Dwell Dom Care Limited

Essential Care Support

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

Essential Care Support is registered to provide personal care to people living in their own homes in the community. It provides a service to younger and older adults, who may live with dementia, physical disability or a sensory impairment.

The registered manager had left the service and deregistered with us in September 2017. The provider had begun the application process to become the registered manager. 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 2008 and associated Regulations about how the service is run.

People were protected from the risks of abuse because staff received training in safeguarding people and understood their responsibility to report any concerns. The provider checked staff were suitable for their role before they started working for the service.

People's care plans explained the risks to their individual health and wellbeing and the actions staff should take to support them safely. Care plans were updated when people's needs changed.

Staff were trained in safe medicines administration and in how to minimise the risks of infection.

The provider made sure there were enough staff, with the right skills and experience to support people effectively, and in line with their agreed care plan.

Where required, people were supported to eat according to their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies, procedures and staff training supported this least restrictive practice.

People felt they were supported by staff who genuinely cared for them as individuals. Staff understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities.

Staff were happy working for the service and felt supported to build relationships with individual people based on trust. Staff supported people and encouraged them to maintain links with their community, according to their needs and preferences. Staff respected people's privacy and promoted their dignity. People were confident any complaints and concerns they raised would be dealt with promptly.

The provider's quality monitoring programme included regular, scheduled monitoring of staff's competence and seeking people's and relatives views of the service, to ensure quality improvements focused on people's experience.

Further information is in the detailed findings below.

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 felt safe, because they trusted the staff who supported and cared for them. Staff understood their responsibilities to report any concerns about people's safety or if they believed people were at risk of abuse. Risks to people's individual health and wellbeing were identified and care plans explained how staff should minimise the risks. The provider's recruitment process ensured staff were suitable to work at the service. There were enough suitably skilled and experienced staff to support people safely. Where needed, people were supported to manage their medicines safely and staff had training in preventing the risks of infection.

Is the service effective?

Good

The service was effective.

Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and to obtain advice from healthcare professionals, when their health needs changed. Where needed, people were supported to maintain a diet that met their individual needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by caring staff, who took the time to get to know them well. Staff understood people's likes, dislikes and preferences for how they were cared for and supported. Staff respected people's privacy and promoted their dignity and independence.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs and preferences and

adapted to any changes people requested. People's care was planned for their preferred times and was delivered by a consistent staff team. People and relatives were confident that any concerns or complaints were responded to and dealt with promptly.

Is the service well-led?

Good

The service was well-led.

People said they would recommend the service to others because they received a good service from caring and effective staff. Staff felt well-led because the provider was available and responded promptly to any concerns or queries. The systems and processes for governance of the service were effective. The provider's quality monitoring programme, included regular monitoring of staff's competence and people's satisfaction with the service, to ensure quality improvements focused on people's experience of the service.

Essential Care Support

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 checked 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.

Inspection activity started on 5 July 2018, with a visit to the provider's office. We did not ask the provider to complete a Provider Information Return (PIR), because this was the first inspection since they had registered with us. The PIR is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During our visit to the office location on 5 July 2018, we spoke with the owner, an administrator and a care coordinator for the service. We refer to the owner as the 'provider' in our report. On 11 and 12 July 2018, we spoke by telephone with five people and five relatives of people who use the service and with five care staff.

We reviewed one person's care plans and daily records in detail, to see how their care was planned and delivered and reviewed elements of another three people's care plans. We checked whether staff were recruited safely and trained to deliver care and support to meet people's needs. We reviewed records of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe, because they had regular staff that they knew and trusted. People told us they had a rota so they knew which member of staff to expect and staff wore ID badges, which reassured people they were employed by the provider when relief, or cover staff arrived.

