Eyam Domiciliary Service Ltd

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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

Eyam Domiciliary Service Ltd is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older people, people living with dementia, and people living with physical disabilities. Not everyone using Eyam Domiciliary Service Ltd receives regulated activity; CQC only inspects the service being received by people receiving 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also take into account and wider social care provided. At the time of our inspection, 69 people were receiving personal care. Eyam Domiciliary Service Ltd provides this service to people living in the Hope, Hathersage, Bakewell, Calver and Curbar areas of North Derbyshire.

The service had a registered manager at the time of our inspection visit. 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.

Eyam Domiciliary Service Ltd was previously registered with CQC at a different address, where they were inspected and rated as Good in February 2016. This report relates to the first inspection of the service at this current address.

People were supported with their personal care in ways which kept them safe. Risks to people's safety from their health conditions and environment were identified and mitigated. Appropriate measures were put in place to minimise the risk of avoidable harm, whilst promoting independence. Staff knew how to identify if people were at risk of abuse and were confident to report concerns. People's medicines were managed safely.

People and relatives were happy with staff who provided personal care. People had enough staff to support them at the times they needed. Staff were knowledgeable about people's care needs. The provider acted to ensure that staff were suitable to work with people before they provided care. Staff were trained, supervised and supported to provide people's care.

People's personal care needs were assessed and provided in line with current legislation and nationally recognised guidelines. Staff had the skills, experience and knowledge to meet people's individual needs. The provider supported staff to work alongside health and social care professionals to ensure people's needs were assessed and met effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were involved in planning and reviewing their care. Their care was tailored to meet their individual needs and wishes. People were supported in ways which promoted respect, their dignity, and independence. People, relatives, and staff felt able to raise concerns or suggestions in relation to the quality of care. The provider had a complaints procedure to ensure that any issues with quality of care were

addressed.

The service was well-led. Everyone we spoke with was positive about the way the service was managed. The provider promoted an open and inclusive culture within the service, and staff had clear guidance on the standards of care expected of them. The provider had systems to monitor the quality of the service provided and ensured people received safe and effective care. This included seeking and responding to feedback from people to inform the standard of care. Checks were undertaken on all aspects of personal care provision so that action could be taken to improve the quality of the service.

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 were supported with their personal care in ways which kept them safe. Staff knew how to identify if people were at risk of abuse and were confident to report concerns. People's medicines were managed safely.

Is the service effective?

Good

The service was Effective.

People were supported by staff who had the skills, knowledge and experience to meet their needs. People were supported to eat and drink enough and maintain a balanced diet. The provider ensured people's rights were upheld in relation to consent to personal care.

Is the service caring?

Good

The service was Caring.

People and relatives were consistently positive about their staff, who they felt provided personal care and support with kindness. People's care plans recorded preferences about how they were supported, and staff demonstrated their knowledge of this in the ways they offered personal care. People said staff always treated them with dignity and respected their privacy.

Is the service responsive?

Good

The service was Responsive.

People received care that was responsive to their individual needs. People and relatives said they knew how to raise concerns or make a complaint. People were supported to express their views about their future care towards the end of their lives, and staff knew how to support people and their relatives in the way they wanted.

Is the service well-led?

Good

The service was Well-Led.

People and relatives were happy with the way their care was managed, and said they would recommend the service to others. Staff felt supported by a provider who cared about them, as well as caring about the people using the service. The provider had effective systems to monitor and review all aspects of the service.

Eyam Domiciliary Service Ltd

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 site visit took place on 10 and 11 July 2018, and was a comprehensive inspection. We gave the service 48 hours' notice of the inspection visit because the location provides domiciliary care for people in their own homes. We needed to be sure that someone from the service would be in. 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 care service.

The inspection site visit activity started on 10 July and ended on 11 July 2018. We visited the office location on those dates to see the registered manager and staff, and to review care records and policies and procedures. We conducted telephone interviews with people and relatives on 12 and 13 July 2018.

Before our inspection visit we reviewed the information we held about the service, including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, incidents resulting in serious injuries, or allegations of abuse. We sought the views of local authority commissioning teams. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority or by a health clinical commissioning group. We also spoke with Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with

us.

