

Duo Homecare Limited

# Duo Homecare

## 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

This inspection took place 27 July 2017 and was announced.

Duo Homecare provides personal care for people in their own home. There were ten people receiving services for which CQC registration was required at the time we inspected.

A registered manager was in post at the time of our inspection. 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 was run.

People received the care they needed to reduce risks to their safety and to protect them from the risk of abuse. Staff understood some people needed support and encouragement to stay as safe as possible, and worked with other organisations to develop plans to provide the care people wanted. There was enough staff employed to care for people at the times they preferred, and to chat to people, so they did not feel isolated. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely.

Staff used their skills and knowledge to provide care to people in the ways they preferred. Staff worked with other professionals when required so people's health needs were met. Staff took action when they had concerns for people's health and people were encouraged to have enough to eat and drink to remain well. People were supported by staff who understood how to check if they agreed to the care offered, and who promoted their rights.

People had built strong bonds with the consistent staff team who supported them and trusted the staff that cared for them. People told us they felt valued by the staff that assisted them. Staff made sure people were receiving their day to day care in the ways they wanted. People were supported by staff who took their need for dignity and privacy into account, and this helped people to be reassured when they were cared for.

People decided what care they wanted and how they wanted this to be planned and reviewed. Staff worked flexibly so people received the care they needed, based on their individual histories and preferences. People's care plans and risk assessments were updated as their needs changed, so they would continue to receive the care they needed. Support was available if people wanted to make any complaints about the service. Processes for managing complaints were in place, so any lessons would be learnt. None of the people or their relatives had needed to raise any formal complaints since their care had commenced.

Communication with the registered manager and provider was open, and people and their relatives were able to contact staff without delay. Staff understood how the registered manager expected people's care to be given and were supported to provide good care. The registered manager and provider often provided care to people. They used this and other regular checks to make sure people were happy with the support

provided. People and their relatives were encouraged to provide their views on the quality of the service, so this would develop further. A number of compliments had been received regarding the quality of the care provided and the kindness of staff.

## 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's safety needs were understood by staff and taken into account in the way they were supported. Staff understood what action to take to protect people from the risk of abuse. There was enough staff to care for people at the times people preferred. People received the support they needed to have the medicines they required.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that used their skills and knowledge to care for them. People's rights were promoted by staff. Staff worked with other professionals when required so people's health needs were met. People were encouraged to have enough to eat and drink.

### Is the service caring?

Good ●

The service was caring.

People had built caring relationships with the staff who supported them. People were encouraged to make their own decisions about their day-to-day care. Staff worked in ways which promoted people's dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted and how they wanted this to be provided. People who used the service knew what action to take if they wanted to raise complaints, and processes were in place to manage these.

### Is the service well-led?

Good ●

The service was well-led.

People and their relatives were positive about the way the

service was managed and the care provided. Staff understood what was expected of them and were supported so people received the care they needed. There were checks on the quality of care provided, so the registered manager could be assured people benefited from receiving the care they wanted from a service which was managed well.

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# Duo Homecare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 July 2017 and was announced. The provider was given 48 hours' notice because the organisation provides homecare services and we needed to be sure someone would be in. One inspector carried out this inspection.

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 also reviewed the information we held about the service and looked at the notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with two people who used the service by telephone. Not all people who used the service were able to talk to us directly so we spoke with three relatives by telephone. We also spoke with the registered manager, the provider's representative, and one care staff member.

We looked at six records about people's care, medicines and daily logs. We checked one staff recruitment file and staff training records. We also looked at the processes in place to manage people's safety and to support people in the event of them wishing to make a complaint about the service they receive.

We saw the checks the registered manager made to satisfy themselves the service was meeting people's needs. These included quality questions included in people's review documents. We saw compliments which had been sent to the registered manager.

# Is the service safe?

## Our findings

People told us staff provided care and support in ways which helped them to stay as safe as possible. One person explained how comfortable they were with the staff supporting them. The person told us this helped to prevent them becoming anxious while being cared for. The person told us, "I am safe with them in my home." Another person said, "They always look up after them, I can't fault them." People and their relatives told us staff always used the equipment such as gloves and aprons so the risk of infection was reduced.

Staff understood how to recognise if people may be subject to harm or abuse. Staff were confident if they raised any concerns for people's safety the registered manager would take action to help people to stay safe.

