

Definitive Care Services (UK) Ltd

Definitive Care Services

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

Definitive Care is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported one person with personal care and employed two senior care staff.

We visited the offices of Definitive Care on 6 April 2016. We told the provider before the visit we were coming so they could arrange to be available to talk with us about the service.

The service has a 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 felt safe using the service and staff understood how to protect people from abuse and keep people safe. There were procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out on staff during recruitment to make sure they were suitable to work with people who used the service.

The provider understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

There were enough staff to deliver the care and support people required. People told us staff were friendly and caring and had the right skills to provide the care and support they required. Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively.

Care plans contained relevant information for staff to help them provide the personalised care people required. People knew how to complain and information about making a complaint was available to them. Staff said they could raise any concerns or issues with the provider and registered manager, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care staff and a programme of other checks and audits.

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 responsibility to keep people safe and there were procedures to protect people from avoidable harm. There were enough staff to provide the support people required. Recruitment checks made sure staff were safe to work with people who used the service and there was a safe procedure for managing medicines.

Is the service effective?

Good ●

The service was effective.

Staff completed training to ensure they had the knowledge and skills to deliver safe and effective care to people. The provider and staff understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who they considered kind and caring. Staff understood people's individual needs and respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People were very satisfied with the service they received. Staff received the support and supervision required to carry out their

work safely and effectively. The registered manager provided good leadership and regularly reviewed the quality of service provided.

Definitive Care Services

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a 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. We found the PIR reflected the service provided.

The office visit took place on 6 April 2016 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us. The inspection was conducted by one inspector.

Before the office visit we spoke with four people by telephone, (one person who used the service, two people who had recently used the service and a relative).

During our visit we spoke with the provider and a senior care worker, the registered manager was unwell and unable to be present. We viewed one care plan to see how care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance procedures. Following our visit we spoke with another senior care worker by telephone.

Is the service safe?

Our findings

People we spoke with said they felt safe with staff from Definitive Care. They told us "I felt very safe with them," and, "Absolutely safe. I was introduced to all the carers before they provided care and they were all lovely." People said they would contact the registered manager if they didn't feel safe.

Staff understood their responsibilities to keep people safe and protect them from avoidable harm. Staff completed training in safeguarding adults and understood what constituted abusive behaviour and their responsibilities to report this to the registered manager. One staff member told us, "I would report concerns immediately to [registered manager], who would refer any allegations of abuse to the local authority and to CQC."

There was a procedure to identify and manage risks associated with people's care, which included risks in people's homes or risks to the person. Staff knew about the risks to people's care and how these were to be managed. Staff had completed training in moving and handling people so they could safely assist people to move around. There was no one using the service at the time of our inspection that required equipment to help them move.

The registered manager was trained to provide moving and handling training to staff. Equipment used during this training, such as a hoist was checked and serviced regularly to ensure it remained safe to use.

People told us staff arrived around the time expected and stayed long enough to do everything that was required before they left. Comments included, "They always arrived on time and stayed the full time. They were only late once and they phoned to say they would be a bit late so we didn't worry." There was enough staff to provide the care people required.

The provider had an out of hour's on-call system when the office was closed. This ensured there was always someone available if staff needed advice or support.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Staff had a Disclosure and Barring Service (DBS) and reference checks completed before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services.

We looked at how medicines were managed by the service. People we spoke with managed their own medicines. Where people administered their own medicines this had been discussed with the person, and risk assessed to ensure they were able to do this safely. Information about people's medicines was recorded in their care plan. This included a record of prescribed medicines so staff could be aware of any side effects.

Staff received training to administer medicines and their competency was assessed to make sure they continued to administer medicines safely.

There was a procedure for staff to follow when people needed assistance to take their medicines. This included staff recording in people's records that medicines had been given and signing a medicine administration record (MAR) sheet to confirm this. MARs would be checked by care work staff during visits and by senior staff during spot checks for any missing signatures or errors. Completed MARs would be returned to the office every month for auditing. These procedures would make sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

People said staff were well trained and knew how to provide the care and support they needed. People told us, "Oh yes, they knew what to do," and "They do seem well trained and competent."

Staff told us they completed an induction and training when they started working at Definitive Care Services. The induction was linked to the Care Certificate which provides staff with the fundamental skills, values and behaviours to provide quality care. Staff comments included, "I joined the company from another care service a few weeks ago and I've had an induction and completed all the mandatory training again since I've been here." Another said, "I used to work in care up north and I had never done much training, but when I started here I did loads. I've learnt so much, it's really good." Records confirmed that staff completed a range of training during their induction and regularly had their training refreshed. This included training in supporting people to move safely, medicine administration and safeguarding adults. This supported staff to provide effective care to people and to keep their skills up to date.

Staff received regular supervision meetings and checks on their practice. The registered manager and senior staff undertook regular observations to assess staff performance in people's homes to ensure staff put their learning into practice.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The provider and registered manager understood their responsibilities under the Act. There was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives.

Staff we spoke with had completed training in MCA and understood how this affected their practice. Staff comments included, "The capacity act is about consent, decision making and working in the best interest of people to uphold their rights," and, "You can only provide care to someone with their consent." People told us staff asked for their consent before they provided care, comments included, "Yes, they always ask if it's alright with me before doing anything."

No one we spoke with relied on staff to provide all their food and drink. People either prepared their own food or had relatives that did this for them. There was no one using the service at the time of our inspection that had any specific dietary requirements.

People using the service managed their own healthcare or had relatives that supported them with this. Staff said they would phone a GP if the person was unwell and could accompany people to health appointments

if this had been arranged in advance.

Is the service caring?

