

Domus Live-in Care Limited

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Inspection report

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Date of inspection visit:
19 May 2017

Date of publication:
10 July 2017

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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

Domus live in care is a care agency that provides a live in care service, including personal care, to adults living in their own homes. Care is provided on a long or short term basis depending on individual's needs. The service covers Kent and Sussex. There were 13 people using the service who were receiving personal care at the time of the inspection.

This inspection was carried out on 19 May 2017. We gave the service short notice of the inspection because it is small and the manager is often out of the office supporting staff or visiting people that use the service. We needed to be sure that they would be in.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 were protected from abuse and harm by staff that knew how to recognise the signs of abuse and report any concerns. Risks to individuals' wellbeing and safety had been assessed and minimised. Staff knew how to reduce the risk of spreading infection when providing care.

People had their health needs met and were supported to access health care professionals as needed. They were provided with support to eat and drink well to meet their needs. People's medicines were managed safely.

There were enough staff to meet people's needs. People were provided with staff that knew them well and worked with them regularly. Staff were provided with the training and qualifications they needed to care for people safely and effectively. Staff were appropriately supervised and supported in their roles.

People were asked for their consent before care was provided. The registered provider complied with the requirements of the Mental Capacity Act 2005, but one assessment of a person's capacity had not been properly recorded. We have made a recommendation about this.

Staff were kind and caring and had developed positive relationships with the people they supported and their families. Staff treated people with dignity and respect and promoted their right to privacy. People were enabled to remain as independent as possible.

People were provided with personalised and flexible care. They were asked their views about how their care should be provided and these were included in their care plan. People's views about the quality of the service were sought and suggestions were acted upon. People knew how to make a complaint if they needed to and complaints were handled in a transparent and honest way.

The registered manager provided effective leadership and was aware of the risks and areas for development within the service. Effective quality assurance systems were used to identify shortfalls and action was taken to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

There was a sufficient number of staff to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. People received the medicines they needed at the right time.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to this.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with people and respected them as individuals. They treated people with kindness and compassion.

People were involved in making decisions about their care. Staff knew what was important to people and ensured their wishes were met.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive to people's needs and provided a personalised and flexible service.

People's views and wishes formed the basis of their care. They were asked what was important to them and had care plans that met their needs in the way they wanted. Staff understood how to deliver each person's care in a personalised way.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People told us they were happy with the service they received. There was an open and person centred culture within the service.

There was clear and effective leadership of the service and an emphasis on continually striving to improve. The registered provider worked proactively in partnership with other organisations to make sure they were following current guidance and providing a high quality service. There were effective systems for monitoring and improving the care people received.

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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 was carried out 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 was carried out on 19 May 2017. We gave the service short notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector and an expert by experience who spoke with people using the service via the telephone.

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. As part of our planning for this inspection we looked at the PIR and records that were sent to us by the registered provider and the local authority to inform us of significant changes and events.

We looked at three people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service. We also sampled the services' policies and procedures.

We spoke with one person who used the service to gather their feedback and five people's relatives. We spoke with the director of the service, the registered manager and four care staff as part of our inspection.

This was the first inspection of this service since it was registered on 31 May 2015.

Is the service safe?

Our findings

The service was safe. People and their relatives told us they felt safe and well cared for using the service. One person's relative told us, "I'm very happy with them; they are extremely good with him, he definitely feels safe with them." A person using the service said, "I am completely happy with the service. There are no safety issues whatsoever." Another person's relative told us, "It makes her feel very safe having the carers with her."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting concerns about people's safety and wellbeing. The registered manager had completed training with the local authority safeguarding team and understood how to implement policies that reduced the risk of abuse taking place. The staff we spoke with were clear about their responsibility to report suspected abuse and how to do so. The service sent information to people that included the values of the organisation and what they should do if they had any concerns about their care or treatment.

There were sufficient numbers of skilled and competent staff deployed to meet people's needs. Staff were provided on placements of approximately two to three weeks. One person told us "There are no gaps in staff cover. There is a proper changeover every two weeks." Another person said, "They are here the whole time; changeover is very smooth." Records showed that staff were scheduled for placements in line with the person's needs and requests. The registered manager told us that staff were matched with people taking into account their age, background, skills and interests. A staff member told us, "They always make sure they match you with the client before starting an assignment and that the client is happy." A member of the management team always accompanied staff to placements for the first time to carry out introductions and to ensure the person was settled.