The provider's safeguarding and whistleblowing policies ensured the risks of harm and abuse were minimised. Care staff received training in safeguarding people and were encouraged and supported to share any concerns about people's safety. Care staff told us they would be confident to report any concerns to the manager, but most care staff said they had not needed to report any. One member of staff told us when they had followed the provider's whistleblowing policy once to report concerns about staff's practice their concerns were dealt with effectively. Another member of care staff told us when they had reported a safeguarding concern, the provider had taken action and the matter was resolved satisfactorily to keep the person safe from the risk of harm. The provider had notified us of a safeguarding referral that they had to the local safeguarding authority.

There were enough staff, with the right skills and experience, to support people safely. All the people and relatives we spoke with told us staff arrived when they were expected, stayed the agreed length of time and gave all the care and support needed as agreed in their care plan. All the care staff we spoke with told us they had enough time to provide the agreed care and support. They told us they never felt rushed. Care staff were recruited in line with the guidance for safe recruitment of all staff who work in health and social care. The provider's recruitment process included making the pre-employment checks required by the regulations to make sure care staff were suitable to deliver the service. Staff told us they had not started working for the service until all the pre-employment checks were completed.

People's plans included risk assessments related to their individual and diverse needs and abilities. For example, risks to people's mobility, nutrition and communication were assessed and their care plans explained the equipment, the number of care staff needed, and the actions they should take, to minimise risks to people's health and wellbeing. Care staff told us the information in people's care plans, combined with their training, enabled them to minimise risks to people's individual health and well-being.

The provider had taken action to minimise risks related to the environment. People's individual risk assessments included an assessment of risks related to their own homes, such as trip hazards and other environmental risks. Staff received training in fire safety, health and safety and basic first aid. A member of care staff told us people's environmental risks included details such as whether there were steps up or down outside the front door, to minimise the risks to staff on entering the property.

Medicines were managed and administered safely. Care staff received training in medicines administration to ensure they supported people in accordance with their prescriptions. When people required support with medicines, a senior member of care staff created a medicines administration record (MAR) to record for staff's guidance. Staff recorded whether people took their medicines or declined to take them and the reason why not. Care staff told us they would know if medicines had not been administered correctly at the

previous call and would report any errors to the office. They told us they were issued with 'body maps' to make sure topical medicines, such as creams, were applied appropriately. People told us staff recorded when they administered topical medicines, such as creams and eye drops. The provider did not have a regular routine for checking medicines were managed safely, but checked intermittently when they conducted unannounced spot checks of staff's practice or 'client audits'. The provider had a system in place to support staff to improve their practice when issues were identified in their practice.

People and relatives told us staff put their training in infection prevention and control into practice. They told us staff always used gloves and aprons appropriately to minimise the risks of infection.

Good

Is the service effective?

Our findings

People told us care staff had the knowledge, skills and attitude to support them effectively. A relative told us, "They do it all properly and always ask if there's anything else they can do." One relative told us the regular interaction between their relative and care staff had made an improvement to their relatives' mood and willingness to engage and communicate.

Care plans included risk assessments using recognised risk management tools, in line with the National Institute for Clinical Excellence (NICE) guidance. Risks assessments included actions to minimise the identified risks and the expected outcome of the actions, which were to support people to maintain their independence. Care staff told us they read people's care plans during their induction to the service to make sure they understood people's individual risks, needs and abilities and the actions they should take to support people effectively.

Care staff told us they felt well-prepared to work independently with people because they were provided with all the training they needed to be confident in their practice. New care staff's induction included training and working alongside experienced staff to learn about people's individual needs to check they delivered care and support safely. Staff training included first aid, food hygiene, moving and handling and medication training. Most staff went on to obtain nationally recognised qualifications in health and social care. Records showed staff attended refresher training to maintain their knowledge and skills.

Staff were supported in their role through a mixture of team meetings, one-to-one meetings with the provider and observations of their practice at people's homes. Due to changes in the office based management team, staff support sessions had not taken place as promptly or as frequently as some staff had wanted. The provider had implemented a weekly, two-hour 'open door' session for staff to meet with them, to ensure staff did not have to wait for the next scheduled opportunity to raise any work or personal issues with them privately.

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.