During the inspection we spoke with seven people who used the service and spoke with four relatives. We spoke with three care staff, one office staff member, and the registered manager. We sought the views of two health and social care professionals. We looked at a range of records related to how the service was managed. These included six people's care records, two staff recruitment and training files, and the provider's quality auditing system.

Good

Is the service safe?

Our findings

All the people and relatives we spoke with were positive the service kept them safe. One person said, "Having them [staff] come helps to keep me safe." A relative commented, "They are all good, and I trust [staff] to keep [my relative] safe." Staff knew how to identify if people were at risk of abuse and were confident to report any concerns. Staff received training in safeguarding people from the risk of abuse. The provider had a policy on safeguarding people from the risk of abuse, and staff followed this. This meant people were safeguarded from abuse.

People and their relatives were supported to be involved in discussions about risks relating to their health conditions, and how to manage them. People felt confident staff would support them in ways which reduce any risks associated with their health conditions. One person said, "I had a fall and for a while I was very frightened to go into the bathroom. They [staff] have helped me gain my confidence." Another person described how staff supported them to shower, saying, "They [staff] steady me and give me confidence." The same person also spoke about feeling happy knowing staff would respond and help them if they fell.

Staff told us the provider had a good approach to managing risks, balanced against supporting people to lead the lives they chose. Staff we spoke with demonstrated good knowledge of risks associated with people's health needs and how to support them safely. Evidence from people's care records showed risks were identified and plans of support developed and reviewed with them to manage risk. This meant people were supported to stay safe, and their independence was promoted.

The provider had a system to flag up when people were potentially at risk if their health condition changed. We saw in records that these people had their personal care and support needs reviewed weekly, and health and social care services were kept informed of any changing needs or concerns about people's health and well-being. For example, we saw where one person's health needs had increased. Staff monitored this and sought support from GP and specialist dementia services. This ensured risks associated with the person's changing health needs were assessed and they received additional support as a result.

People had enough staff to support them at the times they needed. People described feeling reassured they had a consistent team of staff to support them with personal care. One person said, "I get the same carers; I know them and they know me. They are always on time." Staff felt they had enough time to travel to people and support them with personal care. One staff member said if they felt they did not have enough time or their visit was at the wrong time for people, they would speak with the registered manager, and this would be resolved. Another staff member described how they had worked with one person and health professionals to change the visit time. They said the new time had worked better for the person, and they were more responsive to support with personal care now.

Staff told us, and records showed the provider undertook pre-employment checks. This helped to ensure prospective staff were safe to work with people receiving personal care. Checks included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if prospective staff are safe to care for people. All staff had a probationary period before

being employed permanently. New staff worked alongside experienced colleagues until the provider was satisfied they were suitable to provide personal care and support for people. One staff member said their colleagues were very supportive when they first started working at the service. This meant people and their relatives could be reassured staff were of good character and were fit to carry out their work.

People's medicines were managed safely in accordance with professional guidance. People who had support to manage their medicines were happy staff knew how to do this safely. One person told us, "I have a pain patch applied 12-hourly and this is done at the right time. I have tablets dispensed from a box [which staff help with]. It is all recorded properly. Staff wear gloves and never touch my tablets." People who needed prompting or assistance to manage their medicines had clear detailed information for staff to follow. Staff told us and records showed they received training in managing medicines safely. The provider did competency checks with staff to ensure they managed people's medicines safely. The provider had up to date guidance which was followed by staff who dealt with medicines. The provider undertook regular audits to ensure people were supported to have the right medicines at the right time. This showed people received their medicines as prescribed.

People told us staff wore gloves and aprons when carrying out personal care tasks. Staff had completed infection control training, and also had training to ensure they followed safe hygiene practices when preparing people's food and drink. This meant people were protected from the risk of an acquired health infection through cross contamination.

The provider undertook investigations and reviews of any accidents and incidents. This enabled them to put measures in place to learn lessons and reduce the risk of reoccurrence. It also enabled the provider to identify where people's health needs were changing. Staff told us, and records showed they reported all incidents to the provider. The provider regularly reviewed and analysed accidents and incidents. This enabled them to identify themes and trends, and to take action to ensure care was safe. The provider had an open culture where improvements were made when things went wrong.

