

Dignicare Limited

# Dignicare

## Inspection report

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08 March 2017

10 March 2017

13 March 2017

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## 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

On the 01 and 10 March 2017 we inspected the offices at Dignicare and made phone calls and home visits to people and their relatives on the 08, 10 and 13 March 2017. At the time of our inspection, there were 123 people using the service. This was an announced inspection which meant we gave the provider 48 hours' notice of our visit.

Dignicare is a home care service providing personal care to people in Bradford, Craven and Airedale.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was present throughout the inspection.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs.

Medicines were managed safely. We saw medicines were administered by trained staff according to people's prescriptions.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

The provider's arrangements for staff recruitment and deployment helped to make sure there were staff who were of suitable character to provide care for vulnerable people.

We saw sufficient staff were deployed to support people with their needs. When staff were sick or on leave, other staff were able to fill the gap.

Staff were not always supported in their role through supervision sessions and appraisals.

We recommend that the registered manager plans and attends formal supervision meetings and appraisal meetings with staff in line with their organisational policy.

Staff understood their roles and responsibilities in caring for people.

The staff team were trained in the provider's mandatory training courses and this was monitored by the registered manager.

The principles and requirements of the Mental Capacity Act (2005) were being met. When required, best interest processes and capacity assessments had been completed.

People were supported by staff who knew them well. Staff were aware of promoting people's safety, whilst providing information to support people to make day-to-day decisions.

People received appropriate support to manage their meals and nutrition when required. This was done in a way that met with their needs and choices.

People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided.

People and their relatives were involved in the planning of their care and support. Care documentation was changing to a new electronic system. The new system was written in a detailed, person specific and person centred way.

Complaints were well managed. The leadership of the service was praised by relatives and communication systems were effective.

Systems to monitor the quality of the service were in place and they were effective in identifying areas for improvement. Shortfalls were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

## 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.

Staff were deployed effectively to ensure people were assisted in a timely manner.

Medicines were managed safely.

People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring.

Recruitment procedures ensured suitable staff were employed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider assessed people's capacity to make decisions for themselves and ensured the correct consent processes were followed.

Staff had received training to provide them with the knowledge to meet people's individual needs. However staff had not always received the formal support to complete their role effectively.

People had access to health care professionals when required.

People had access to sufficient food and drink of their choice.

### Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and respect.

People were supported by caring staff who supported family relationships.

People's views and choices were listened to and respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner.

People's care records were written in a person specific and person centred way.

People knew how to make a complaint or suggestion and these had been dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager at the service.

Systems in place to monitor the quality of the service were effective.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns.

Staff were clear about their roles and responsibilities.

# Dignicare

## **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.

The inspection took place on the 01, 08, 10 and 13 March 2017 and the visit was announced. This meant we gave the service 48 hours' notice of our inspection. This was to make sure the registered manager was present during the inspection. We last inspected Dignicare in June 2015 when we rated the service Requires Improvement overall.

The inspection team consisted of one inspector and an Expert by experience (ExE). An ExE is a person who has personal experience of using this kind of service.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. 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. At the time of our inspection they supported 123 people.

During the inspection, we looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at elements of 13 care records for people that used the service and five staff files. We spoke with seven family members, six service users, the registered manager, deputy manager, senior carer and three support workers. We met a further six people who used the service in their homes, but as we were unable to communicate with two of them effectively, we spoke to their relatives. We looked at quality monitoring arrangements and other staff support documents including supervision records, team meeting minutes and individual training records.

# Is the service safe?

## Our findings

People we spoke with confirmed they felt safe when care was provided. One person said, "I feel very safe. I trust them." Another person told us they, "Always feel fine about them coming round." One relative told us, "I always feel very safe with the carers. My daughter was frightened about me falling if she helped me shower and now she's very happy." 100% of providers survey responses from people and relatives also indicated that people felt safe from harm from their care workers.

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Records we saw and information we received prior to the inspection visit confirmed the provider made appropriate referrals, as required. This meant the provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they felt confident in reporting any concerns they may have about people's care and were aware of the provider's whistle-blowing policy. This helped to ensure any allegations of abuse were reported and people were protected from unsafe care.

People told us they were encouraged to be independent and manage risks safely. One person said, "They try to get me to do some things when I can." 100% of the provider's surveys responses indicated that people received care and support that kept them as independent as possible.

Risks to people's health and well-being were well managed and staff understood people's safety needs. They were able to tell us how, for example, they supported people with their medicines, to mobilise and eat and drink. Most people's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs. We found there was clear guidance on how to safely support people in the records we looked at for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support.