The registered provider followed robust procedures for the recruitment of new staff. A person's relative told us, "They recruit really well. They ask, 'Would I like this person to take care of my relative/parent.'" Staff files contained interview records, references and a disclosure and barring check. Gaps in employment history were generally explained, however we found one staff file where this was not clear. The registered provider had already identified this and was following it up with the staff member. All staff received an induction and were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were kept safe because staff carried out risk assessments of their home environment and took steps to reduce any risks. This included ensuring gas and electricity safety checks had been completed, appliances were checked and any possible trip hazards were reduced. Staff had access to equipment to reduce the risk of infection spreading. This included alcohol gels and hand washes, gloves aprons and face masks. Staff had received training in infection control and records showed they implemented this in practice. Individual risk assessments were completed for people who needed help to move around, who were at risk of falls, at risk of skin damage, and for the use of bed safety rails. Risk assessments contained

clear and detailed instructions for staff to follow and reduce the risks of harm. People had risk assessments for their skin integrity that took into account their mobility, their diet and their fluid intake. The care records showed that staff followed control measures indicated in the risk assessments to ensure people's wellbeing. Accidents and incidents were appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from reoccurring.

People were supported to manage their medicines in a safe way. All staff who administered medicines received appropriate training and were routinely checked for their competency. People that were able to manage their medicines independently were enabled to do so and support was given to remind them to take medicines as necessary. Staff completed people's medicines administration records (MAR) appropriately. The registered manager monitored safe medicines practice through regular audits and spot checks.

Is the service effective?

Our findings

The service was effective. People and their relatives told us that they felt the staff were competent and effective in meeting their needs. One person told us, "They all attend regular training days, they have very good skill sets." A person's relative told us, "We have a very strong 'A' team. They look after one another as well as taking excellent care of [the person's relative]. Other people's relatives commented, "She was fantastic with mum and it made a real difference" and "They understand his needs and care for him very well."

People received effective care from skilled and knowledgeable staff. Staff received an appropriate induction that included the core training courses they needed to provide effective care. This included food safety, dementia awareness, health and safety, safe medicine handling, moving and handling people, infection control and the principles of the Mental Capacity Act 2005. Staff were encouraged and supported to undertake qualifications relevant to their roles and for their personal development.

Newly recruited staff studied to gain the Care Certificate which is a nationally recognised care qualification for people new to the role. Two staff were working on the Care Certificate at the time of the inspection. The registered manager had completed a level four qualification in leadership in care services. The registered provider told us that they were planning to develop the training programme further to include more in depth courses in areas such as dementia, in addition to the basis awareness courses already provided. Staff told us that they were provided with the training they needed for their role. One staff member said, "They give me the opportunity to learn more and develop new skills." Staff were supported in their role by the registered manager and the registered provider. All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. Supervision sessions included a review of the training and development needs of each staff member.

People were asked for their consent before care was given and they were supported and enabled to make their own decisions. 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. Staff were trained in the principles of the MCA and generally implemented these in practice. The registered manager told us that one person had an assessment of their capacity to make a decision about moving their bedroom downstairs. They had been unable to make this decision and therefore a best interest decision had been taken involving the relevant people on their behalf. However, the mental capacity assessment had not been recorded before the best interest decision was made and recorded. People told us that staff asked for their consent and respected their decisions. One person said, "They always ask if I'm happy for them to help me shower and dress." We recommend that the registered manager ensures that all mental capacity assessments are recorded, using an appropriate form, before a best interest decision is taken on behalf of a person.

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. For care agencies such as Domus Live in Care the process for this is managed by the Court of Protection. The registered manager understood the application process to the Court of Protection, should a person's liberty be restricted.

People had effective care plans that ensured their health needs were met. Care plans had been reviewed and updated where people's health needs had changed. Staff supported people to access health care professionals as needed and, in some situations, made referrals on their behalf with their consent. People and their relatives told us that the service was effective in meeting their health needs. One person's relative said, "All his physical needs are supported." Another person's relative told us, "Her mobility is much improved since they have been providing care." There was an effective handover system in operation to ensure that staff arriving for a placement understood the person's current health needs and how to meet these. The registered manager told us that the length of a handover between the outgoing and incoming care staff varied depending on individual's needs. One person with particularly complex needs had a 24 hour handover between the staff to ensure they were up to date with how to provide the current care plan.

