Care Quality Commission

Community Voice Limited

Suffolk Domiciliary Care

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

Overall summary

Suffolk Domiciliary Care provides personal care support to people living in their own homes. When we inspected on 6 January 2016 there were 64 people using the service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was a registered manager in post. 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.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. All staff and care workers were provided with training and guidance in how to keep people safe and what they should do if they were concerned that a person was at risk or was being abused.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Care workers had good relationships with people who used the service. People's consent was sought before they were provided with care and support.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed and used to improve the service.

The service had an open and empowering culture. Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. There was good leadership in the service. The service had a quality assurance system in place and as a result the quality of the service continued to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Care workers understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good

Is the service effective?
The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People's consent was sought before care and support was provided.

Where people required support with their dietary needs, this was provided. People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Good

Is the service caring?
The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's care was assessed, planned, delivered and reviewed to ensure it met their needs. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

The service provided an open culture. People and care workers were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system in place. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good

Suffolk Domiciliary Care

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 6 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service and the relatives/friends of five people on the telephone. Prior to our visit we received completed questionnaires from three people who used the service.

We spoke with the registered manager, the care manager, three care coordinators, who also undertook care worker duties when required, and one care worker. Prior to our visit we received 13 completed questionnaires from care workers. We looked at records in relation to 16 people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service and when their care workers visited them. All of the questionnaires received from people reported that they felt safe from abuse or harm from their care workers.

Care workers were provided with training in safeguarding people from abuse, further guidance was provided in the service's policies and procedures. They understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. All of the questionnaires received from care workers stated that they knew what to do if they suspected that a person was being abused or at risk of harm. Records showed that care workers had reported promptly when they had concerns about people's safety, such as potential self-neglect and issues with others. As a result the service had made safeguarding referrals to the appropriate professionals to ensure that their concerns could be investigated and actions taken to safeguard people.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and risks that may arise in the environment of people's own homes. Where issues were identified, for example hazards in people's homes, these were discussed with the person's families and/or other professionals and actions were taken to address the risks. Details in people's care records guided staff on how to ensure that people's homes were secured when they left. Reviews of care with people and their representatives, where appropriate, were regularly undertaken to ensure that these risk assessments were up to date and reflected people's needs.

Care workers were provided with guidance on how to keep people and themselves safe. We saw a copy of the induction pack which was provided to all new care workers when they commenced employment with the service. These included risk assessments which provided guidance of the potential risks that they may encounter in their day to day work and how these risks were to be minimised. These included lone working, moving and handling, handling people's finances and relationships with people. In addition they were provided with information on control of substances hazardous to health (COSHH) and safe driving when travelling to and from people's homes. Care workers were also provided with a 'kit bag,' which included gloves, aprons, a torch, personal alarm, circuit breaker, first aid kit and hand sanitiser. We saw that there was a stock of gloves and aprons in the service which staff could collect to use to minimise the risks of cross infection when supporting people. All care workers were provided with a uniform and identification badge which meant that people who used the service could recognise that they worked for the service when they visited them in their homes.

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that the care workers usually visited at the planned times and that they stayed for the agreed amount of time. One person said, "If I don't need anything else, I tell them [care workers] they can go, but it is all logged in the book, the times they come and go. If I need more help another time, they are always willing." Another person said, "They are better than the other lot [previous care provider], they don't seem as rushed." People we spoke with said that there had been no instances of any visits being missed. We saw records which showed that where care workers were running late and people had telephoned the office to say that the care worker had not yet arrived, people were offered another care worker to cover the call. One person said, "They come on time." Another told us, "They come in the right time range." Another person commented, "If they are running late they usually let me know." One person's relative told us, "Sometimes they are a little late, which you have to expect, but [person] is a stickler for time." All of the questionnaires received from people said that their care workers arrived on time and that they stayed for the agreed length of time.

One care worker told us that they felt that there were sufficient numbers of care workers to meet people's needs and that they had a regular group of people that they visited, but they were sometimes required to change to cover sickness. Care coordinators told us that they felt that there were enough care workers to cover calls and that they could do care worker duties if there were ever any issues.

