

Domus Extra Care Ltd

# Domus Extra Care Ltd

## Inspection report

4 Linden Close  
Eridge Road  
Tunbridge Wells  
Kent  
TN4 8HH

Tel: 01892512961

Website: [www.domus-live-in.co.uk](http://www.domus-live-in.co.uk)

Date of inspection visit:  
04 March 2020

Date of publication:  
03 April 2020

## 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

Domus Extra Care Ltd is a domiciliary care agency that specialises in providing live-in care services. At this service, the provider contracts staff (known as carers) to live with people in their homes, providing personal care and support as required. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 15 people using the service.

### People's experience of using this service and what we found

People were safe using this service. Carers were trained to safeguard people from abuse and knew how to minimise identified risks to people's safety. They followed current practice when providing personal care and when preparing and handling food which reduced hygiene risks

There were enough carers available to meet people's needs. Managers carried out recruitment checks to make sure carers were suitable and fit to support people. Carers were provided with relevant training to help them meet people's needs. Managers supported them to review and improve their working practices so that people experienced high quality care and support.

People received the care and support that had been planned and agreed with them. People's preferences for how this was provided were respected and carers delivered this in line with their wishes. People were encouraged to pursue their interests and hobbies. Carers knew people well and understood how their needs should be met. Managers checked with people at regular intervals, the care and support provided was meeting their needs.

Carers were kind and caring. They supported people in a dignified, respectful way which maintained their privacy and independence. People had a choice about who they received care and support from. Managers made sure wherever possible this was from the same carers, so this was provided in a consistent way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to stay healthy and keep well. They were supported to eat and drink enough to meet their needs and to take their prescribed medicines. Carers understood people's healthcare needs and how they should be supported with these in a timely and appropriate way. They worked well with other healthcare professionals involved in people's care. When people became unwell, help was sought for them promptly.

People and their relatives had no concerns about the care and support provided. They knew how to make a complaint if they needed to. Managers monitored and reviewed the quality of service that people experienced. They undertook regular checks on carers to make sure they were carrying out their duties

appropriately and to a high standard. Managers sought people's views about how the service could improve.

There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated and people would be involved and informed of the outcome.

Managers understood their responsibility for meeting regulatory requirements. They worked proactively with other agencies and acted on their recommendations to design the care and support provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 8 July 2017).

#### Why we inspected

This inspection was planned based on the previous rating of 'Good'.

#### Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# Domus Extra Care Ltd

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke to the registered manager and the care services manager. We also spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included the care records of four people using the service, medicines administration record (MAR) for four people using the service, two carers files and other records relating to staff training, supervision and to the management of the service.

After the inspection

We spoke to three people using the service, two people's relatives and two carers. We asked them for their feedback about their experiences of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said the service was safe. One person told us, "I feel so comfortable and safe with the carers." Another person said, "I feel very safe. It's not a problem and I have no concerns."
- Carers were trained to safeguard people from abuse. They understood how and when to report safeguarding concerns to the appropriate person or authority to investigate. A carer told us, "I would raise any safeguarding concerns quickly and managers would deal with these in an appropriate way. They treat you with respect and take everything you say seriously."
- The registered manager liaised with the investigating local authority when a safeguarding concern was raised. They promptly made any recommended changes and improvements to help keep people safe.

Assessing risk, safety monitoring and management

- Managers carried out assessments to identify risks posed to people from their specific health and medical conditions and by their home environment. This information was used to develop guidance for carers about how to manage these risks to keep people safe.
- Carers were knowledgeable about risks to people and knew what action to take to make sure these were minimised.
- Managers made sure equipment owned by people and used by carers to support them, for example hoists, had been serviced, maintained and were safe to use.
- Carers were trained to deal with emergency situations and events if these should arise in people's homes or when supporting people out in the community.

Staffing and recruitment

- At the time of this inspection people and their relatives had no concerns about the availability of carers to meet their needs.
- Appropriate checks were undertaken on carers contracted by the service. They were also required to completed health questionnaires prior to starting work. These checks helped to make sure carers were suitable and fit to support people.