There were enough staff to meet people's care and support needs in a safe manner. Most people told us staff were available at the times they needed them. One person said of staff, "Yes they get here on time, give or take a few minutes," and another person said, "They are rarely late." A relative said staff, "Arrived on time."

All the staff we spoke with told us staffing numbers were adequate to meet people's need and that absences were covered within the team. They said they all worked together to ensure that no care visits were missed. They told us that rotas were planned to provide sufficient numbers and appropriate skill mix of staff. They told us the staffing arrangements were sufficient for them to perform their role and responsibilities. All staff

said that they had enough time allocated to get to all appointments without being too late. Staff confirmed they received rotas each week identifying their calls. They also told us that there was never an issue if a call took longer than expected and they were allowed extra time to complete the support required. This meant the provider ensured there were sufficient staff available to work flexibly and consistently so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

People who received assistance with their medicines told us they were satisfied with the way these were managed. One person said, "They look after that [medicines], they know what they are doing." Another person told us, "They help me with my medication if I need them too." A relative told us, "They have to help him with his medication and I have no concerns about this at all."

Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made. All the staff we spoke with told us they would record any error and contact their manager and a doctor if they made a mistake when assisting people with medicines.

We looked at medication administration record (MAR) charts and saw these were completed appropriately. Staff responsible for people's medicines received appropriate training, which was updated when required. Records we saw confirmed this. Staff told us the training was thorough and they were confident they knew what to do to ensure people's medicines were managed safely. One staff member told us, "We check medicines thoroughly." The provider therefore ensured there were procedures in place to manage medicines safely.



## Is the service effective?

### Our findings

People told us they were satisfied with the care provided and that staff were knowledgeable about their individual needs and cared for them effectively. One person told us, "My recovery is down to their care." Another said, "They help with washing my clothes and they always fold everything up for me." A relative said, "They're very good with her, gently guiding her but not bossy in any way. She's very independent and they help with her having the balance between control and accepting the care." A second relative told us, "They provide the care that she needs and that she wants."

Staff were provided with the information and training they needed to care for people. They told us they had undergone a lengthy, detailed induction and that they had training in all essential areas as identified by the provider. One staff member told us, "Training is good." All of the staff we spoke with said they were required to attend regular training relevant to people's care needs. Training records we saw showed that staff were up to date with essential training. Staff told us they could also request additional training to ensure they could meet people's individual needs.

However we found support for staff was not always a formal process as we looked at supervision records for five staff members and found they had not received timely supervision in line with the provider's policy. We did not see any appraisal documentation recorded for staff. We mentioned this to the registered manager and they immediately took action to ensure these processes began. Staff had told us they felt supported by their line managers and felt comfortable speaking with the registered manager if there was an issue. Spot checks on staff were completed at regular intervals. Supervision is important as it offers formal opportunity for staff to raise any concerns and aids coaching, training and development for staff.

We recommend that the registered manager plans and attends formal supervision meetings and appraisal meetings with staff in line with their organisational policy.

Staff meetings were held which enabled staff to discuss information relating to people's care. Local staff meetings were held with smaller teams to make them more personalised. However we found meetings held were sometimes impromptu and not planned in advance, lacking detail. The registered manager agreed they needed a more formal structure with meetings booking in advance. We saw the registered manager explaining to a senior member of staff about the need for more detail in the meetings in the future.

People told us they were asked for their consent before care and support was provided. One person told us, "They always ask if I am ok with what they are doing." Another person said "They keep us fully informed." A relative said, "I always hear them asking her if she is happy with what they are doing."

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's care plans showed an appropriate assessment of their mental capacity and a record of

any decisions about their care and support, made in their best interests.

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. We checked whether the service was working within the principles of the MCA and the Deprivation of Liberty Safeguards (DoLS). The provider had assessed whether or not anyone was receiving restrictive care that may amount to a deprivation of their liberty. They had not identified anyone who had personal care where this was applicable, and understood when an application to the Court of Protection would need to be made.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. Training records we saw showed most staff had undertaken training in the MCA. This helped ensure that people had their legal and human rights upheld and their views and wishes were taken into account to ensure that the least restrictive option was taken in a best interest decision for them.

People told us they were assisted to contact a doctor if necessary. One person said, "If they are worried about me, they let someone know." A relative told us, "They rang the doctors for her before." Another relative told us, "They are very good, I know they would ring someone if they (staff) had a concern about their (the persons) health."