Good

Is the service effective?

Our findings

People's personal care needs were assessed and provided in line with current legislation and best practice guidelines. The registered manager was knowledgeable about professional guidance for delivering personal care. For example, the system for managing medicines for people living in their own homes was based on best practice from The National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. Staff involved in supporting people with their medicines were knowledgeable about how to do this safely and effectively. As part of the initial assessment process, people were asked about their abilities and disabilities. One person said, "They [staff] are very respectful of my age and condition." Staff we spoke with were clear their role was to enable people to maintain their independence, and to ensure people were not discriminated against.

People were supported by staff who had the skills, knowledge and experience to meet their needs. One person told us, "I feel confident they all know what they are doing." One relative said, "They [staff] appear to be very well trained." The provider had an induction programme for new staff which included training, shadowing experienced colleagues, being introduced to the people they would be caring for, and skills checks. Staff said this gave them the skills to provide personal care for people. Staff undertook training the provider considered essential, including safeguarding and managing medicines. Staff said and records showed they received refresher training to help them continue to meet people's needs. Three staff members said they requested and received specific training in relation to two people's health conditions, which helped them in providing better care and support. Staff told us they felt supported by the provider, and records confirmed they had meetings with their supervisor to discuss their work performance, training and development. The provider carried out spot checks on staff to ensure personal care provided was to the standard required by them. Staff spoke positively about the provider's well-being programme, designed to support them to feel happy and supported with the work they did. This ensured that staff maintained the level of skills and knowledge required by the provider to support people.

People who needed support with eating and drinking were given this by staff who understood their needs. One person said, "They [staff] make sure I am eating properly." A relative said, "Staff keep [my family member] safe; they make sure they are eating their meals alright." Staff described the different levels of support for eating and drinking they gave to people where this was needed. Records gave staff clear information on how to support people with their food and drink. This included information on people's food preferences, and any specific needs they had, such as adapted cutlery or soft food diets. This meant people were supported to eat and drink enough and maintain a balanced diet.

People said staff supported them to monitor their health conditions and access external health services to maintain their well-being. One person said, in relation to their skin care, "Staff check the bits I can't see. We monitor the areas together." Staff worked well together to meet people's needs, and had support from external organisations when needed. Health and social care professionals spoke positively about working together with staff. One professional said they were confident staff would support people with monitoring changes in their health conditions and seek external advice promptly. Care plans identified what people's health needs were and detailed how staff should support them. Staff kept daily notes regarding health

concerns for people and action taken. During the inspection, staff responded quickly to a concern about one person's pain management, involving relevant health professionals. This meant people were supported to have their health needs identified, and staff involved health and social care professionals promptly and appropriately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Consent to care was sought in line with legislation. Staff supported people to make their own decisions about their personal care. Where people had capacity to consent to their personal care, this was documented. Staff knew how to respond when people were unable to make specific decisions. People's care records had assessments of capacity and best interest decisions recorded where it was appropriate for this to be in place. The provider ensured people's rights were upheld in relation to consent to personal care.

Good

Is the service caring?

Our findings

People and relatives were consistently positive about their staff, who they felt provided personal care and support with kindness and good humour. People felt staff listened to them and ensured care met with their wishes and preferences. One person said, "They are all very caring. They're nice and chatty; very upbeat which is what you want. They always have time for me and I never feel rushed." Two other people commented on the positive relationships they had built with staff, with one person saying, "They are friends as much as carers," and the other saying, "They have become part of my family."

One person said, "I regard them [staff] very highly. They seem to pick their staff for their skills and compassion." Staff told us they had recently done some work on compassion in care, where the registered manager had supported staff to reflect on this and share examples of best practice. Records of staff meetings and staff newsletters showed this reflective work and how staff felt it made an impact on the quality of care. For example, one staff member felt, "It is about understanding how they [people] want their care to be given, and ensuring it is always person centred." Another staff member said, "It's the wanting and willing to help others physically, emotionally and spiritually. Also, it's about being sympathetic, sensitive and kind." The provider supported staff to demonstrate values they felt were needed to support people in a kind and caring way.

