

Your Dom Care Ltd

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Inspection report

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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

Your Dom Care provides support to people living in their own home.

A registered manager was in post. 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.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They commented they felt safe and there were sufficient staff to support them.

When staff were recruited, their employment history was checked and references obtained.

Checks were also undertaken to ensure new staff were safe to work within the care sector.

Risks associated with people's health and their environment had been identified and managed.

Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Staff had a good understanding of equality, diversity and human rights.

The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and palliative care (end of life).

Staff had received both supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

Healthcare was accessible for people and appointments were made for regular check-ups as needed.

People told us they felt well looked after and supported. We observed friendly relationships had developed

between people and staff.

Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible.

People's end of life care was discussed and planned and their wishes had been respected.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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 understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision.

People were supported to access healthcare when required.

Staff had a firm understanding of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

The provider had effective arrangements in place to deal with complaints.

Risks to people's care were assessed and monitored in line with best practice guidance.

The provider had complied with the Accessible Information Standard .

Is the service well-led?

The service was well-led.

The registered manager was open and transparent.

The provider had robust quality assurance systems in place to drive improvement.

People, relatives and professionals commented positively about the culture within the service.

Good 

Your Dom Care Limited

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 was a comprehensive inspection which inspection took place on 9 May 2018 and was announced. We rang the day before the inspection because the service provided care to a small number of people so we needed to check the registered manager would be in. The inspection was carried out by one inspector .].

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). 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.

During the inspection we spoke with the registered manager, the director and obtained feedback from three members of staff. We reviewed two peoples' care records plus staff records such as supervisions and recruitment. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures. We requested and were sent various records such as training records and audits. We gathered feedback from people and relatives by reviewing care reviews, compliment letters and quality assurance documents.

Is the service safe?

Our findings

People received safe care. A member of staff commented, "We always have enough staff to ensure no visits are missed at any time, and we always ensure we have plenty of time to make sure the service users (People) have all their care needs met on each visit. If for any reason that over runs we contact the on call phone and management will contact all service users (People)". A relative commented, "(Person) is safe in the company of staff".

The service had policies and procedures which protected people from the risk of abuse, neglect or harassment. Staff had received training in safeguarding and all staff were required to complete regular refresher courses. Training records and discussions with staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager. A member of staff commented, "I attend training to make sure I'm up to date with all recent policies to ensure I can respond to any possible abuse in the safe and correct manner".

The service had a detailed policy in place to ensure people received their medicines in a safe manner. People who had support with their medicines were appropriately assessed and monitored. A list of medicines were provided in people's care plans. All staff had received training in how to administer medicines safely and their competency was regularly observed. Additional training or supervision was given to anyone who was not judged fully competent. All medicines given were properly recorded on a detailed medicines administration record (MAR). A member of staff commented, "I have received my medication training and for clients who require our assistance with medication, this will be documented in their individual care plan" and "We complete MAR charts on all visits and always follow the five checks- name, medicine, dose, time and how it needs to be taken".

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for areas including people's mobility, the environment and specific health conditions. Assessments identified potential risks to people's safety such as possible skin damage and falls. The registered manager said, "We do risk assessments every day".

Staff were aware of the reporting process for any accidents or incidents that occurred in peoples' own homes. A staff member described the actions they would take in the event of an incident which showed us that people's safety and wellbeing was at the forefront of the care and support provided. At the time of our inspection there had been no recorded accidents or incidents, however the registered manager was able to demonstrate the actions they would take if they were required to do so.

Robust arrangements were in place to assess the suitability and safety of employing new staff. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The registered manager and other senior staff regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty to be able to meet people's individual needs. The registered manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet peoples' needs. We saw that the help and support people needed to keep them safe had been recorded in their care plan and this level of help and support was regularly reviewed. A registered manager told us they did not take additional packages of care unless they had the correct amount of trained staff in place.