People and their relatives told us they were supported by staff who knew their safety needs well. One relative told us their family member was at risk of falls. The relative highlighted staff ensured the equipment they needed to assist their family member was organised and close to hand. The relative said, "They give [person's name] extra time to move when needed."

Risks to people's safety were understood by staff. These included risks linked to people's physical health, such as diabetes, and risks to people's well-being, if they became anxious. Staff gave us examples of the actions they took to make sure risks to people's safety were reduced. For example, by making sure trip hazards were removed as part of their day to day care practice. Staff told us they had worked with other organisations so they could be sure people had the services they needed to remain safe as possible. One staff member said, "You reassure people, when they need it." The registered manager gave us an example of the actions which had been taken to reduce the risk of fire in people's homes, so they would remain safe.

People's care plans and risks assessments showed staff had considered their safety needs and histories when planning their care, so people's safety would be promoted. This included risks associated with the environment people lived in, which may lead to falls, and risks arising from the medicines people needed to remain well. We saw staff had been given clear guidance in how to reduce risks people experienced.

We saw the registered manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the registered manager had obtained references for staff, so they were assured new staff were suitable to work with people.

People and their relatives said there was enough staff to meet their care and safety needs and they could rely on staff arriving when planned to support them. One person told us, "I always know who is coming. They are always on time and stay the right length of time" A relative said "They [staff] are very particular about coming at the right time." Staff we spoke with told us there was enough staff to meet people's care and safety needs.

Some people needed support with their medicines. One relative said their family member had been

supported by staff to have the medicines they needed. The relative highlighted staff communicated information to them about changes in their family member's medicines. The relative said, "One was changed by the manufacturers, they picked up on this and explained it to me." By doing this, the possibility of errors had been reduced.

Staff had received training so they would know how to administer people's medicines safely. Staff told us they were not allowed to support people to take their medicines until their competency was checked by senior staff. We saw staff kept clear records of the medicines they had supported people to have. We found staff knew what action to take in the event of an error with people's medicines. The registered manager told us they checked people's medicines records regularly, so they could be assured people were receiving their medicines in ways which promoted their safety.



# Is the service effective?

## Our findings

People and their relatives were positive about the skills and knowledge of staff supporting them. One person said, "They do everything well." One relative told us their family member was living with dementia, and often experienced anxiety. The relative said, "They [staff] are particularly good and know how help them." Another relative highlighted how well staff used their skills in helping their family member to move around their home safely.

Staff told us they had undertaken the training they needed to meet people's care needs. One staff member told us about the dementia training they had done and said, "Training makes a lot of difference to people." The staff member explained by applying this training people were more comfortable to receive their care and support.

One staff member told us about the training and support they had received when they first joined Duo Homecare. Staff said they had been supported well by the registered manager and provider and had the opportunity to work alongside more experienced staff, initially. Staff told us they were able to obtain immediate advice from senior staff when they needed. The registered manager told us about plans to reflect elements of the Care Certificate completed by staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People said staff always checked with them to make sure they were happy to receive the care planned. One person told us, "Staff listen to me, if I say I don't want something they respect this."

Staff we spoke with knew how the MCA affected the way they needed to care for people. Staff described the actions they took if people did not initially consent to their care. These included encouraging people by offering their care to be given in different ways or by asking people again later. Staff told us they would report any concerns they had for people's well-being if they regularly declined care. The registered manager explained the actions they would take if people regularly declined their care. This included consulting with people's relatives and other health and social care professionals so people's needs would be met.

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. Applications to deprive someone of their liberty must be made to the Court of Protection. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection. Senior staff we spoke with understood the role of the Court of Protection and how this would potentially affect the way they cared for people.

Some people needed support to prepare meals. One person said, "They [staff] do a meal for me. They

always ask what I want, and make me a cuppa." Staff knew some people needed specific diets so their health needs were met. One staff member explained some people needed encouragement in order to have enough to eat and drink to remain well. The staff member explained how they had found out one person's food preferences and provided support so the person would always have the chance to have something they enjoyed. The staff member said, "[Person's name] is now more inclined to eat enough." People's care plans contained clear guidance for staff to follow so people would have enough to eat and drink.

People told us staff supported them to access health care when they needed it. One person highlighted how staff had encouraged them to make an appointment to see their GP. The person told us because of the support staff gave them they now felt confident to do this on their own. One relative highlighted the actions staff took to ensure their family member enjoyed the best skin health possible. The relative told us, "This is a big thing for [person's name], because of their diabetes." Another relative explained they could rely on staff following the advice provided by health professionals, so their family member would enjoy the best health and well-being possible.