People's care plans recorded preferences about how they were supported, and staff demonstrated their knowledge of this in the ways they offered personal care. Care plans also had information about people's likes and dislikes, hobbies and friendships, and key information about life events. Where it was not possible to obtain this information from people directly, relatives provided information they felt was important about people's lifestyle choices where this was appropriate.

People and their relatives were involved in care planning and reviews as much as they wanted to be. One person said, "I feel fully involved in my care," and another said, "I was involved in planning my care from the start." Relatives also spoke positively about being involved in planning and reviewing people's care. Staff were knowledgeable about people's assessed care needs and lifestyle choices, which were detailed in their care plans. It was clear from care plans and reviews that people were involved in deciding what they needed support with, and where appropriate, relatives' views and knowledge about people's needs and preferences were included. People were supported to maintain their relationships with friends and family. This was based on staff understanding who was important to the person, their life history and cultural background and their sexual orientation.

People said staff always treated them with dignity and respected their privacy. One relative described how staff ensured their family member's dignity was protected when supporting them to use the toilet or bathe. People told us they had choice in the gender of their care staff, and records confirmed this. Staff we spoke with wanted to be able to make a difference to people's quality of life, and to support them to be as independent as possible. Two staff demonstrated clear understanding of treating people with dignity, and said dignity and empathy were key principles throughout all their training. Staff understood why keeping information about people's care confidential was important. The provider had systems in place that

ensured information about people's personal care was kept securely and shared appropriately.

Good

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. One person described how the frequency of their care visits had changed, "After hospital stays and suchlike. They are very flexible." A relative said, "They [staff] set up the care plan with us both, and it is reviewed regularly as [my family member's] needs can change." Assessments were carried out with people before they were offered a service to ensure that their needs could be met. For example, one person described how staff were, "Supporting my independence and rehabilitation." This person's care plan reflected this, including guidance for staff on how to support the person with the goals they had identified as important to them. A social care professional confirmed staff worked well with people to provide personal care that met both their preferences and current needs.

People's care plans were individualised, and included information about their preferences for personal care and support. Staff said they felt confident to pass on information to the registered manager about people's changing needs, and this would result in care plans being updated. Staff also felt care plans contained enough information to be able to understand people's needs and wishes. Records showed people's care plans and related risk assessments were quickly updated when needs changed. For example, one person had a fall on 23 January 2018. Their care records were reviewed with them on 24 January 2018 and updated to reflect their changing needs.

The provider ensured people and relatives had information about the service and their personal care in formats that were accessible for them. For example, one person requested that all written information was in a larger font. Another person had given consent for staff to read correspondence relating to their health and social care aloud to them. This helped ensure people had information about their care and support in ways which were meaningful to them, and the provider took steps to meet the Accessible Information Standard. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

People and relatives said they knew how to raise concerns or make a complaint. One relative said, "I can give them a call at any time. They [staff] will offer ideas and sort out any concerns I may have." Everyone we spoke with said it was easy to contact the provider to discuss any issues with their care. People and relatives were confident any complaints would be taken seriously and resolved, and the records we saw supported this. The provider ensured people and relatives had a copy of the complaints policy and procedure and staff understood how to support people to make a complaint. People and relatives had regular opportunities to provide feedback about their experience of the service, including through reviews held with them and by talking with staff. People and relatives received a regular newsletter, and the provider used this to give updates on improvements of the service. Information from a range or sources, including reviews and audits were reviewed regularly. The provider had processes in place to listen to concerns raised, and took action to improve the quality of people's care when needed.

People and, where appropriate, their relatives were involved in discussions about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives,

whether they would like to receive medical treatment if they became unwell, and in what circumstances. Feedback we saw from relatives and health professionals was positive with regard to the care staff provided at this key time in people's lives. For example, a health professional had written to staff, saying 'Excellent care enabled [the person] to have a peaceful, comfortable and dignified death at home in accordance with their wishes.' Staff told us they all had training in providing end of life care for people living in their own homes, and records confirmed this. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People were supported to express their views about their future care towards the end of their lives, and staff knew how to support people and their relatives in the way they wanted.