Staff we spoke with were knowledgeable about the healthcare services people accessed. Healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, district nurses, opticians and chiropodists. We also saw there was up to date information recorded where there had been changes in people's health needs. For example, one person's confidence and ability to manage continence care had improved as a result of staff assistance and reassurance and care records reflected this improvement. One relative told us, "Dignicare flagged something up due to a change in her (family member) appetite and called out a doctor. It resulted in a short stay in hospital and again, (the registered manager) very promptly got in touch".

Some people who used the service were supported to make food choices to ensure they had sufficient to eat and drink. One person said, "They make what I like to eat." A relative told us, "They help with breakfast and lunch but he feeds himself."

Staff we spoke with confirmed that main meals provided were mostly microwave meals or sandwiches but said they tried to ensure that they were varied. People's care plans had information recorded about their individual needs, food likes, dislikes and preferences. Training records showed staff were trained in handling food safely. We concluded people received the right support to maintain a balanced diet.

## Is the service caring?

### Our findings

We found staff were caring and people were appreciative of staff, their helpfulness and their friendly attitude. One person told us, "The carers are very good and very helpful." Another said, "They're fantastic, can't fault them," and a third said, "I particularly like it when [care worker] comes, she knows where all my things are because I can't see them and she always puts my clothes away where they should be. She knows where I put things and this helps me manage when I'm on my own." However another person told us, "Most of them are lovely and very polite. I have two in the morning and I couldn't wish for anybody better. Two others always talk over the top of me which I think is very rude." 100% of the provider's survey responses we viewed from people and relatives indicated that staff were caring and kind and treated them with respect and dignity.

People told us their privacy and dignity was respected when receiving care and support. They told us they were treated with respect and approached in a kind and caring way. One person said, "They are always very nice to me, I would tell them if not," and confirmed their dignity was maintained. A relative told us staff showed, "Great respect."

All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly and covering people appropriately when they received personal care. The registered manager told us they were always checking and making sure people were treated with dignity and care. One person told us, "They help me to bathe and they're always very respectful and have my towels ready for me." A relative said to us, "When she's having personal care, they're very respectful and discrete. She feels comfortable with them and that makes it easier for her." This showed us there was an understanding of the importance and awareness of upholding and respecting people's dignity. People's care was provided in a dignified manner.

People were offered choices in their daily routines and that staff encouraged independence. Staff were able to describe how they offered choices to people; for example, regarding what to wear and how they would like to spend their day. They told us they enabled people to undertake as much of their care as they were able, even though it could take more time. When people refused, such as assistance with personal care, preferring to complete themselves, their choice was respected.

People were listened to and were comfortable with staff. One person told us, "If I need them to do something I just ask and they do it, they are good at listening." People therefore received care and support from staff who were kind and who met their individual needs and preferences.

People and their relatives were involved in their care planning. People we spoke with were aware of their care plan and told us they had a copy in their own home. One person told us, "I have me care plan here; they asked me all about myself when I started." Staff told us care plans were in place in every person's home and that they contained up to date relevant information about how to care for people. We visited some people in their own homes and saw all their care documentation was present. .

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. Records we saw showed reviews of people's care involved family and people important to the person.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. People and their relatives said they were involved in decision making about the care and support provided and that the care agency acted on their instructions and advice. They said staff attended at, and for the duration of, their agreed call times. One person told us staff were punctual and said, "I wouldn't like to be without them. I'm really pleased with them. The times that they arrive are arranged to suit me and they always work around any hospital appointments." A relative said, "They never rush her but she does feel that she can ask some for more than she can others. She's built up good rapport with some."

People's individual care and support needs had been assessed before they began to use the service. Each person had an individual support plan, based on their identified needs and developed to reflect their personal choices and preferences. At the start of this inspection the registered manager informed us they were in the process of introducing a new system for care documentation. They showed us their new computerised system but informed us care records were still in the process of being transferred over. The new care records showed choices and preferences were reflected throughout the documentation, which enabled staff to provide appropriate personalised care and support, in a way the individual needed and preferred. Staff confirmed they had chance to read care records and were able to keep up to date with people's needs and preferences. The new plans were linked to mobile phones used by the staff; this meant before a visit the staff had concise information on their phone to give them a brief overview of the person. Then if they required more detail, staff told us and we saw they could refer to the paper file in people's homes.

The new plans were regularly reviewed and updated to ensure they remained person-centred and accurately reflected any changes to the individual's condition or circumstances. One person told us, "They send new paperwork or make changes." A relative said, "They're very responsive to her likes and dislikes and always makes notes so that other carers are informed."

