

Dignified Homecare Limited

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Inspection report

61 Coleridge Road
Romford
Essex
RM3 7BD

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27 January 2016

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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

This inspection took place on 27 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. At our last inspection in May 2013 we found the provider was meeting the regulations we inspected. The inspection was carried out by one inspector.

Dignified Homecare Limited is an agency that provides care and support to people living in their own home. At the time of this inspection there were 25 people using the service.

There was a registered manager in place. 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 spoke positively about the care and support they received from the service. They felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place and staff had received training in these. Staff had a good understanding of what constituted abuse and how to report any concerns to keep people safe. There were systems in place to reduce the risks to people and protect them from avoidable harm.

The service had robust recruitment procedures which ensured that staff had the appropriate skills and experience for the role. People were supported by sufficient numbers of staff to meet their individual needs and wishes.

People told us they received their medicines safely and when they should. There was a comprehensive medicines policy in place.

Staff were supported to maintain and develop their skills through training and development opportunities. They had regular supervisions with the registered manager to discuss their care practice and identify training needs.

Staff were aware of the Mental Capacity Act 2005 and had undertaken training to make sure they had knowledge and skills to support people who did not have capacity to make their own decisions.

People were involved in the assessment and planning of their care and support. Care plans contained information about people's wishes and preferences. These were regularly reviewed and updated by the registered manager.

People were offered support in a way that upheld their privacy and dignity. They were supported by regular staff who knew their needs and were encouraged to plan and participate in activities that were meaningful

to them.

There was a complaints procedure in place which provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People felt that the service was well-led and they had good communication with people and staff.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. People and their representatives were regularly asked for their views via phone calls, visits by the registered manager and also through satisfaction surveys.

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. There were systems were in place to ensure people were protected from risk of abuse. The registered manager and staff were aware of procedures to follow to safeguard people.

Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe.

There were enough staff to meet people's needs and the recruitment procedures were robust.

The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

There was a comprehensive medicines policy to guide staff on how to safely administer medicines.

Is the service effective?

Good ●

The service was effective. Staff received appropriate training, support and development which enabled them to meet people's needs effectively.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

People were supported to maintain good health. They were referred to healthcare professionals when needed.

People who required support with meals were provided with food and drinks which met their nutritional needs.

Is the service caring?

Good ●

The service was caring. People had their individual needs met, including needs around social inclusion and wellbeing.

People had the privacy they needed and were treated with dignity and respect at all times. They were supported to be as independence as possible.

People had access to advocacy services to represent them where applicable.

Is the service responsive?

The service was responsive. People received care and support in accordance with their preferences, interests and diverse needs.

They were involved in the planning of their care and had access to activities to protect them from social isolation.

There was a complaints procedure in place and people knew how to make a complaint.

Good ●

Is the service well-led?

The service was well-led. There was an open and inclusive culture in the service, with staff, people, relatives and other external professionals encouraged to help improve the service provided to people.

The registered manager and provider worked alongside staff, covering shifts which meant any issues were resolved as they occurred and helped ensure the service ran smoothly.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

Good ●

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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.

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. The provider also supplied information relating to the people using the service and staff employed at the service.

Prior to the inspection we reviewed this information, and we looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also sent questionnaires prior to our visit to people and staff to gain their views on the service.

During the inspection we visited the provider's office and spoke with the registered manager and the provider. We looked at five records relating to the care of individuals, four staff recruitment files, staff training records, accident and incident reports and records relating to the running of the service.

After the inspection we spoke with four people who used the service, two relatives and three members of staff to obtain their views of the service.

Is the service safe?

Our findings

People told us they felt safe whilst staff were in their home and would feel comfortable in saying if they did not feel safe. One person said, "I am always comfortable with the carers that come to see me." A relative told us, "I do not have concern and very happy with the carers, they are really good."

The service had policies and procedures in place for safeguarding adults. These documents were available and accessible to members of staff as well to people using the service in their homes. This helped to ensure staff and people had the necessary information regarding abuse.