People were supported to have enough to eat and drink. They had their nutrition and hydration needs considered as part of the assessment process and plans were written to ensure they were given the support they needed. People's dietary needs and preferences were documented and known by their live in staff. When there were concerns about people's nutritional health or appetite, their food and fluid intake had been recorded and monitored and staff had taken action to help the person contact their GP for further support.

Is the service caring?

Our findings

The service was caring. People and their relatives told us that staff were caring and compassionate. One person said, "They are kind and just really lovely people." Another person told us, "They don't interrupt and respect whatever I want to do." A person's relative told us, "They care for her as they would if it were their mother. They go over and above our expectations." Another person's relative told us, "They are amazingly kind and helpful and they adapt well to all his requests. We fell on our feet when we took them on." A further person's relative told us, "We have four different carers and they are always wonderful."

Positive caring relationships were developed between people and the staff that cared for them. People were asked about their life history and what was important to them during the assessment process. This information had been documented in their care plan. People were asked if they wished to complete a "My life, my care" document which detailed what was important to them, their history, family relationships and how they would like to receive their care. When we spoke with staff they were able to demonstrate that they knew people well. The registered manager told us that people were supported only by staff that knew them. The registered manager ensured that introductions were made before a new staff member was allocated to work with a person. Staff worked in small teams rotating their placements so that people always had a member of their team to support them.

People were cared for by staff who respected confidentiality and discretion. People told us their privacy was respected and they were supported in a way that promoted their dignity. One person told us, "I can't speak more highly of them. They are respectful and kind." A person's relative said, "They respect her privacy; they have become a part of the family." People's records were stored securely and only accessed by staff when required for the purpose of delivering care. There was a secure email system in operation and all electronic information was password protected.

People were involved in making decisions about their care. Information was provided to people about the services the agency could provide to enable them to make an informed decision when agreeing their care. People were involved in decision making about their care and treatment as they were involved in initial assessments of their needs, care planning and reviews when changes occurred. Staff understood how to support people in a way that promoted their dignity. For example one person had difficulty with their short term memory so staff ensured they used reminder notes. The registered manager told us, "She is very proud but sometimes forgets. It's about reminding in a kind and non intrusive way."

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. For example, one person wished to go out alone. Staff had assessed the risk and provided support from a distance to allow the person to be as independent as possible. Another person's relative told us, "They are very respectful and help with her independence by encouraging her to go out for walks, which she couldn't do without them." The registered manager described how the service supported people to remain with their loved ones rather than moving to a care home. They told us, "The nature of our service means we can support couples to remain together when one has care needs."

Is the service responsive?

Our findings

The service was responsive. People and their relatives told us that staff were responsive to their needs and provided a person centred service. One person told us, "The high levels of care, support and understanding of my needs have been superb." A person's relative told us, "They have been very flexible. They cared for both my mother and father until my father died." Another person's relative said, "It's consistent care; taking into account his changing needs." A further person's relative told us, "They are always available and incredibly supportive. Very flexible and efficient; whatever we bring up is dealt with."

People's care and support was planned in partnership with them. The registered manager and care services manager visited each person to carry out an assessment of their needs and any individual risks before a care placement was agreed. People were asked for their views about their needs and how they would like their care to be delivered. The assessment took account of all areas of their life including their mobility, nutrition, physical needs, social needs, cultural and emotional needs. One person's relative told us, "They did a full assessment when they first came on board and went out of their way to give a bespoke service. We have such a good team; life is much better for her."

People's care records showed that the service was flexible and responsive to people's changing needs and wishes. Some people's care plans were very detailed specifying particular times they wanted to receive care. Other people had more fluid plans and staff told us this was because they liked to direct their own care on a daily basis. The registered manager told us, "The beauty of live in care is that if someone wants a shower at 2pm we can do that." People's care plans included information about the way they preferred to receive their support, for example what they liked to do during the day and what support they wanted and needed with their personal care. The service had matched staff with the people they supported in terms of their personality, interests, skills and experiences. This ensured that people were supported by people that they would likely get along well with and that could meet their social needs. For example, one person liked to maintain their garden, but required some assistance. A staff member with an interest in gardening was provided to meet this support need.

