

Dream Community Personnel Limited

Dream Community Personnel Limited (Woolwich)

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

We undertook an announced inspection on 20 June 2018 of Dream Community Personnel Limited (Woolwich). This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of the inspection, 14 people were using the service.

This was the service's first inspection since their registration on 27 June 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 2008 and associated Regulations about how the service is run.

People's health and social care needs had been assessed. Care plans were person-centred, and specific to each person and their needs. People's care preferences, likes and dislikes were documented. Care plans were regularly reviewed and were updated when people's needs changed.

Systems and processes were in place to help protect people from the risk of harm. Risks to people were identified and managed so that people were safe. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Staff followed appropriate infection control practices. Systems were in place to make sure people received their medicines safely. Accidents and incidents were recorded. Management staff had taken action to reduce the chances of incidents happening again.

Records showed any necessary action and lessons learnt had been taken by management staff and measures put in place to minimise the risk of reoccurrence and ensure people were safe from further incidents

There were sufficient numbers of suitable staff to support people to stay safe and meet their needs. Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

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. Staff we spoke with had an understanding of the principles of the Mental Capacity Act 2005 (MCA).

The service worked in partnership with other agencies and people were supported to have access to healthcare services. People were supported with their nutritional and hydration needs.

There was a management structure in place. Staff spoke positively about working for the service. Staff told

us that they received up to date information about the service and had an opportunity to share good practice and any concerns they had at team meetings.

There were systems in place to monitor and improve the quality of the service. Feedback about the service was also sought through questionnaires. Feedback was positive about the service people received. There were procedures for receiving, handling and responding to comments and complaints in a timely manner.

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. People and their relatives we said that they were confident the service was safe.

Staff were aware of different types of abuse and what steps they would take to protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management of medicines.

There was a system in place to record accidents and incidents. Improvements were made so people were safe from further incidents.

People were protected from the risk of infection.

Is the service effective?

Good 

The service was effective. People's needs were assessed prior to them joining the service to ensure the service could meet people's care needs

Staff had completed training to enable them to care for people effectively. Staff were supervised and felt supported by management staff.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People were supported to have access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good 

The service was caring. People and their relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

People were provided with information about the service.

Review of care meetings had been conducted with people and relatives in which aspects of their care was discussed.

Is the service responsive?

Good ●

The service was responsive. Care plans were person-centred and specific to each person's individual needs. People's care preferences were noted in the care plans.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service and relatives spoke positively about the management of the service.

Staff were supported by management and told us they were approachable if they had any concerns.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

The provider took into account the views of people using the service and feedback was sought from them.

The service worked closely in partnership with the local authority and relevant healthcare professionals.

Dream Community Personnel Limited (Woolwich)

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 provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 20 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to ensure someone was available in the office to support us with the inspection.

This inspection was carried out by one inspector and was supported by an expert by experience who conducted telephone interviews with people using the service and relatives where appropriate. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before we visited the service, we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people using the service and four relatives. We also spoke with the registered manager, three care workers and one healthcare professional. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People and relatives told us they felt safe with staff. People told us "Yes I feel safe they are good. I trust them" and "I'm very happy, I'm safe because we get on well and have a good relationship." A relative told us "[Person] feels very safe they are like family... a proper relationship."

A healthcare professional also told us they did not have any issues or concerns with the service. They told us, "My client has medical needs and they are very very good. The staff allow plenty of time when supporting my client. They informed me when my client wasn't eating at lunch time and I was able to arrange a change to the medication to meet their needs."

There were safeguarding and whistleblowing procedures in place. Training records confirmed that staff had received safeguarding training. When speaking with staff they were aware of how they would recognise abuse and what they would do to ensure people who used the service were safe. They told us, "I would report it instantly to the manager and the council." and "We [staff] need to make them feel safe. I would report it to my manager first but I can also report to the Police and social services."

Risks to people were identified and managed so that people were safe. There were risk assessments in place for each person including information of preventative actions that needed to be taken to minimise risk and the support required by staff to enable them do this. The risk assessments covered various areas of people's care including physical health, mobility, falls, behaviours and pressure sores. We noted the assessments had very clear and specific instructions for staff on how to support people safely with their moving and handling needs.

There were suitable arrangements for the administration and recording of medicines. There was a policy in place for the administration of medicines. Care plans provided information on people's medication and the support they required with their medicines so staff were aware of what to do. Information about the collection and disposal of medicines was also included. Records showed that staff had received training on the administration of medicines.

We looked at a sample of medicine administration records (MARs) for people and saw that there were no gaps which indicated people received their medicines as prescribed. Monthly medication audits were carried out and any discrepancies and/or gaps were identified and followed up as necessary.

Accidents and incidents were recorded. Records showed any necessary action and lessons learnt had been taken by management staff and measures put in place to minimise the risk of reoccurrence and ensure people were safe from further incidents.