Staff were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. They were aware of who to contact to seek advice from or to make a referral. They told us they had regular training in safeguarding and training records confirmed this. The registered manager and the provider were familiar with the process to follow if any abuse was suspected. They knew the local safeguarding protocols and how to contact the local safeguarding team. Staff were confident in whistleblowing if they had any worries. Whistleblowing is the term used when a member of staff passes on information concerning wrongdoing.

There was a comprehensive risk assessment in place for each person who used the service. This included risks in relation to people's environment, medicine management and moving and handling. These gave staff detailed information on how to manage and minimise the risks for example, when staff supported people to transfer from their bed to a chair. The registered manager regularly reviewed the risks to people to ensure it remained up to date and accurate. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

Staff were also aware of the protocols in place of what they had to do in the event that someone became unwell or in an emergency. On the day of our visit the registered manager received a call from one member of staff informing them that one person was not answering the door and they had been trying several times. The registered manager contacted the daughter of the person and they went to the house and found the person was safe.

We saw accident and incidents were reported and details clearly recorded. The registered manager investigated any accident or incident and took action to reduce the risk of further occurrence and keep people safe. Where there had been any concerns these had been investigated and action taken. For example, following an incident the registered manager had two staff visiting one person instead of one staff in order to reduce the risks of further occurrences.

The service provided enough staff to ensure people were given safe care at all times. Staff told us there were enough staff to care for people safely in their homes. One person told us, "They always come when they have to, always with a smile." The registered manager always ensured people's visits were covered by the appropriate care staff with the appropriate skills to care for the person. The provider and registered manager told us that there were enough staff to cover people's calls and that they also provided care to

people. They also mentioned that they would not take any more work unless they were confident to provide a safe service. One family member told us that their relative had the same staff supporting them. They told us; "It helps to have the same staff coming."

There were appropriate recruitment systems in place to ensure staff had the appropriate skills and experience for the role. Recruitment files we saw contained proof of the person's identity and evidence of their conduct in previous employments. Checks were also undertaken on prospective staff to see they did not have any criminal convictions which would make them unsuitable for the role. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support.

People told us they received their medicines when they should and felt staff handled their medicines safely. The service had a comprehensive medicines policy in place to guide staff on how to safely administer medicines. Details about what medicines people were prescribed were within the care folders. This ensured people receive their medicine consistently and safely. For example we saw in one person's records that the application of prescribed creams was clearly recorded on a body map so staff were aware where to apply them. Staff had received training in medicine administration and the registered manager also checked regularly the staff competency, knowledge and understanding of the safe administration of medicines. We saw that if there were any concerns about someone's medicines the doctor would be contacted. For example we saw that one person's laxatives were reviewed by the GP recently as the staff felt the medicine was not working properly.

Is the service effective?

Our findings

People felt they were well cared for by staff who knew what they were doing. One person said, "I am happy with the carers and the way they look after me, they are fantastic." Another person told us, "They do a very good job." People and their relatives felt staff had the appropriate skills to care for people and were satisfied with the care and support being provided.

One social care professional felt staff had a good understanding and knowledge of people's care and support needs. They commented, "On all meeting with carers I have been happy that they are able to use the equipment that I supply and follow appropriate manual handling techniques ensuring that the service user is safe. All service users I have visit with this care agency have had a good relationship with the carers and no issue identified, the care agency will advise if there are any issues and work with me to resolve these."

Staff received appropriate professional development. They attended a number of training courses relevant to their role and these were updated regularly. Staff felt the training they received was good and helped them to meet people's needs. Most of the training was delivered by the registered manager who had been trained in these subjects. Training records showed refresher courses had been booked for January 2016 including dementia awareness. Staff confirmed they had access to regular updates to their mandatory training. They told us they could request extra training as they felt necessary. All this helped to ensure staff were appropriately trained and supported to meet people's needs effectively.

