevant external health professionals involved with people's care. For example, to ensure adequate nutrition.
- Standardised arrangements were in place to ensure relevant information sharing for people's care with relevant external care providers. Such as in the event of a person needing to transfer to hospital, or in the event of any health changes. This helped to ensure people received consistent, timely and informed care, as agreed with them, or their representative.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their representatives had good relationships with staff who knew them well and treated them with respect. One person said, "They certainly treat me with respect and are mindful to ensure my dignity and choices." A relative said, "The team treat [person] with the utmost care, respect and kindness. I don't have a bad word to say, they are brilliant. We have very good relationships."
- Staff we spoke with understood the importance of establishing effective relationships with people and knew how to communicate and support people in the way they understood.
- Key service information was provided for people, to help them understand what they could expect from the service. This included alternative formats such as large print.
- Feedback we received from people or their representatives consistently showed staff followed the provider's care aims and values; to ensure people's dignity, rights and inclusion in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in agreeing and reviewing their care plans and making decisions about their care arrangements. One person said, "They have involved me from the start; staff know my views and care preferences and they do always listen and follow what I say."
- Staff we spoke with gave examples of how they ensured people's involvement and choice when they provided care. Such as ensuring people's choice of clothing, meals and drinks.
- People's care plans showed their choices, preferences and communication needs for their care, which people confirmed staff followed.
- People were provided with information about how to access independent advocacy services, if they needed someone to speak up on their behalf. Where people had legally appointed advocates for their health and welfare or finances; relevant details were recorded, so staff knew to consult with them when required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received timely, individualised care that met their needs and preferences. Everyone we spoke with gave positive feedback and said they would recommend the service to friends and family. One person said, "Yes, I would refer the service to friends and family, without any doubt." A relative said, "They have been fantastic; I can't praise them enough."
- People were provided with information about their agreed care in a way they could understand. For example, large print format. People's communication needs were assessed before they received care.
- Staff we spoke with understood and followed people's individual needs and preferences for their care. This information was agreed with people before they received care, recorded in their care plans and regularly reviewed with them. This included people's preferred lifestyle, daily living routines and their communication needs.
- The service supported people in ways that optimised their autonomy and independence. One person's relative had recently written to the provider to compliment this aspect of the person's care. Their letter included, "Eyam care staff are amazing; they have managed to get [person] to look after their personal hygiene themselves; previous care staff we have tried could never get them to do this."
- People were supported to help regain their confidence or physical ability after a period of ill health when needed. For example to carry out routine daily living tasks to enable people to live as independently as possible. A written compliment to the provider from one person's relative said, "Their re-enablement has been successful, so we are now winding down care calls for [person]; lovely staff and excellent service."

Improving care quality in response to complaints or concerns.

- People and their representatives knew how and were confident to make a complaint or raise any concern about their care, if they needed to.
- Any complaints received were effectively accounted for. This included for their investigation and action when needed to ensure people's effective care and safety.
- People were regularly consulted with, to seek their views about the care they received from the service. This included through regular care reviews and meetings held with them.
- The provider regularly took account of service feedback and any complaints received. This information was used to help inform any service improvements needed.

End of life care and support

- Staff were informed and supported to provide personal care for people living with a life limiting illness or at the end stage of life.
- There was no one receiving this type of care at this inspection. However, staff we spoke with understood relevant personal care principles concerned with end of life care. For example, the importance of ensuring

people's dignity, comfort and choice for their end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider operated effective systems to monitor the quality and safety of people's care and was able to demonstrate their ongoing service review and improvement when needed.
- The provider took regular account of management, staffing and communication arrangements at the service, to make sure these were consistent, safe and effectively operated for people's care.
- When any changes or improvements were needed from this for people's care, staff confirmed this was communicated to them in a timely and appropriate manner.
- Since our last inspection, the provider had sought ongoing opportunities to review and improve the service when required. This included their introduction of personalised care plans and an electronic care policy system, which enabled staff to access timely information to accurately inform and support people's care.
- Records relating to people's care and the management of the service were accurately maintained and safely stored. The provider's operational policy and oversight arrangements, helped ensure the safe handling and storage of people and staffs' confidential personal information.
- The provider had met their regulatory obligations to send us written notifications about any important events when they happened at the service, to ensure people's safety there; and to ensure the required display of their inspection rating.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- There was a registered and deputy manager for the service. The registered manager understood and followed the requirements of their registration for people's care.
- There were clear lines of management accountability established within the service. Staff we spoke with understood their roles and responsibilities for people's care. This included for related record keeping, information handling, communication and reporting; such as for any health incidents or safety concerns. Management measures concerned with staff performance, support and development helped to monitor and ensure this was followed in accordance with recognised practice.
- The provider had established a comprehensive range of operational policy guidance for people's care and safety, which staff understood. These were periodically checked against nationally recognised standards, to make sure they provided up to date guidance for staff to follow for people's care and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support with openness

- People, relatives and staff were highly positive about the management of the service. All we spoke with were satisfied with the provider's arrangements for their ongoing engagement, involvement and support.

- One person and a relative said, "Everything is well organised and managed; it's not just a money thing;" and "The manager and office staff really take time to make sure it's the right care – that we are happy." Care staff told us, "The manager and providers are open and supportive; their feedback is always constructive and with thanks" and "Staff are very much involved and valued."
- The registered manager regularly consulted with people and staff to help inform, monitor and drive service improvement. This was done in a way that was inclusive, empowering and helped to ensure people's right in their care. For example, the provider had published their care aims, so people knew what to expect from their care. Regular management checks helped to make sure this was followed by staff when they provided people's care.

Working in partnership with others

- The provider worked with relevant agencies, including educational, external health and social care partners, when needed for people's care. An adult social care professional told us, "Eyam work within the agreed terms for people's care; they are professional and effective."