

Homecare Domiciliary and Domestic Limited

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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

Homecare Domiciliary and Domestic Limited provides personal care for people in their home, throughout Chesterfield and the surrounding area.

We carried out this inspection on 17 October 2016. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to talk with us.

At our last inspection on 20 January 2014, we found that the service was meeting all standards assessed. It was compliant with the regulations and no concerns were identified.

A registered manager was 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.

Staff were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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.

Risks relating to people's care and support were assessed and appropriately managed. People were protected by safe recruitment procedures which helped ensure they received care and support from suitable and appropriate staff. Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice.

Is the service effective?

Good ●

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given. People and their relatives were happy with the care and support provided. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and, where appropriate, decisions were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care plans detailed how people wished to be supported and their care reflected their individual needs, preferences and choices. A complaints procedure was in place and people were able to raise

any issues or concerns.

Is the service well-led?

The service was well led.

There was an open and inclusive culture. Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles. Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made. The management regularly checked and audited the quality of care and support provided, to help drive service improvement and ensure people's needs were met.

Good 

Homecare Domiciliary and Domestic Limited

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.

The inspection took place on 17 October 2016 and was announced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. 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 spoke with five people who used services, nine relatives, three care support workers, one team leader, two care services coordinators, the provider and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as three staff training files and records relating to the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives who we spoke with had no concerns about the care and support provided by Homecare Domiciliary & Domestic Limited. People said they felt safe and confident with the staff who provided their personal care and support. One person told us, "Yes I certainly do feel safe. I have a key safe outside the door and they [care staff] let themselves in. This makes me feel safe knowing they can always get in to me." Another person told us, "I feel very safe. They [care staff] are so good to me; they don't rush and always ensure I am safe and comfortable before they leave. And when they're not here I've got my pendant." This view was shared by everyone we spoke with; another typical comment we received was: "I feel very safe in their hands. They [care staff] always ensure I am safe before they leave, as I am here on my own. They lock the door and ask if there is anything I need before they go."

Relatives spoke very positively about the support their family members received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and well cared for. They told us, "I have no complaints or concerns whatsoever, the carers are all very good." Another relative told us, "I'm very happy with the carers who see to my [family member] and I'm confident [family member] is safe with them."

Potential risks to people were appropriately assessed and reviewed. Care records contained up to date risk assessments and staff told us individual care plans helped to ensure consistency and continuity of care. Staff we spoke with were confident the people they supported were safe. They emphasised the importance of ensuring personal and environmental risk assessments were kept up dated to reflect changing needs or circumstances. One staff member told us, "People are safe because we know what we're doing. The training we get gives me the knowledge and the confidence – but I'm never overconfident. That can be dangerous as well, if you're complacent." Another member of staff told us, "The people I care for are my responsibility, they rely on me and it's down to me to keep them safe."

We spoke with people about the consistency and punctuality of the carers and whether they were informed if staff were running late. One person told us, "They [care staff] are nearly always here on time, but if there's a problem someone will always let us know." Another person told us, "Their timekeeping is very good. If they are late or held up on another call they always do call me to let me know." This demonstrated that people's care and support needs were met in a timely manner.

People were protected because support staff were aware of and followed policies and procedures relating to the safe handling of medicines. Staff told us they had received training in managing medicines, which was updated regularly. This was supported by training records we were shown.

Safeguarding policies and procedures were in place. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon.

People were also protected by staff following safe infection control procedures. People spoke about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. Staff told us they were aware of the relevant procedures and understood the importance of effective infection control.

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this.

People were protected by a safe and robust recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service provided and how reassured they felt with the care staff. One person told us, "The girls are excellent and I really appreciate them and what they do for me. They will always go the extra mile, such as going to the chemist for me to get my repeat prescriptions." Another person told us, "I think [care staff] are marvellous; they all know what they're doing and they also know how I like things done - I really couldn't ask for more."

Relatives we spoke with were all very satisfied with the care and support their family members received and felt they were kept appropriately informed. They described the care staff as, "Very knowledgeable and experienced," and, "Very professional." One relative told us, "[Care staff] are always spot on. I don't know what we'd do without them and I have absolutely no concerns." Another relative told us, "If something is wrong they always tell me and will call me straight away with any concerns. For example, [Family member] had a fall yesterday and they were straight onto me."

Staff told us they received an induction and completed training when they started working at the service. They confirmed they received support and the necessary training to undertake their roles and responsibilities. One member of staff told us, "The training here is really good and I also did a lot of shadowing before I felt confident enough to work on my own." Another care worker told us, "I love what I do; my hearts in caring and I just find it so rewarding." We saw staff had received the appropriate training to carry out their roles and they demonstrated that they understood their responsibilities in relation to those roles. Records we looked at showed new staff received a comprehensive induction programme and all essential training.

Staff received regular supervision, spot checks and appraisals. Formal supervision provides each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. Records showed staff also had access to development opportunities. Staff told us they found the supervision meetings useful and supportive. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community.

The service worked within the principles of the MCA. We found that the registered manager and staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). Staff had attended training in this

area and understood how the principles of the legislation related to their work and how it applied to the people they supported. We saw staff consistently applied the principles of the Act and all best interest meetings and decisions were appropriately documented in individual care records. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

We saw people who used the service were included in planning and agreeing to the care they received. Relatives who we spoke with said that care staff routinely discussed with them the level of support required and always respected their decisions, regarding the care provided. People told us the care staff always respected their right to make their own choices. Care plans we looked at included a signed contract and service agreement that identified which services were to be provided and confirmed people's awareness and consent to their personalised support. This demonstrated that people understood and had consented to the care and support they received.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists, dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. Staff told us that if they had any concerns about a person's health they would liaise with the office for advice, or in an emergency situation they would contact the GP or the emergency services directly.