New staff undertook an induction before providing support to people. We saw the induction was comprehensive and included subjects such as moving and handling, health and safety and medicines administration. Additional individual induction training was also provided in relation to supporting each individual person for example people with dementia. New staff also spent time shadowing experienced staff to get to know the people who used the service before working alone.

We saw staff had opportunities on a regular basis to discuss their learning and development through one to one meetings with the registered manager. From the supervision records we looked at, we saw staff were encouraged and given an opportunity to discuss any issues. One member of staff told us; "We always discuss training during my supervision." This showed us that systems were in place to support staff. Staff we spoke with told us they felt well supported by the registered manager and provider.

People told us staff always asked them for their consent before they provided them with care and support. People had signed consent forms for example for staff to assist them with taking their medicines. Staff had received training in the Mental Capacity Act (MCA) 2005 demonstrated a good knowledge of the principles of the act. 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.

Staff helped people to prepare their meals or make their drinks if they required it. People's needs in relation to support with eating and drinking had been assessed and recorded. People were encouraged to eat healthily and were supported with special diet needs for example people who were diabetic. Where people were at risk of poor nutrition the registered manager ensured that advice was sought from relevant professionals. For example one person was on a soft diet and staff were made aware of this when cooking a meal for the person. This showed people were supported to maintain nutrition and hydration.

People were supported to maintain good health. Where people required it, the service sought healthcare advice and support for them from external professionals such as GP's or occupational therapists. Records were kept of these referrals and consultations. We saw specialist equipment including seating and head rests had been obtained for people with the support of the occupational therapy service.

Information about people's health conditions was available within people's care plan. Staff were aware on how to report concerns about someone's health and what action they should take if they were concerned someone was becoming unwell. Records showed people were supported by staff to attend appointments. The registered manager kept informed of any changes in people's needs through regular discussions with people. Records we saw confirmed that where the registered manager had concerns about people's health, contact with other health professionals had been made with the agreement of the person and their family. This meant people received appropriate access to health professionals to maintain their health and well-being.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person commented, "I fought long and hard not to have a caring company in my life but had to give in at the end and Dignified Homecare came into my life. They were nothing like I thought. They were caring and encouraging and helped me to want to do things for myself again. They are respectful of my dignity and, if I am having a bad day, they support me and encourage me to try without leaving me feeling useless and in despair. All the carers who come in to me are very nice and kind. I wouldn't hesitate to recommend this company to anyone." Another person said "The staff are very friendly and really first class." A social care professional told us the staff were caring and kind to people they were caring for.

People were treated with dignity and respect and had their privacy respected. We saw staff had received training in treating people with dignity and respect as part of their induction. People told us staff took time to listen to them so they received the support they needed.

The service had a confidentiality policy in place. This confirmed that people's information was treated confidentially. Staff were aware to ensure any discussion relating to information of people, took place in an appropriate venue, for example not in a place where others, who were not entitled to know, could hear about it.

People were involved in the initial assessments of their care and support needs and the planning of their care. Where people were not able to their relatives were involved and where people had needed to access advocacy services this was made available to them. This showed people were consulted and involved in decision making about all aspects of their care and support.

People received person centred care that was individual to them. Staff had built up very good relationships with people and were familiar with specific needs and preferences. They were able to tell us about people's interests and their preferences which were recorded in people's care plans. People and their relatives told us staff were kind and were patient with the manner they supported people. They were complimentary about the staff. This meant that people were well supported to meet their care and support needs.

People told us they were given sufficient information by the service about their care and support choices to make the decisions they needed to and that they knew how to change decisions about their care and support. They all had a copy of the statement of purpose of the service and their terms and conditions.

People were helped by the staff to maintain their independence wherever possible. For example people were encouraged to shave themselves where they were able to do so. There were opportunities for people to develop their independent living skills for example some people were involved in preparing their meals with the support of staff. One relative commented, "Mum is so happy...I wanted to let you know that all the family have noticed a difference in both her mood and her capabilities! She has become more pro-active to do things for herself, drying up, putting crockery away, and folding the washing without being asked. This is a huge step for us and I wanted to just let you know how happy we are."