The registered manager had arrangements in place to manage and monitor infection control practices. Personal Protective Equipment (PPE) was available for staff to use as needed. The registered manager assessed staff competencies in this area during shadow shifts and on-going observations. Infection control refresher training had been undertaken the week before our visit. When asked how a member of staff helped people to reduce the risk of infection they commented, "We thoroughly wash our hands and put on gloves supplied to us through the company before preparing any food. Before we prepare the food we make sure all areas where food is prepped and served is clean".

The provider had implemented changes resulting from learning lessons. For example, new documentation relating to the use of the Mental Capacity Act 2005 had been implemented to ensure decisions were more robustly documented.

Is the service effective?

Our findings

Relatives commented people received effective care. One relative commented, "Staff always have a smile on their face and I have faith they know exactly what they are doing. (Person) is always happy to see the staff and fully engages with them. That gives me complete confidence".

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. We checked whether the service was working within the principles of the MCA. At the time of our inspection all people receiving care and support had capacity to make their own decisions. The registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests if a person was assessed as lacking capacity. Staff were able to demonstrate their understanding of the five principles of the MCA and how they would ensure people's rights would be protected and best interest's decisions were as least restrictive as possible. A member of staff commented, "My understanding of mental capacity act is that we protect our service users who lack in their own mental capacity. We help make sure our service users with us make the right decisions on day to day basis. For example. Right clothing for the weather type. To ensure they make right decisions to maintain safe around the house. I would also check for risk assessments in the care plan of the service user".

Staff received an effective induction into their role. The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene and medicines management. A member of staff said, "Since starting with Your Dom Care my manager has made sure I've had all correct training and that everything is always kept up to date. For example I've completed all training necessary such as moving and handling, personal care and hygiene, mental capacity, safeguarding and all other training required".

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively. A member of staff commented, "I came to Your Dom Care with an NVQ3 in Care. At the beginning when joining the company I underwent an induction to introduce me to the company, its values, policies and procedures".

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings annual appraisals and spot checks. One member of staff told commented, "My manager will have supervision with me every three months. My manager also comes out to service users houses with me to ensure I'm doing all care and moving and handling in the safest way for service users I will then have to sign a form to say I have completed supervision whilst with service users. My management will also check with service users and relatives if it's ok to spot check me on the days it's required".

Most of the people did not require support with food preparation or eating because family support for this was available. However staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

People's health care appointments were generally facilitated by their relatives. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP, district nurse or other healthcare professional as appropriate. A healthcare professional said, "We have good relationships with the service, they are very responsive and they follow instructions well".

Is the service caring?

Our findings

Staff were committed to providing compassionate care and were proud to work for Your Dom Care. A member of staff commented, "I love my job. It is a privilege to work for a care company who truly care about each and every one of their clients and staff. A company who shows compassion, respect and dignity to each and every person" and "We have a small team which in my opinion, this makes the continuity of care we provide an outstanding service. My job makes me so happy and I look forward to my shifts and seeing all of the clients". Another member of staff said, "I love to see the smiles on our client's faces when we enter the room and knowing that we are doing everything possible to provide quality care, compassion for the client and their family, respect and dignity to each individual and ensuring they are safe."

Staff had developed positive relationships with people and relatives. The provider had a policy of never undertaking a care visit of less than 30 minutes. People confirmed this was the case and were clear this allowed them time to get to know their carer's and feel comprehensively supported. Comments from people and relatives included "Thank you so much for everything you have done" and "We couldn't have done it without your care and compassion".

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The registered manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People were empowered to make as many choices as they were able to, about the care and support they received. Staff were aware of people's preferences and their daily routine. Support was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them. Staff explained how they supported people to make choices in respect of food, drinks, clothing and conversation topics.

People were treated with dignity and respect. A member of staff commented, "I have made the time to get to know each and every person we provide care for treating every person with a person centred approach, I read through the care plan for each client and treat each client with the respect they deserve. I respect the client's privacy, choices, beliefs and needs. I use a dignified approach when supporting the clients personal care needs- a dignity towel, closed curtains, talk through each step, inform the client of what I am doing to make them comfortable".

Is the service responsive?