There was an electronic system in place to monitor calls to ensure people received the care they needed at the appropriate times. Records showed management staff reviewed staff's timekeeping through monthly audits of daily logs completed by staff which covered punctuality, duration of calls and whether the single and double handed calls were attended. People and relatives did not raise any concerns in relation to the

timekeeping of staff. They told us, "They are always on time and inform me if they are going to be late...", "They spend quality time and meet [person's] needs" and "Yes no complaints [staff member] washes and dresses me. She is nice and always punctual."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. We looked at the recruitment records for five members of staff and found appropriate background checks had completed. These included checking employment histories, proof of identify and right to work in the UK. Two satisfactory references were obtained and enhanced criminal record checks had been undertaken to ensure staff were of good character.

The service had an infection control policy in place. Staff had received training and were aware of infection control measures. People told us that staff observed hygienic practices when providing care. They told us, "They have an apron and gloves, all the staff do", "Yes they wear gloves, pinnies and everything" and "They wash me and use gloves and an apron." Staff also confirmed they had access to PPE. They told us "No issue with PPE. The manager always makes sure we have spare gloves, sanitisers....everything."

Care plans also included COSHH (Control of Substances Hazardous to Health) assessments which detailed the risks of products that could be potentially hazardous to a person's health. The information included information on the risks and measures in place to minimise any risk and to keep people safe from infection and contamination. Information was also provided on what staff needed to do in case of an emergency.

Is the service effective?

Our findings

People and relatives spoke positively about the staff and had confidence they had the knowledge and skills to support them effectively. They told us, "They look after me very well" and "They are brilliant, they follow a routine and ask me what I'd like."

When speaking with staff they felt supported by their colleagues and management. They told us "The manager is good and attends to our needs. We can even call her out of hours", "Yes I feel supported and they are helpful." and "It is okay working here."

Records showed staff had received an induction. A staff member told us, "Yes I had an induction and shadowed a staff member. That was very helpful." The service had implemented the Care Certificate which staff had achieved. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Records showed staff received ongoing training that helped them to meet people's needs. Topics included manual handling, infection control, health and safety, fluid and nutrition, medicines, safeguarding and mental health, dementia and learning disabilities.

Staff members spoke positively about the training they received. They told us, "Yes we do get training", "Yes we have regular training. We did some last month and have training booked this week. The training is good, the trainer is very good. She explains things very well and it helps me to do my job." and "Yes, a trainer comes to teach us. It's good. There were things I didn't know but now I do, it's helping me a lot."

Records also showed staff received regular supervision and annual appraisal to review and monitor their performance. Staff confirmed this and told us, "They let you know of areas you are doing well and areas of improvements. It gives you the motivation to carry on and we get better at our jobs." and "Any problems we can talk about it."

People's needs were assessed by management staff with the participation of people using the service and their relatives where appropriate. This helped to ensure the service was able to meet people's needs safely and effectively. Ongoing reviews and assessments were undertaken where people's needs had changed to ensure care plans were reflective of people's current needs and that they received appropriate support.

People were supported to maintain good health. People's health and medical needs were detailed in their care plans and records showed that they were supported to access health and medical services when necessary including the GP, social services and referrals to other healthcare services. For example, records showed an occupational therapist (OT) referral was made as a person needed additional support with their moving and handling needs. As a result of the referral, a standing hoist was put in place to ensure their moving and handling needs were met safely.

A healthcare professional told us, "So far the carer has the correct approach, understands Dementia and has excellent interpersonal skills." and "It's a new agency and care worker ...so far very good."

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their homes this process is done through the Court of Protection.

We reviewed whether the service was working within the principles of the MCA. People's care plans contained information about their mental state and cognition. When a person was unable to give verbal consent, records showed the person's next of kin and healthcare professionals were involved to get information about the person's preferences, care and support and decisions were made in the person's best interests. When speaking with staff, they were aware of the importance of gaining people's consent before supporting them with their needs.

People were supported with their nutritional and hydration needs. Care plans provided guidance for staff to ensure people were appropriately supported with their eating and drinking and not at risk of malnutrition and dehydration. For example, in the care plan of one person who required an evening call, guidance for staff included '[Person] would like snacks and water left on the bedside table.' The care plans also identified potential risks to people such as swallowing difficulties and the appropriate support they would need in relation to this.

Is the service caring?

Our findings

People and relatives spoke positively about the way they were looked after. We received good feedback from people and their relatives which indicated there were positive caring relationships between them and staff. People told us, "My one carer is brilliant, she really is", "They are always smiling and gentle", "She smiles at me, takes good care of me". "She is a lovely lady I have no concerns" and "They are caring...they are lovely actually." A healthcare professional told us "Yes they are polite and kind to my client."

People and relatives told us their privacy and dignity was maintained and respected. They told us, "I sit in a chair and have my wash, it's very private no one else can see." and "I have a problem being touched, but I have overcome that with them."

Records showed staff had received training in privacy and dignity and were able to tell us how they maintained people's privacy and dignity. They told us, "We close the door, make them feel safe and respect their privacy. We respect what they say and do", "I always talk with them, make sure their body is kept covered and always tell them what I am doing." and "I ask them if they are okay for me to support them and if there is anything they would like to do for themselves. I tell them what I am doing and how and what I am going to do next. It makes them feel comfortable."