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service.

People and relatives told us that they were satisfied with the support arrangements for medicines management.

Good

Is the service safe?

One person said, “I do them myself, but I do like them [care workers] to remind me in case I forget.” One person’s relative commented, “They have to help [person], there have not been any problems so far.”

Care workers were provided with medicines training and competency checks to ensure that they were able to support people with their medicines safely. People’s records provided guidance to care workers on the level of support each person required with their medicines.

Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people’s needs had changed and if they needed further support. This showed that the service’s medicines procedures and processes were safe and effective.

Good

Is the service effective?

Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person commented, "They seem to know what I need help with and how to do it." Another person said, "They have to do the training before they come out, I know one of them [care worker] told me what they had done when they started, a lot." One person's relative told us, "I think they have the skills, one came and they had not used [person's] hoist before, but another came and showed them how to use it."

One care worker and care coordinators told us that they were provided with the training that they needed to meet people's needs. All of the questionnaires received from care workers said that they were provided with the training that they needed to enable them to meet people's needs, choices and preferences. This training included an induction before they started working in the service consisting of mandatory training such as moving and handling and safeguarding and the care certificate, a recognised induction qualification for new care workers. In addition, care workers were provided with training in people's specific needs, such as dementia. Training was updated where required. This meant that care workers were provided with up to date training on how to meet people's needs in a safe and effective manner.

One care worker told us that part of their induction was to shadow more experienced care workers. This was confirmed in records, which showed that following the induction training, new care workers shadowed other care workers for two weeks, then for an additional two weeks worked on double up shifts. The records showed that they were assessed for their competence and confidence in meeting people's needs during this time before they could work alone. Care workers were also provided with probationary meetings in which they discussed how they felt they were developing and discussed any further training needs they had.

Care workers were provided with an induction pack and handbook, which identified the service's principles and values in providing good quality care. There was also information about specific procedures which care workers could refer to if needed.

Care coordinators and a care worker told us that they felt supported in their role and were provided with one to one supervision meetings. All of the questionnaires received from care workers said that they were provided with regular supervision and appraisal which enhanced their skills and learning. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

Care workers were provided with training and guidance in the Mental Capacity Act 2005 (MCA). The 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 decision, any made on their behalf must be in their best interests and as least restrictive as possible.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes.

Care records identified people's capacity to make decisions and they were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "They [care workers] get my breakfast and a drink, I like to have toast." Another person commented, "They ask me if I have eaten and check if I need anything." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough.

People were supported to maintain good health and had access to healthcare services. Care workers and coordinators understood what actions they were required to take when they were concerned about people's wellbeing. For example, calling an ambulance in an emergency.

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with

Good

Is the service effective?

the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Good

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. All of the questionnaires received from people said that their care workers treated them with respect and dignity and were caring and kind. People told us that the care workers always treated them with respect and kindness. One person listed their care workers, "[Care worker] is excellent, [care worker] oh they are lovely, [care worker] is very good…" Another person said, "They are all very polite." One person's relative commented, "They are brilliant with [person]."

People's care records included guidance for care workers on how people's privacy and dignity should be respected at all times.

The management team, care workers and coordinators understood why it was important to interact with people in a caring manner. They knew about people's needs and preferences and spoke about them in a caring and compassionate way.

A care worker and coordinator told us that people's care plans provided enough information to enable them to know what people's needs were and how they were to be met. People's care records identified people's preferences, including how they wanted to be addressed and cared for. This included their preferred form of address and the gender of care workers they wanted.

People were supported to express their views and were involved in the care and support they were provided with. One person said, "They came here before I started using them, and asked me what I wanted and needed and they wrote it all down. They asked me if what they had written was alright." Records showed that people and, where appropriate, their relatives had been involved in their care planning. Planned reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

People's independence and privacy was promoted and respected. One person told us how their independence was important to them, but sometimes they could not do the things they wanted to, which worried them. They told us that the care workers reassured them and told them that they were there to help them and not to worry. They said, "I like to get things done, but they [care workers] let me know they are there to do things for me, which makes me feel better." Another person told us what they could do for themselves and that the areas they struggled with the care workers assisted them. People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. One person said, “We talked about what I needed and it is in my book. I can check it any time.” Another person said, “They [care workers] do what I want them to, they always ask me and I tell them what I need.”