One member of staff told us, "Because I'm their regular carer, they get to know you and trust you. I can also pick up on any change in their mood or condition and will inform the office if necessary or call for a doctor or an ambulance." This view was echoed by other care workers we spoke with. One staff member told us, "If someone's needs change, we will contact the office and arrange for a risk assessment to be carried out by [Care co-ordinator]. They will also arrange input from other health care professionals such as speech and language." They went on to say, "We don't have to worry then; we can carry on caring while they sort it out." This helped ensure people's individual health care needs were effectively met.

Is the service caring?

Our findings

People and their relatives said they were supported, with dignity and respect, by kind and caring staff. One person told us, "My carers are excellent. They take their time and it comes through that they really love and care about their job. They never rush me. I am washed and showered carefully and they help me get dressed." Another person told us, "[Care staff] are just wonderful. They do everything for me; they get me up, put me to bed and get my meals. Nothing is too much trouble for them." One person we spoke with gave an example of staff, "Going the extra mile." They told us, "I have two mature ladies and they are excellent and so lovely. When I was feeling down one day, my carer even stopped and made me pancakes. How good is that?"

All relatives we spoke with said they felt their family members were treated with dignity and respect. One relative told us, "It's fantastic. They [care staff] are very good and so friendly." Another relative told us, "I've never had care for [family member] before and I was nervous about it but they are really good - very helpful and respectful."

Staff we spoke with were knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. One member of staff told us, "You've got to tread carefully and get to know someone, before they warm to you and begin to trust you." They went on to say, "I might be the only person they see all day, so I don't like rushing in and out. I like it when I can spend time with someone, perhaps sit and hold their hand. Some people really appreciate that."

The registered manager emphasised the importance of effective communication. They said regular formal and informal meetings took place to enable staff to discuss issues, relating to people's ongoing support packages. People were involved in making decisions about their individual care, treatment and support. Staff spoke of the importance of developing close working relationships with individuals and their families and being aware of any subtle changes in their mood or condition. This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

Staff recognised the importance of treating people as individuals, with dignity and respect. People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. One member of staff was very clear about the importance of treating people with respect and told us, "No darling, no duck – I just call people by their name." We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

People and their relatives felt 'in control' of their care and support and confirmed they had been consulted and actively involved in the writing and reviewing of their care plan. This was supported by plans that we saw, which clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration. People's relatives said they were also consulted regarding any changes to the care plan and

had taken part in reviews. People and their relatives told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their individual care planning and the support they received met their identified needs.

Is the service responsive?

Our findings

People who used the service told us they felt listened to and said care staff responded to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. They described the thorough assessment process which they had been involved with, to identify and discuss what care was needed. We saw a range of assessment and planning tools were used to help ensure staff provided the appropriate support for people, to meet their identified needs.

We saw that staff responded to people in an individualised manner and it was clear when we spoke with staff they were very knowledgeable about people's needs and fully aware of their individual wishes and preferences. A care co-ordinator explained that before anyone received a service, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From the initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. People we spoke with said they were fully involved in drawing up their personal care plan and confirmed their individual plan was regularly reviewed to accurately reflect their changing needs. One relative described how a review had been held after their family member's condition had changed. They said following the review, the care plan was changed to provide additional support.

A member of staff provided an example of good practice, regarding people who used the service but were being temporarily treated in hospital. They told us, "When someone is in hospital their call is suspended but their scheduled slot is kept open, to ensure availability of carers." They also explained that the individual's care package would always be reviewed – and amended as necessary, should their needs have changed – before the person returned home. This demonstrated the service was responsive and the care and support provided was personalised and met people's individual needs.

Members of staff we spoke with emphasised the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their needs and preferences. The registered manager told us that where possible the same staff visited people to help ensure consistency and continuity of care.

There was a complaints procedure in place to be followed should a concern be raised. This was also made available in a pictorial format. The registered manager confirmed that any concerns or complaints were always taken seriously and acted upon. People and their relatives we spoke with were confident they could

make a complaint or raise an issue if they needed and said they had contact numbers for the service. They were happy with the service provided and were aware of how to make a complaint, if necessary. One relative told us, "I certainly know how to make a complaint, although I've never really had anything to complain about." This demonstrated that people knew how to make a complaint and were confident that any concerns would be listened to and acted upon.

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed. They all knew the name of the (office) manager and spoke positively about the leadership of the service. They said communication was very good and they felt well-informed. Staff we spoke with said how much they enjoyed working at the service and were full of praise for the registered manager and office manager, who they described as, "Approachable" and, "Very supportive."

During our inspection all staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture, which was centred on the needs of people who used the service and their families. Staff spoke positively about the open and inclusive environment and the effective communication throughout the service. One member of staff told us, "Morale is very good here and [the management team] treat the carers – as well as the service users – with dignity and respect. They are very professional and it makes me feel important and valued by the company."

One member of staff we spoke with described the effective communication with the office and the support provided. They told us, "Communication with the office is very good and I really can't fault them. If I have any concerns [care coordinators] will always be there to support me." They went on to say, "Whatever time you call in there's always someone on call, so I never feel like I'm on my own." Another member of staff told us, "This agency was recommended to me and I've also recommended it to a friend – and they're working here with me now." These positive views were shared by all the staff we spoke with and demonstrated an open and inclusive culture within the service.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.

People were consulted regarding the quality of their care during the review of their support and during observations of staff practice. People were also asked about their experiences through an annual quality review and within questionnaires. There were effective and robust systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We also saw that audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives. We saw examples where changes had been made and 'lessons learned' as a result of feedback received, including care staff

being replaced if not considered suitable. This demonstrated the service was committed to improving standards and quality of service provision.