Our findings

People were very happy with care staff and described them as 'extremely polite and caring' and, 'respectful and polite'. People said staff would "go the extra mile" and that, "Nothing was too much trouble." One relative told us, "There was one occasion when I was taken ill, they stepped in and made sure my wife was looked after and remained safe. They were marvellous."

People told us staff respected their privacy and dignity. One person told us, "Yes they respect my privacy; they are very good. They make you feel at ease when they do things so there is no embarrassment." Another said, "They [staff] always made sure the door to the bathroom was closed and were most respectful of my house and of me."

The provider told us the values and expectations of the company were discussed with prospective care staff during the recruitment process. During their interview prospective staff were asked 'what makes a caring service'. The provider said this helped to ensure staff had the correct attitude and qualities to work for Definitive Care.

People told us they received care and support from regular staff who they were able to build friendships with and who knew their personal likes and preferences. One person told us, "I met any new workers before they started to provide my care. I liked that." Another told us, "I had the same care workers and got to know them well. They were all very friendly and I felt comfortable with all of them."

People told us they were supported to maintain their independence. One staff member told us, "We have plenty of time to help and support people do things for themselves so they can remain independent." The provider PIR told us, "We have an ethos whereby staff are encouraged to spend time with the service user and 'do with' and not 'do for'. We encourage staff to take their time and if the time allocated feels rushed or tasks are not able to be carried out with dignity, the manager must be informed so the timings of calls can be extended to accommodate this." People confirmed staff took their time and never rushed.

People we spoke with confirmed they were involved in making decisions about their care and were consulted about what they wanted.

Staff understood the importance of maintaining people's confidentiality and ensured any information they held about people was kept safe and secure.

Is the service responsive?

Our findings

People had an assessment completed and were provided with a care plan when the service started to make sure the service could meet their needs. Comments included, "We had an assessment and care plan completed when the serviced started. They were very thorough and explained everything to us so we knew what to expect. It's was exactly as they said."

The provider told us in their PIR, "All care plans are person centred and based on the service user's outcomes and goals. All care plans are reviewed a minimum of every six months or sooner if their needs change. We check staff are knowledgeable about the care plans and the service user's needs, through supervision meetings and observations of their practice". We found this to be an accurate reflection of the service provided.

Staff had good understanding of people's care and support needs. They said there was time to read care plans and to sit and talk with people so they got to know how people liked their care provided. Staff said there was enough information in care plans to inform them what to do on each care call. If people's needs changed the registered manager or senior staff updated the care plan. People confirmed they had regular reviews of their care and their opinions were listened to and recorded.

We looked at one person's care records. Care plans provided staff with detailed information about the person's personal history, their individual preferences and how they wanted to receive their care and support. Staff completed a record of the care and support provided at the end of each call. People we spoke with said care workers completed everything that was recorded in their care plan. Comments included, "I have never had any concerns, everything is as it should be," and, "The care workers did everything it said to do in the care plan and more."

We looked at how complaints were managed by the provider. People said they would raise any concerns with the registered manager. No one we spoke with had made a complaint about the service. One person told us, "We have had no complaints at all. It's a very good service." Another said, "Never had any complaints it was the best service we have ever received. We would go back in a flash but social services won't pay for it." There had been no formal complaints received about the service. The provider told us, "Service users are all aware of the complaints procedure it's provided to everyone at the start of the service and we take time to discuss this with people. They know who to report to if they have concerns and there are alternative numbers including the local authority and CQC if they need them".

Is the service well-led?

Our findings

People told us they were very happy with the service they received. Comments from people included, "We were totally satisfied and pleased with the service it was excellent." "I can't speak highly enough of them, very professional."

People knew how to contact the office if they were unhappy about anything. People told us "We know how to contact the office if needed," and, "We had the number, if I needed to contact them about anything they responded right away."

The provider and registered manager understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated.

Staff understood their roles and responsibilities and what was expected of them. The registered manager told us in their PIR, "I take time to regularly observe care and support being provided, to ensure staff are carrying out care in line with the care plan and service user's wishes, needs and preferences. Feedback is given to the staff member at the time of the observation and discussed during supervisions." The PIR also told us, "I offer an open door policy and encourage staff to ring or come in and see me if they need support." Staff confirmed they could contact the registered manager at any time, and had supervision meetings and observations of their practice to make sure they understood their role and put this into practice safely.

Staff knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the registered manager. A staff member told us, "If I had any concerns about anything I would contact [registered manager] or [provider] and let them know."

Staff said they enjoyed working for Definitive Care Service and that it was well managed. None of the staff we spoke with could think of anything that could be improved. They said communication from the office worked well and that they were kept up to date about changes in people's care and changes in policies. Comments included, "It's the best place I've ever worked, they are great and [registered manager] is so knowledgeable". "I'm happy with how it works; everything so far has been great. I love my job."

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. Their PIR told us, "I [registered manager] keep our service under constant review ensuring audits are carried out on staff files, care plans, complaints, and accidents and incidents. I have completed audits and reviews in line with current legislation and changing requirements". We found this to be accurate; records we looked at were up to date, well organised and checked regularly. People were asked for their opinions of the service through spot checks on staff, visits from the registered manager, care plan reviews and satisfaction surveys.

No one we spoke with who used the service could think of any improvements. People told us, "I would definitely use them again," and, "I can't think of any way they could have improved."

People were extremely positive about their experience of using the service and three people told us they were sorry when the service finished. We asked the provider why this had happened. They explained it was not financially viable to operate such a small service, that they continued to provide personal care to one person to maintain their registration. The provider told us they were hoping to obtain a contract for the local authority so they could expand the service.