The provider understood their obligations under the Act. They told us they had declined to continue a contract for care, which had risked keeping a person locked in their home, because this would deprive the person of their liberty and they had understood that the relevant legal authority to do so was not in place. Staff worked within the principles of the MCA. People told us they decided how they were supported with personal hygiene, what they wanted to wear and what food they want to eat and said staff respected their decisions.

Where required, people were supported to maintain a diet that met their needs and preferences. Only two people we spoke with relied on staff to support them with preparing meals. Both people told us they chose what they would eat each day and staff respected their choices.

Information in people's care plans included their medical conditions, any allergies and the signs that they might be unwell. The records staff made at each visit included a scoring system for the person's health and wellbeing, which ensured staff identified any changes in people's mood or behaviour promptly. Staff told us they reported any such changes to the office, to make sure the person's family and GP were aware. One member of staff told us the scoring system worked well because they had been able to raise concern about an early sign of ill-health. The person had been treated effectively by their GP, which had minimised the risk of a hospital admission.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Everyone we spoke with told us they were they were happy with the care and support provided. They all said their care workers were caring and kind, treated them with dignity and respect and supported them to be as independent as possible. Relatives told us, "Care staff are always friendly and chatty" and "The care staff are brilliant with [Name] and in the way they interact with [Name]." Care staff told us they enjoyed their role, because it was, "Rewarding" and "Heart-warming."

The provider told us they recruited care staff according to their personal values and behaviour, because how they behaved and responded to people was the most important criteria. People who used the service told us their care staff behaved and responded to them in the way they liked.
Written feedback about the staff included, "I cannot speak highly enough of the all the staff. Nothing is too much trouble" and "I look forward to the visits and the support I get … it helps me remain independent and gives peace of mind to my family" and "Care staff are punctual and reliable and always smiling and chatty."

The provider enabled people and relatives to develop a relationship based on confidence and trust in staff by ensuring people were supported by a regular team of care staff, whenever possible. A member of care staff told us the key to good care was, "Continuity of care and getting to know clients." Relatives said their trust in care staff enabled them to step back from caring for their relative, which promoted the person's independence. People and relatives told us they appreciated how care staff's visits and conversations brought 'the outside world in', which helped them maintain their interest and sense of belonging.

People and relatives told us they were involved in discussions about how they were cared for and supported. They had a copy of their care plan at their home and could read their own daily records of care. People were given a weekly rota, so they knew in advance which member of staff would visit. People told us care staff knew and respected their preferences for how and when they were supported. They told us care staff were always on time, stayed for the agreed length of time and never rushed them.

People were treated with respect and dignity. People told us, "Staff are always polite and respectful." A relative assured us care staff only supported their relation with the elements of personal care the person needed support with and made sure the person was able to maintain their independence wherever possible. Staff had training in equality and diversity, which supported them to understand everyone had individual and unique needs and motivations.

Good

Is the service responsive?

Our findings

People told us the service was responsive and adaptable to changes in their needs or preferences. One relative told us staff made sure their relation was supported with personal care to leave their house by a set time one day a week, which was important to them. A relative told us care staff listened and responded to their request to change how call times were monitored. The provider had listened and agreed an alternative method, to meet the relative's preferences.

Care staff understood that people's needs and abilities could vary and they were adaptable to suit people's needs. A member of care staff told us, "Every day is different, so I ask, 'what would you like me to do today'?"

People and relatives told us the care and support felt 'person centred' because care staff always asked their preferences, took their time and asked if there is anything else they could do before they finished. Care staff told us they had a good rapport with their 'clients'. People felt care staff understood them well and took an interest in their families and life stories. The provider had given each service user, or their relative, a 'life story book' for them to complete, which encouraged them to reminisce and record the most important events of their life.

People and relatives told us staff understood the importance of encouraging people to maintain their interest in life. A relative told us, "They laugh and joke with [Name] and try to get [Name] to count with them." The relative told us this had a positive effect on their relation, because their relation had become more communicative since they had started using the service.