We saw records which showed the registered manager had taken actions so people's health needs would be met. This included highlighting any concerns for people's health and wellbeing with relatives and other health and social care professionals.

## Is the service caring?

### Our findings

All the people and relatives we spoke with were complimentary about the staff that cared for them. One person said, "I am glad that I found them. They make me feel wanted, that it's not just about the money. They are really lovely [staff], and don't put a foot wrong." One relative told us how much their family member liked the staff that cared for their family member. The relative said staff let their family member know they had arrived and told us, "[Staff member's name] goes directly to [person's name] with a big smile." Another relative told us how patient staff were when their family member was sometimes anxious, by providing the reassurance the person needed to help them feel more relaxed. Staff spoke warmly about the people they cared for.

People told us they had built strong bonds with the staff that supported them. People told us staff got to know about them by spending time with them and chatting with them. One person said, "We chat about everything." Another person said, "They always ask how I am and we talk about my family and pets." Relatives highlighted their family members were supported by a consistent staff team. Relatives explained how important this was to their family members, as this provided reassurance and comfort to their family members.

Staff knew what was important to people. One staff member said "You find out about people by reading their care plans and speaking to relatives. You find out more about them as you do more [care] calls." One staff member explained knowing people's previous jobs and interests helped them to provide the care people wanted in the ways they preferred.

People gave us examples of the practical actions staff took to show they cared for them. One person told us about the way staff cared for them. The person said, "It makes a real difference. They [staff] are really nice to talk to, never frightened to sit and listen." The person told us as a result of this, "I am feeling so much better in myself. Just the chance to chat has made this happen." Another person explained staff understood how important it was to them that their home was clean and tidy before family visits. The person told us staff had always made sure their home was presented well before friends and family visited. The person explained they had not had to request this was done; this was an automatically done by staff, who recognised how important this was to the person.

A further person told us how kind and supportive staff had been when they were moving home. The person explained staff had provided both practical and emotional support during the time of their move, as they were concerned for their well-being.

Every person we spoke with told us how caring the staff were. The person said, "It's nice to know I am valued." Staff gave us examples of how they made sure people felt valued. These included marking special anniversaries and dates with people, and by spending time talking with people, so they did not feel isolated.

People told us they made their own day to day decisions about what care they wanted and how they wanted this to be given. This included what they wanted to eat and drink, and what personal care they

wanted. One person said, "They always ask what I want and do what I ask." Staff explained where people did not directly communicate they checked people's physical reactions, so they could be sure people were making their own day to day decisions. One staff member said, "You look at people's physical reactions, so you can be sure."

People and their relatives were very positive about the way people's dignity needs were met. One person said, "They are gentle, and they encourage me to do a bit myself." Another person said, "They are respectful. If you say you need a few minutes they step out."

One relative told us, "Staff understand [person's name] sensitivities and take these on in a really lovely dignified way." The relative told us by doing this their family member's skin health needs were addressed well. Another relative explained how staff ensured their family member's dignity and privacy rights were taken into account when their family member was supported with their personal care. The relative said, "They [staff] always put a towel over [person's name] when caring for them. I can't fault the staff."

Staff gave us examples of how they encouraged people to be as independent as possible. One staff member said, "You support people with time". The staff member explained by doing this people were provided with opportunities to do things they could manage comfortably themselves. For example, elements of their own care, so they maintained their skills and independence.

## Is the service responsive?

### Our findings

People told us they were involved in planning their care. One person said, "I have a care plan. We spent time discussing at length what help and care I wanted." The person said as a result of this, "It's the best care I have ever had."

Relatives told us they were appropriately involved in planning and reviewing their family member's care. One relative told us staff had talked with them to find out about their family member's health and mobility needs and planned how these would be met. Another relative highlighted staff would make suggestions for developing their family member's care further. The relative said, "They are really thoughtful and go the extra mile." All the people and their relatives told us they could rely on staff to provide the care planned in the ways people preferred.

Staff we spoke with knew people's personal history and preferences well. For example, if people liked staff to enter and leave their homes in a particular way, and at what stage in their care they liked to be offered a drink. Staff also knew about people's former jobs and explained they often talked with them about these. We found staff understood people's personal care preferences. One staff member explained how they had gently encouraged one person to have the care they needed. The staff member explained there were particular sensitivities for the person. The staff member told us over a number of weeks of gentle encouragement the person's trust and confidence grew, and they had become comfortable with staff showering them.