Our findings

Relatives were positive about how staff responded to peoples' needs. One relative commented, "Within the first two days he was like a new man having had proper personal care, hair wash and a shave" and "The care that he received was excellent".

The provider kept a complaints and compliments record. One relative commented, "Anyone going through a difficult time would be blessed to have you guys by their side". People and relatives told us they knew how and who to raise a compliment or a complaint with. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or a member of staff. They told us they were listened to and said they felt comfortable in raising any concerns with the staff. The service had received no complaints. A member of staff commented, "All of our clients (People) are issued with the complaints procedure upon commencement of their care package. If I am issued with a complaint, I record the complaint or concern, along with the date and time. I report immediately to my manager along with my written account of this who will then respond to this effectively within three days" and "Management take complaints very seriously at Your Dom Care and fully respond within twenty eight days. I have never had to deal with a complaint during my time working for Your Dom Care."

People, their families and healthcare professionals had been involved in a pre-assessment before the service provided any support. A member of staff commented, "We always risk assess each clients on a daily basis because clients' needs can change very quickly with a palliative care package and therefore any updates or changes with the client are reported instantly to our management". People's support plans and risk assessments included information for staff about their health conditions, such as diabetes, skin damage, mobility requirements and communication needs. These were explained in sufficient detail for staff to understand peoples' conditions and how to support them. Peoples' support plans and risk assessments were reviewed and updated regularly or when their needs changed, such as during end of life care.

The provider had appropriate arrangements in place to provide effective end of life care. Staff received relevant training and worked in partnership with district nurses; GP's and palliative care services. A relative commented, "I couldn't have wished for a better group of people to look after my dad in his final weeks. All of you were fantastic. Thank you for also looking after me too, through a difficult time".

The registered manager told us they were not aware of the accessible information standard. However, they told us that they could produce easy read and large print versions of information for people if needed. This information is important to demonstrate the provider is complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Is the service well-led?

Our findings

Peoples' relatives commented positively about the service people received. One relative commented, "First class service and always willing to listen and adapt". A member of staff said, "The care our team and manager provide is very professional, we always ensure the service users are happy with the care. I'm very happy with how this company work as a team to ensure all service users are safe as well as staff and correct policies and procedures are always followed. I think the care is always done to its best. We have received some lovely compliments from present and past service users and their families" and "My manager is very supportive and I can always ring her or meet with her if I had any concerns or worries".

When describing the management team one staff member commented, "They were able to cover my work shifts and supported me emotionally every step of the way. I am so thankful to work with a staff team who support one another and all come together. My manager goes above and beyond for all of her staff. My manager also takes time to assist her staff in the community and attends care calls personally. My manager has an outstanding approach to our clients and they are always happy to see her".

The management team had a clear vision and set of values to deliver a service that they would be happy for their family and loved ones to receive. These values were also shared by staff we spoke with. A member of staff commented, "Every clients is treated with compassion, respect and dignity and takes part in the making of their individual care plan. We feel this is important that we are giving each client their own wishes, choices and providing a person centred approach working with the ethic that each person has the capacity to make their own decisions on the care they require, unless this has been stated to us otherwise".

Effective governance systems were in place to monitor and drive the quality of care. This included a weekly and monthly check in respect of staffing, training, equality and diversity, supervision and managing risk. The registered manager said, "We keep this up to date so we know what's going on and what needs to be worked on".

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff told us they were confident to report any concerns about poor practice. They told us they would report any concerns to the management and were confident appropriate action would be taken. If they felt action had not been taken, staff knew how and who to share their concerns with, for example CQC or the local authority. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people they supported and share any concerns they might have. Records of staff meetings showed the registered manager ensured staff were kept up to date and that learning which could improve the service was shared. A member of staff commented, "We have staff meetings of which our whole team attend and we have group discussions. We have had past discussions about the KLoE's and how we need to ensure our service is Safe, Caring, Responsive, Effective and Well-Led.

This gives all members of staff a good understanding and awareness".

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. These included spot checks whilst staff were on care calls, a review of daily records and communication with people and relatives to ensure care was provided effectively.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.