Using medicines safely

- Carers had been trained to administer medicines. They had access to information about people and their prescribed medicines and understood how people should be supported with these.
- Carers recorded the medicines people were given and when, on medicines administration records (MARs). Our checks of MARs indicated people received their prescribed medicines when they needed these.
- Managers reviewed MARs at regular intervals, to seek assurances medicines had been administered

appropriately by carers.

#### Preventing and controlling infection

- Carers had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce infection risks associated with poor cleanliness and hygiene.
- Carers were also trained in food hygiene so that they were aware of the procedures that needed to be followed to prepare and store food safely in people's homes.

#### Learning lessons when things go wrong

- Accidents and incidents involving people were fully investigated and managers took appropriate action when needed to address any safety issues.
- Learning from investigations was shared with carers to help them improve the quality and safety of the support provided.
- We saw following a recent incident where a person had sustained an injury, managers took immediate steps to reduce further risks to them and others by making sure people and carers were reminded of risks posed by warming devices such as hot water bottles.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 and their relatives were involved in assessments of their needs prior to them using the service. Managers asked people about their care needs and how and when they would like support to be provided.
- Managers referred to current guidance when assessing people's needs to help plan the type of support they required. For example, where people had specific health conditions, managers referred to current guidance about how this should be managed to make sure carers had the information they needed to do this in an appropriate way.
- Information from assessments was used to develop an individualised care plan for people. These set out people's preferences for how, when and from whom they received their support. This helped make sure support was provided in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- People said carers were well trained. One person said, "They are meeting my needs and I haven't got a worry." A relative told us, "I feel they are all well trained and know how to meet [family member's] needs."
- Managers checked carers had attended relevant training to help them meet the range of people's needs. This included refresher training at appropriate intervals to make sure they were up to date with current practice. A carer told us, "I make sure I keep up to date with my training and do this once a year. If they require extra courses I will go and get this done."
- Managers were in regular contact with carers providing support and advice when this was needed. A carer said, "I make sure I flag up any concerns straight away and [managers] are always there and I can discuss these with them. If we have emergencies, they can get cover for you straight away and I really appreciate the support I get. I give them regular updates when this is required."
- Managers told us they were looking at further ways to provide carers with additional opportunities to discuss their role and any further training or learning they needed to help them provide effective support to people.

Supporting people to eat and drink enough to maintain a balanced diet

- There was information on people's records about their preferences for meals and drinks. This helped make sure carers provided people with food and drink of their choice.
- Where people had specialist dietary needs this was noted in their records and carers took this into account when planning and preparing meals.
- Carers recorded what they had prepared and provided at mealtimes. Managers reviewed this information at regular intervals to make sure the support provided was appropriate and people were eating and drinking enough to meet their needs.

Supporting people to live healthier lives, access healthcare services and support; carers working with other agencies to provide consistent, effective, timely care

- People's records contained current information about the support they needed to manage their health and medical conditions. Carers were provided guidance on how to support people with these, to help people achieve positive outcomes.
- Carers were observant and alerted managers to any changes in people's health and wellbeing. When people became unwell, they sought prompt support for them.
- Carers and managers shared information with other healthcare professionals such as the GP and community nurses when needed to make sure people experienced a consistent, joined up approach in the support they received.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Carers had received training in the MCA and associated codes of practice. They and managers understood their responsibilities under this Act.
- Managers assessed and recorded people's capacity to make and consent to decisions about specific aspects of their care and support.
- There were processes in place where if people lacked capacity to make specific decisions about their care and support, managers would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us carers treated them well. One person said, "The carers that I've had have been brilliant. Can't fault them and they go the extra mile for me. I enjoy having them here and they are enjoying being here." A relative told us, "They are very kind, caring and respectful."
- People had a say in who they received their support from and people's wishes about this were respected. Managers made sure people received support from the same carers wherever possible so the care and support they received was consistent.
- People's wishes in relation to how their social, cultural and spiritual needs should be met were noted in their records so carers had access to information about how people should be supported with these.
- Carers undertook equality and diversity training as part of their role. This helped carers understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly and their rights respected.