People's diversity, values and human rights were respected. The service had an equal opportunities policy which staff were aware and these were discussed during their induction. The service was committed to challenge any form of discrimination it encountered.

Is the service responsive?

Our findings

There were comprehensive care records in place for people using the service which provided staff with the information they needed to meet people's needs. A detailed assessment of people's needs was undertaken before they started receiving care and support. We saw the assessment included assessing the person's mobility, capacity to consent and ability to undertake tasks such as personal care and assisting with administration of their medicines. The service also contacted other health and social care professionals involved in people's care and support, to make sure they had the most up to date information on the person.

Care plans had been written in a way that recognised each person as an individual with their own specific support needs. People were involved in developing their care plans. We saw other people that mattered to them, where necessary, were also involved in developing their care, and support plans. Relatives we spoke with told us they had also been involved in every discussion concerning the family members care plans. This meant that the service was providing person centred support to the people in their home.

The care plans were kept under review to make sure the service continued to meet people's current needs. People were involved in their reviews to discuss their care and support. This was achieved through review meetings, which was held with people, their family and the registered manager. People and their families were given an opportunity to feedback about the service during the review meetings.

People were encouraged to engage in activities in their home and in the community. They were involved in activities which they had chosen to help ensure they were not socially isolated. For example, one person was supported by staff to go to the gym. Other people were accompanied by staff to do their food shopping. People and their relatives told us that they knew how to make a complaint. They felt confident to be able to complain, although they did not have any concerns when we asked them. One person said, "If I have any complaints I will talk to the manager." Another person told us, "I am very happy with the agency and don't have anything to complain about." One relative told us, "I have no complaints, it's a good agency." At the time of visit the service had not received any complaints.

The service had a complaints policy. This included the timescales in which they would receive a response. Staff were able to demonstrate how they would follow the procedure and deal with complaints. The registered manager and provider were in regular contact with all the people using the service. This helped to ensure that any minor issues were dealt with quickly in order to make sure the service was running smoothly.

We saw the service had received a number of compliments from people or their relatives. One comment was "The carers are very good at their job, cheerful and friendly taking trouble hold a conversation with client."

Is the service well-led?

Our findings

People commented positively about the service and the staff working there. One person told us, "I am very happy with the carers that come to see me." One relative commented, "Dignified Care offer a different service compared to other service providers. I am extremely happy with the service and the flexibility towards my mother. I would strongly recommend this small company as an ideal care at home provider." A social care professional felt the service was managed well.

The registered manager had been in post since the provider first registered with the Care Quality Commission in 2012. People and their relatives told us that the registered manager and provider were approachable and were confident that they would be listened to if there were any concerns. There was an honest and inclusive culture within the service, where staff and people using the service were encouraged to participate in developing the quality of care that staff were provided to people. The registered manager and provider were also always available on the telephone for people and staff to discuss any issues they might have. People and relatives we spoke with confirmed this. This ensured that that people who used the service were well supported and received good care.

Staff were kept informed about matters that affected the service. There were regular staff meetings where there were discussions about the service and about people needs. Staff were encouraged to discuss any issues they might have at these meetings. One staff member said, "I can speak to the manager at anytime." Staff had access to policies and procedures. These were reviewed and kept up to date by the registered manager to ensure they were relevant to the latest guidance or regulations.

There were audits carried out to monitor the quality of the service and to identify how the service could be improved. The registered manager regularly visits each person in their home to monitor the care and support people received and also carried out spot checks to observe staff supporting people with their needs.

The service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service through an annual quality survey. Responses from people were collated and analysed to look for trends in negative feedback. However, the responses received in previous surveys which were carried out last year had been positive.

The service worked in partnership with other organisations to support and care for people. We saw evidence through emails that the provider was in regular contact with the local authority and other health care professionals to ensure people needs were met.

The service had developed links with the local community. The provider was a member of the multiple sclerosis society and received their literature and updates from them. They had also established close working relations with a local dementia advisory service and had access to their training for the staff working at the service.