We saw people's risk assessments and care plans provided clear instructions for staff to follow, so people would be supported in ways which promoted their independence and well-being. For example, we saw staff had been given clear guidance on how to care for people so they had enough to eat and how to support people to maintain their health.

One person explained staff used their care plan as a starting point, but would vary the care provided if this was needed. The person said "They do everything you ask for, gracefully." The person told us staff understood when they were feeling ill and provided extra support at these times, so their needs were met. One person said they had opportunities to review their care with staff as their needs changed. The person said as a result of the care provided their independence had increased and they now required less support from staff. Relatives we spoke with told us staff always contacted them if their family member's care plans needed to be changed.

Staff gave us examples of the ways they had worked with other organisations so people would continue to have the care they needed. This included working with health and social care professionals and by implementing any advice they had provided.

People and their relatives told us they had not needed to make any complaints about the care provided, because the quality of the service good and they could rely on staff providing the support required. One person told us, "I would talk to [registered manager's name] if I was unhappy with anything." Relatives told

us they would be comfortable to raise any concerns they had.

The registered manager had ensured people and their relatives knew how to raise any concerns they had and how to make any complaints. Staff we spoke with knew what action to take to support people and relatives if they wanted to make any complaints about their care. People and staff were confident the registered manager would take action if any complaints were made. We saw the registered manager had systems in place to review any complaints received so any lessons would be learnt. No complaints about the service had been received prior to our inspection.

## Is the service well-led?

### Our findings

People were very complimentary about the way the service was run. One person said, "I don't think they realise how good they are. It's five star care." Another person told us, "They provide a good service." One relative told us, "I can't praise them enough. Lots of people do the job for the pay cheque, but not them. Their hearts are in it. It's a difficult job and you really need to want to do it, and they do." Another relative said because the way the service was run, "We are very happy and delighted with the care. It's superb."

People and relatives told us there was open communication with the registered manager. Some people told us they often saw the registered manager as they directly provided care to them. Two relatives highlighted they regularly spoke with senior staff, and this communication helped to ensure their family members had the care they needed.

People and their relatives told us they had not needed to make any suggestions for improving the way the service was run. People and their relatives told us they were encouraged to make any suggestions for improving the service and the care provided further. One relative said, "Staff talk to us, to see if we can add to the way [person's name] is cared for." The relative explained how staff had worked with other health and social care professionals so their family member would have the care they needed. This included access to equipment and physiotherapy.

Staff told us they felt supported to provide good care, through training and discussions with senior staff. Staff said clear expectations were set for the way they were to care for people, and told us they were able to contact senior staff without delay if they wanted any support, or had concerns for people's well-being. One staff member said, "It's managed well, and this is positive for people, as they are supported by [staff] they know and trust."

The registered manager had put procedures in place so staff would know how they expected them to care for people. These included information so staff would know how to raise any concerns they had with external health and social care professionals, if this was more appropriate. For example, whistleblowing procedures and ways of helping to promote people's safety with external organisations were readily available for staff to refer to..

The registered manager told us their approach was to make sure people had the care they needed from a consistent staff team. The registered manager said, "We want our clients to stay with us. They [people] want a friendly, good service and one that's not too large, so they get a personal service." The registered manager told us they had recently employed their first member of care staff, and explained they kept in regular contact so they could be sure staff felt supported. The registered manager kept up to date with their own practice through research and working with the local authority. By doing this, the registered manager could be assured people were receiving the care they needed.

The registered manager and provider checked if people were happy with the care they received, through regular quality assurance telephone calls and face-to-face reviews. We saw people's and their relative's

responses had been positive. The registered manager explained staff that did not usually care for people completed these calls, so they could be sure people would be comfortable making any comments. In addition, checks were made on the medicines administered to people, so the registered manager could be assured people were receiving these safely. We saw many compliments had been received for people and their relatives, expressing their appreciation for the quality of the care provided.

The registered manager and provider also found out about people's experience of the care provided when they delivered care to them. The registered manager told us they planned to introduce more formal checks in other areas further checks on the quality of care provided, to included annual surveys completed by people, their relatives and health and social care professionals. The registered manager also told us as a result of the recent recruitment of their first staff member they were planning to formalise staff meetings, so they could be sure staff had regular opportunities to make suggestions for improving the service and people's care.