Care plans included information about people's individual cultural and spiritual needs to ensure that equality and diversity was promoted. For example, in one person's care plan it stated, 'A vicar comes to see [Person] weekly and they say prayers together.'

Staff demonstrated a good understanding of equality and diversity. They told us "You have to make sure people receive the appropriate care. Whatever the culture and differences in background, and that there is equality in the care people receive." and "You have to treat everyone with respect, we are all human beings."

There were arrangements in place to ensure people were able to express their views and be actively involved in making decisions about their care. Records showed there were reviews with people, their relatives and staff in which people's care was discussed and how people's needs would be met effectively. People and relatives confirmed this and told us, "[Staff member] discusses my needs with my [relative]", "They talk to me and my partner, they check if [person's] sugar levels are ok" and "Yes, the manager informed us of a meeting about [person's] care."

A Service pack was also provided to people and their relatives which explained what support people could expect from the service in relation to their care and support.

Is the service responsive?

Our findings

People and their relatives spoke positively about the service they received. They told us "Everything is good, I'm really satisfied with everything that they do", "Yes they are responsive, I'm happy to say if I have a concern but there are no problems, if [person] is happy we are happy." and "They are brilliant they do everything."

A healthcare professional told us, "Yes, I produced the care plan that my client uses with the agency they were very cooperative and we developed a shared risk assessment."

Care plans were person centred and detailed which ensured people received personalised care according to their specific needs. The care plans provided information about people's medical background, details of medical diagnoses and social history; and outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence, communication, physical and mental health needs, medicines, nutrition and hydration and mobility.

Care plans then clearly detailed what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. People's individual preferences, likes and dislikes were listed and background information as to who the person is, what is important to them, their overall goals and daily goals for receiving care. The service also encouraged and prompted people's independence. People's care plans clearly detailed what people could do themselves and areas which they may need support.

Care plans were reviewed by management staff and were also updated when people's needs changed. Daily logs were in place which recorded information such as the care and support provided to people during visits.

There were procedures for receiving, handling and responding to comments and complaints. Documents showed that concerns raised had been investigated and responded to promptly by the registered manager. Relatives we spoke with had no complaints or concerns about the service. Relatives told us that they were confident that any concerns would be resolved constructively, and quickly.

No one was receiving end of life care at the time of this inspection.

Is the service well-led?

Our findings

People and relatives spoke positively about the service. They told us, "I would say they manage everything well because... I really am, so happy with them, they are very nice and take care of me really well.", "I would say 9 out of 10 for everything!!!" and "I would recommend them to anyone."

People and their relatives told us management staff were approachable and easily contactable. They told us, "I don't have any contact with the office, but they phone me.", "Yes its well- led I've spoken to managers a few times now and I've made suggestions." and "Everything's good really, I'm happy, they keep me and my [relative] well informed."

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 2008 and associated Regulations about how the service is run. The service had notified us of incidents and other matters to do with the service when legally required to do so.

The registered manager was not available at the time of the inspection, but we were supported with the inspection by the branch manager and the provider. We found the branch manager had good knowledge of running the service and people's needs.

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes such as OT and local authorities. A healthcare professional told us, "I believe it is well led, they have been very flexible and responsive. They have covered all shifts needed when support workers were off sick. Even short notice yes... well led and responsive."

There were arrangements in place to assess and monitor the quality of care being provided. Monthly audits were in place covering care plans, medicines, daily logs and punctuality to ensure people's needs were being met. However, we found there was no analysis of the audit findings from the monthly checks conducted to effectively assess, evaluate and identify whether there could be any improvements to the quality of service being provided or learning which could contribute towards continuous working improvement of the service. The branch manager told us she would address this and look at adopting a new quality assurance tool for the service.

Feedback about the service from people and their relatives had been sought. Telephone reviews had been conducted and we found positive feedback had been received. Comments included one person calling two staff 'their angels' and 'I have no complaints.'

The competency of staff was assessed through spot checks and task observations. This involved staff being observed by management staff and assessing how staff carried out their duties including how they supported people with their medicines and moving and handling. They also observed how staff

communicated with people and complied with procedures such as infection control, food hygiene and health and safety. Staff timekeeping was monitored too.. Records showed that if there were any areas of improvement, this was noted and promptly followed up by the service

Regular staff meetings took place where staff received up to date information and had an opportunity to share good practice and any other concerns. Minutes of staff meetings showed areas such as hoist training, punctuality, call logs, confidentiality, medication and supervisions were discussed. Staff told us, "We have discussions about what we are doing and if we are facing any challenges. You are free to say what you want." and "The manager explains what is expected from us and how the work should be done. We talk about timekeeping and they remind us to always complete our daily logs."

Care workers spoke positively about working for the service and the management. They told us "This is one of the good companies I have worked for. It's very good. Any issues get resolved and they deal with things. Especially the manager", "She is good. You can always call her when you have a problem. Very approachable" and "Yes, she is a good manager. I can talk to her."