People had regular reviews of their care plan to ensure it continued to be effective in meeting their changing needs. People and their relatives told us they were fully involved in this process. One person said, "We have a meeting once a year, a review, and they always ask how we feel about the service." We saw that people's care plans had been updated to reflect changes in their needs. The changes to the plan had been communicated to the next staff member coming onto their placement through the handover system.

People's views about the quality and safety of the service they received were sought through a range of means. This included an annual satisfaction survey, home visits by the registered manager and care services manager and involvement in reviews of their care plans. One person told us, "We have regular review meetings and there have been questionnaires. I write very often with my thanks for what they do." The most recent survey in 2016 had identified that some people were not clear about the complaints procedure. As a result the registered manager had contacted each person to ensure they understood the process and the written procedure had been sent to them again. People we spoke with knew about the service's complaint

policy and procedures which was included in the brochure for the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. The registered provider's complaints records were clear and transparent and showed that appropriate action had been taken to investigate and respond to complaints. A person's relative told us, "You only have to ring. Whenever we have had an issue or comment to make they take it on board." Another person told us, "There is a procedure, but I have never had to make a complaint."

Is the service well-led?

Our findings

The service was well led. People told us they were happy with the service they received and felt the management team provided effective leadership. One person told us, "We are so impressed- They know how much we value the service they provide." A person's relative told us, "Overall we are very happy. He is very comfortable with them." Another person's relative said, "It is quite a small company; it's more personal."

There was effective leadership of the service. 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. People told us they felt able to approach the registered manager with any concerns or requests and they felt they would be listened to. One person said,

"The manager is always on hand and calls in regularly. Completely professional." The service was based on a set of values that were person centred. Staff understood these values and people told us they were provided with flexible and person centred care. The registered provider said that they only agreed to a new care contract when they were able to meet people's needs effectively and accommodate any changes to their needs. They told us, "If we think we are not the right solution for a person we will say so and help them find a better option."

The service ensured that quality of care was maintained through an effective quality assurance system. A programme of monthly audits was carried out by the registered manager and the registered provider. The records of these audits showed that all areas of the service were checked regularly and action was taken to address any shortfalls. The registered provider had contingency plans in place to ensure the service could still be provided consistently to people, in the event that a staff member became unwell and had to leave their placement. The registered manager or care services manager visited each person using the service at least every eight weeks. This gave the registered manager the opportunity to review the care package and check if the person was happy with the service they were receiving. The registered manager also made a weekly telephone call to each person to check that they were getting the support they needed and to check on the wellbeing of the staff member. Staff understood their responsibilities and were clear about the standards of care they were expected to provide. They were provided with a handbook of the policies and procedures for the service. The registered manager carried out spot checks of staff practice, when they were on their placements, every three months.

Staff told us they were happy working for the agency and felt they got the support they needed. One staff member told us, "It's a great team to work with and good that the manager visits clients on change-over days." Another staff member said, "There are a great agency; cannot fault them." The registered provider carried out an annual staff survey to seek feedback from staff members about the support they receive and any areas for improvement in the service. The last survey was carried out in December 2016. Where suggestions had been made these had been responded to. Staff understood their rights in relation to 'blowing the whistle' on poor practice. They told us they felt confident to do so and felt they would be

supported. The whistleblowing policy could be further reviewed to advise staff of their right to contact external agencies directly to report concerns if they feel unable to speak with a member of the management team.

The registered provider and registered manager understood the relevant legislation and the requirements as registered persons. They had notified the commission of significant events that affected the running of the service and the wellbeing of people using it. The registered manager ensured that accurate and meaningful records were kept about the care people received and for the purpose of running the business. Staff completed records with sufficient detail to show that care had been provided in line with individuals care plans. This meant that the registered manager could monitor changes in people's needs to ensure that they continued to receive the right support. One person's relative commented, "Their record keeping is astonishing; everything is documented. New carers have an excellent guide to follow."

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service. They had signed up to the Dementia Pledge and participated in registered provider forums with the local authorities in East Sussex and Kent.