People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people’s diverse needs, such as how they communicated and mobilised. People’s specific routines and preferences were identified in the records so staff were aware of how to support them. For example, one person’s care records explained the order that they preferred their personal care support to be provided in, how they liked to be supported to bathe, what they used to wash and where they kept their clothing.

People told us that they were involved in decision making about their care and support and that their needs were met. One person told us that they preferred a later time of their morning visits, we fed this back to a care coordinator who took immediate action to address their request. Their records showed that previously changes had been made to their care visits as a result of feedback from the person. This showed that the service were responsive to people’s needs. Where concerns about people’s wellbeing were identified the service responded by seeking guidance and support from other professionals to ensure they were provided with good quality care. Where appropriate, their representatives, including relatives and social workers were kept updated. This included, for example, where a person was not able to independently manage their care and the service had contacted the professionals who paid for their care to gain authorisation to provide further care until their condition had improved.

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. For example, one person required support with accessing services in the community and this was planned for and provided.

People knew how to make a complaint and felt that they were listened to. One person said, “I call the office if I am worried or speak with the [care workers]. They have always put it right.” People’s relatives also confirmed that their concerns were addressed. All of the questionnaires received from people said that they knew how to make a complaint and that any concerns or complaints they had made were addressed. People were provided with information about how they could make comments about the service and complaints in the service’s handbook which was provided to them when they started to use the service.

Records of complaints showed that formal complaints and concerns were documented, investigated, addressed. These were used to improve the service and to prevent similar issues happening, for example changing care workers visiting people and further training, where required.

Good

Is the service well-led?

Our findings

People told us that they knew who to contact if they needed to, including the management team, that their comments were valued and listened to and that the service was well-led. One person said, "I call the office and speak with the manager, I think they listen to me." Another person said, "Can you write down that I have no problems and let them know they are doing well?" One person's relative said, "Considering they are new, they are doing a good job."

The service previously provided a crisis service to people for 72 hours. They had been successful in securing a contract with the local authority to provide support to people living in their homes. This had been in place since September 2015. The management team and staff spoken with had a clear understanding of how to provide a good quality service. They had a clear vision for ongoing improvements as the service expanded. They had managed the transition well, which was evident in how they had recruited sufficient staff numbers, and ensured that staff training and how people's care was planned and delivered was safe, caring, effective and responsive. The registered manager and care manager were up to date with changes in the care industry and regulation and inspection. This included the introduction of the care certificate and they were up to date with their responsibilities regarding the duty of candour. Health and safety records kept in the service showed that the service's office was safe and regular checks were undertaken, for example on electrical equipment and fire safety.

Quality assurance systems had been developed and the service had an open and empowering culture. People were regularly asked for their views of the service and if they were satisfied with their care and support. One person told us, "They came out and asked me what I thought about [care worker] and my care. They wrote it all down, I felt that what I said mattered."

These included regular quality telephone calls and visits and care reviews. Where people said that they wanted to change something, for example their visit times, this was addressed promptly.

Records showed that checks and audits were also undertaken on records, including medicines and daily care records. The systems in place which enabled the registered managers to identify and address shortfalls and continually improve the service for people.

The management team and coordinators worked to deliver high quality care to people. Records showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training.

There was good leadership demonstrated in the service. Care workers, in person and in questionnaires, and coordinators told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns, which they felt were addressed promptly. They were committed to providing a good quality service and were aware of the aims of the service. They could speak with the registered manager and care manager when they needed to and felt that their comments were listened to.

Care workers were aware of the provider's whistleblowing procedure and were provided with guidance and training in this. Staff spoken with told us that they would report concerns if needed. This included reporting bad practice to ensure people were safe and provided with a good quality service.

Care coordinator meeting meetings minutes and discussions with them showed that plans were in place to provide care workers with the opportunity to attend staff meetings where they could discuss the service they were provided and any changes. Care workers were kept updated by the provider's newsletters.