Good

Is the service well-led?

Our findings

There was a registered manager for Eyam Domiciliary Service Ltd. People and relatives felt the service was well-led. Everyone we spoke with said they were happy with the way their care was managed, and they would recommend the service to others. One relative said, "I would recommend them without a shadow of a doubt," and described the positive impact the staff's support had on their family member. Records of feedback people had given to the provider also showed they were happy with the support they received and how their care was managed. Health and social care professionals also gave positive feedback about how the service was managed, with one stating, "I have had positive feedback from clients, family and other professionals involved in individuals' care where they have been supported by the agency."

Staff told us they felt supported by a provider who cared about them, as well as caring about the people using the service. One staff member said, "The registered manager is really supportive." One staff member described the positive support they received from their mentor, who was a colleague assigned to work with them. The registered manager said, and the provider's policy confirmed the mentor's role was to support, guide, advise and be a friend. Staff spoke with us about the provider's well-being programme. They said staff were encouraged to participate, and that it was a way of supporting each other. The registered manager described the programme as, "Social, fun and healthy," and said they wanted to promote a caring ethos for staff as well as people using the service. This meant staff had additional support in the workplace to help them be happy and confident in their roles.

The provider had an open and inclusive culture within the service, and staff had clear guidance on the standards of care expected from them. Staff described an 'open-door' approach from management to discuss ideas or get advice. Staff were knowledgeable about the provider's policies and procedures, which set out what was expected of them when supporting people. Staff were confident the provider would take appropriate action if they had concerns about the quality or safety of people's care.

The provider promoted an ethos of person-centred care; this was supported by feedback from people, relatives, staff and external professionals. The provider was clear about the challenges in providing quality care in a predominantly rural environment, and said that demonstrating a positive culture, together with good training and support meant they aimed to employ and retain the right staff to support people.

The provider had effective systems to monitor and review all aspects of the service. The provider carried out regular checks of care provided, and was looking at ways to improve the quality of care provided. The provider and registered manager took action to ensure all aspects of the service met legislative requirements and followed best practice guidance regarding personal care. For example, the provider had recently reviewed information, or data, that they held in relation to people, relatives and staff. This was done to ensure the provider complied with The General Data Protection Regulation (GDPR), which regulates how companies protect EU citizens' personal data. The registered manager said, and evidence confirmed, people, relatives and staff had been contacted to explain what the GDPR meant for them. We also saw evidence the provider had carried out spot checks on staff care skills to assess the quality of the personal care people were offered.

The registered manager had a good understanding of their role and responsibilities to manage and lead the service consistently well. The provider ensured CQC were notified of events as they are legally required to do.

People, relatives and staff felt involved in developing the service for people. The provider had a range of ways to gather views to help ensure the service worked well. For example, by using questionnaires and 'client satisfaction' phone calls and visits. This, combined with regular care reviews, helped to inform people's care plans to ensure their current needs were consistently met.

The provider had developed a critical incident analysis process to review people's care where there were concerns for their safety. The registered manager worked with staff, relatives and external health and social care professionals to review people's personal care and other relevant circumstances. For example, in March 2018, one person had three minor falls over three days. Staff recorded concerns that the person was also having unwitnessed falls. The provider reviewed the evidence and risks, and proposed a plan of care that would enable the person to remain at home and reduce the risk of falls. Once the plan was in place, the person's care was reviewed again, and the number of falls had decreased. This system to review and improve care ensured people received the service that was right for them.

The provider worked with other organisations to ensure people received the service they needed. For example, as part of their winter weather contingency planning, the provider worked with local organisations, including the Peak 4x4 Response Group, to ensure people received a consistent service during bad weather. One person said, "They coped really well in the winter with the bad weather and never missed a call. They were accompanied by a park ranger – it was all very well organised." Staff explained and records showed how the rotas for providing care were adjusted during six weeks of heavy snow to ensure everyone got the personal care they were assessed as needing.