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

- People records showed they and their relatives were asked for their views and involved in making decisions about their care. One person said, "They talk to you about what needs to be done. It feels very inclusive and we come to an agreement together about what needs to be done."
- Once people started using the service, managers met with them at regular intervals, so people could continue to express their views and be involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- A person using the service told us, "I have 24-hour care and they have got to know me...they give you space when you need it or be there for you when you need them."
- People's records prompted carers to offer people choice, respect their privacy and dignity and to give people time to do things at their own pace. This helped to ensure carers would be sensitive to people's needs and discreet when providing care and support.
- Carers helped people to do as much for themselves as they could to help them retain control and independence over their lives. We saw for one person they were encouraged by carers to carry out aspects of their personal care themselves to help them maintain some control and independence with this task.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to follow interests and to take part in activities that are socially and culturally relevant to them

- People's records contained information about how their care and support should be provided. This included information about their life history, likes and dislikes, their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed.
- There was also information about people's hobbies and interests and how carers could support people to pursue these when they wished.
- Carers understood people's care and support needs and people's preferences for how this was provided. A carer told us, "I feel I get enough information before I go in from [the service] before I go in. I think that helps me understand what people's needs are before I get there. I've never been in a situation where I didn't feel I couldn't meet someone's needs."
- Carers recorded the support they provided to people. Managers checked this information at regular intervals to make sure what had been provided was what had been planned and agreed with people.
- Managers reviewed the care and support provided at regular intervals to make sure this continued to meet people's needs. Carers were informed promptly of any changes required to the support people received.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that carers had access to relevant information about how they should be supported with these.

### Improving care quality in response to complaints or concerns

- Feedback from people and their relatives indicated they had no issues or concerns about the quality of care and support provided by carers. One person said, "I'm more than happy with the service they are providing...not saying it doesn't go wrong but they will do everything to put it right." A relative told us, "They're very good. The carers they provide are very good."
- People and their relatives told us they were comfortable raising a concern or complaint if they needed to.
- There were arrangements in place to deal with concerns and complaints. When a concern or complaint had been received managers dealt with this in an appropriate way.

### End of life care and support

- Managers did not routinely ask people and/or their family members about people's wishes for the support they wanted to receive at the end of their life. The registered manager told us this was an area they had already identified as requiring improvement and had plans in place to make sure this information would be collected. This would ensure carers would know what to do to make sure people's wishes and choices were respected at the appropriate time.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke highly of the management and leadership of the service. One person said, "If I did have any complaints, I know [registered manager] would be here getting it sorted quickly. They are very on the ball." A relative told us, "[Registered manager] listens and thinks about what can be done to improve. She is very determined to get the best care she can for my [family member]. It's always taken seriously. She's never dismissed anything. I think the agency is fantastic because the [registered manager] is fantastic."
- Carers told us they were well supported by managers. One carer said, "I love working with them. They are a small company but they are so hands on as a result. They do have a very good understanding of us carers and the people that use the service. I always feel well prepared."
- Managers gave people and their relatives information about the quality of care and support they should expect to receive from the service. Managers then met with people and their relatives at regular intervals to check the support being provided was meeting their needs and to the expected standard.
- Managers used spot checks to make sure carers understood people's care and support needs and delivering these as planned.
- People and their relatives were provided regular opportunities to have their say about the service and how it could improve. People and relatives told us managers responded positively when suggestions were made.
- Carers were also encouraged to give ideas and feedback about how the care and support they provided could be continually improved for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers were open and honest when things went wrong and proactive about putting things right. They investigated all accidents and incidents that happened and made sure people and relatives were kept involved and informed of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Managers and carers understood their roles and responsibilities to the people using the service.
- There were systems in place to monitor and review the quality of service that people experienced. This included regular reviews of people's care and support once they started to use the service and a rolling programme of unannounced spot checks on carers to review their working practices and competency when

undertaking their duties.

- The registered manager understood their legal responsibilities and when to submit statutory notifications about key events that occurred at the service as required. This helped us check appropriate action was taken to ensure people's safety and welfare in these instances.

Working in partnership with others

- Managers worked closely with other agencies such as the local authority and healthcare professionals. They made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure the care and support provided was up to date with current practice and helping people to achieve positive outcomes.