The care plans also provided sufficient guidance for staff about how to provide support in the way the individual preferred. Staff told us that any changes to these guidelines were discussed at team meetings or with the senior to help ensure people were supported in a structured and consistent way.

Staff were responsive to people's needs. One relative told us, "They're very responsive to her likes and dislikes and always makes notes so that other carers are informed." One person told us, "They keep me well-informed particularly around medical concerns. They either tell me personally or leave me notes." A third person said, "I can ring the office and cancel them or change the times if I need to."

The registered manager told us they listened to people and staff through the reviews of care and staff meetings. People, their relatives and staff said that the domiciliary service organisers were accessible and approachable. They said they were listened to and their voices were being heard. One relative told us, "They're very good at communication and we rely on them heavily due to the distance that we live away. She's had some short stays in hospital and (the Manager) has very promptly informed me."

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. Most said they would speak to the senior or manager as the first port of call. Several people told us they had not had any need to make a complaint. One person said, "I would call the office," and another said, "On a couple of occasions, I've contacted the management because I've been concerned about something. I don't want to go into detail because I don't want to tittle-tattle and all my concerns have been dealt with very satisfactorily by [Staff Name]."

We reviewed complaints that the service had received. We saw two formal written complaints had been received that required an investigation in the previous twelve months. These had been responded to appropriately. Responses to other informal complaints had reached a satisfactory conclusion.

## Is the service well-led?

### Our findings

There was a registered manager at the service. There was also a staff team in place to support the manager consisting of a deputy manager and three senior support workers. The registered manager understood their managerial and legal responsibilities, for example, when and why they had to make statutory notifications to the Care Quality Commission. People's personal care records were stored electronically and were well maintained. The provider was therefore ensuring that the service operated efficiently.

People and their relatives felt that the service was well run and that staff and the registered manager were approachable and open to listening to their suggestions or concerns. One person told us, "(The registered manager) is lovely. She was here this morning. She's always hands-on if they're short-staffed. She's very professional and so is her senior carer." Another told us, "(The registered manager) is great. She comes and helps out particularly on weekend appointments, and she covers appointments if she's got staff missing." A third person said, "I would recommend them to others." A relative told us they knew who the managers were and said, "Exceptionally happy with the service."

People told us they felt able to make suggestions. One person said, "They are good at listening if I want something changing," and a relative told us they had been asked their opinion, "Quite regularly." Feedback received from surveys demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

The service had a clear set of values which were set out in their statement of purpose and were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. People and their relatives praised the service for employing carers who demonstrated these qualities on a daily basis. One relative told us, "Excellent service and lovely people," and another person said, "They're so pleasant. They'll do anything for me, they're so helpful."

The registered manager told us of improvements that had occurred in the service. For example, the agency had introduced a new computerised system for rostering, care planning and auditing. Although this system was still in its infancy, work had already started and could be evidenced. This had improved the service's ability to respond to people's needs and monitor what was happening.

All staff spoke positively about working at the service and praised management and leadership. One told us, "I feel very supported," and another said, "We have a great team." They confirmed they felt valued and told us they were encouraged to take up training opportunities and give their opinions on the service.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. They knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities.

Staff said they were asked for their views about people's care in staff meetings and one to one meetings.

One staff member said, "We discuss people's care." Staff also felt able to raise concerns or make suggestions about improving the service. One staff member said, "They [registered and deputy managers] do listen." All the staff we spoke with praised the registered manager and the care staff. One staff member said, "We come into the office, but we have these new work phones now so it's easy to communicate." The provider was therefore proactive in obtaining staff views and opinions to improve the service.

The registered manager told us the service operated in a transparent way, for example in relation to any errors made. For example, they had re-issued the provider's policy on entering someone's house following an incident to improve the service. Staff confirmed they felt able to report errors and any issues and were confident they would be looked into in a professional manner.

The provider had a system of quality assurance in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as incident and accident records and medication errors had taken place in the last twelve months. There was collation of overall information to establish trends or patterns, for example in relation to incidents. The registered manager showed us the new computer system they were in the process of introducing gave a live feed of what was happening. For example when staff attended to a person they would log in on their work phone and this would instantly send a message to a 'dashboard' at the office. Consequently if a staff member had not turned up, or they had not completed one of the tasks with a person, the office would be immediately aware and could ring the member of staff. We observed the registered manager ring a staff member as the 'dashboard' indicated one staff member had not completed a task for a person., The staff member had an acceptable reason for not doing the task, so the registered manager reminded the staff member to log the reasons down on the system in future to avoid further phone calls. This showed us live monitoring by the service was effective and reduced the time between errors occurring and being rectified.