People's communication needs and abilities were assessed, and their method of communication and the support they needed to communicate effectively was described in their care plan. Staff kept daily records to show how they supported people and recorded any changes in their needs, abilities or choices. People's care plans were updated when their needs and abilities changed. People were invited to attend service reviews, to check their planned care continued to meet their requirements.

The provider worked in partnership with the local commissioners of care to prevent hospital admissions. The provider had recently implemented a 'hospital prevention' checklist, which included a scoring system and early indicators of issues related to people's health and wellbeing. A member of staff told us the system was easy to use, because staff only 'scored' a person if anything was, different from the individual's 'normal'. The system had been effective at making sure a person received early treatment at home, without the need for a hospital visit.

The provider's complaints policy was included in people's care plan folders at their homes. People and relatives told us if they raised any concerns, care staff responded promptly to deal with the issue to their satisfaction. People told us they had no complaints, but said they would be confident to make a complaint and trusted it would be taken seriously, without prejudice to their ongoing relationship with care staff. Records of a formal, written complaint showed the provider had responded promptly and taken action to resolve it to the complaints' satisfaction. The provider had received too few complaints to be able to identify

any patterns or trends in complaints.

Good

Is the service well-led?

Our findings

People told us they were pleased with the service and would recommend it to others, because all the care staff were approachable and thoughtful, which made them feel valued. Written feedback from a relative included, "You are so supportive. Thank you for everything you do for [Name] and the confidence you give them to remain at home."

The provider told us they recruited staff who demonstrated the 'right behaviours' and who shared the same values and ethos, to put people at the heart of the service. The care staff we spoke with told us they enjoyed their job because they liked working with people by supporting them to have the best lives they could.

There was not a registered manager in post at the time of our inspection, because they had left the service and deregistered with us in September 2017. The service was being run and managed by the provider, a company director and senior care staff in the absence of a registered manager. The provider had applied to CQC to start the process of becoming the registered manager. They understood the legal obligations of acting in the registered manager's absence and sent us statutory notifications about important events at the service.

Two of the people we spoke told us they had been visited by the provider as part of the quality monitoring system. They told us they were delighted to meet the provider and pleased that they had taken a personal interest in their health and wellbeing. One person told us, "I've met the owner twice. He's nice, a lovely chap."

Staff told us the leadership and management was good. They told us they 'loved their work', and enjoyed caring for and supporting people. They told us they knew in advance who they would be working with, and were able to read people's care plans, if they had not worked with them previously, so they understood the person's needs and preferences. Staff told us the provider was good to work for because, "If you have a problem, they sort it out." One member of staff told us, "It is the best company I've worked for in every way," because of the training and support they received. Records showed staff received refresher training in health and safety, first aid and moving and handling, and other training that was relevant to people's needs.

Staff told us they liked having a regular group of people to work with and said they always received a prompt response from the office staff and provider if they had any concerns or queries. Some staff had worked for the service under the previous provider and all staff knew there had been more recent changes in the senior management team. The provider had implemented a weekly, two-hour 'open door' session for staff to meet with them, to discuss any concerns.

The provider's quality monitoring system included checks by a senior staff that people's medicines were administered safely and in line with their prescriptions. Care staff noted whether people's medicines had been administered correctly by the care staff at the previous visit and reported any concerns to the office staff. The provider held supervisory meetings with staff if errors were identified in their medicines administration practice during their observed practice.

The provider's quality monitoring system included 'client audit' checks and conversations at people's homes, to check people were supported safely and effectively. At each quality check visit, senior care staff checked people's care plans were up to date, accurate and sufficiently detailed to enable staff to support them safely. Daily care records and medicine administration records were also checked.

The client audit checks included a conversation with the person, to check they were satisfied with the service. Records showed 13 of 30 care staff had been checked in practice since January 2018.

The provider told us they checked the quality of the service through regular telephone calls to service users and relatives and periodic visits to people's homes to speak with them in person. We saw the records of six telephone checks they had made since January 2018. The provider had conducted a formal, anonymous survey of people and relatives in September 2017, to obtain a 'base-line of people's views to ensure planned improvements focused on people's experience of the service.