

Doves Healthcare 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

About the service

Doves Healthcare Ltd is a domiciliary care agency providing personal care to seven people at the time of the inspection. The office is based in Guildford, and all the people they support live in the local area.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were positive about the care and support they received from Doves Healthcare. They told us they felt safe, and that staff had the skills and experience needed to give them the care they needed. They described staff as being caring and that their privacy and dignity were respected.

People were supported to keep safe in their homes because risks to their health were assessed and guidelines were put in place to minimise them coming to harm. Staff understood their roles and responsibilities with regards to keeping people safe from abuse.

The registered manager made sure that appropriate checks were carried out on prospective staff to ensure they were safe and suitable to work with people who used Doves Healthcare Ltd.

People told us their care calls were rarely late, and they had never had a call missed. Staff spent the allotted time with people and made sure their needs were met before they left. For most care calls people had the same staff visit them, with this only changing due to sickness or to cover holidays.

People's needs were assessed before they used the service which ensured that these needs were known by staff and that people's equality and diversity was understood and respected. Where required, people were supported to eat and drink, with any special dietary needs being understood by staff. When the need arose for example, due to a change in health, people were supported to access healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People had care plans which gave staff guidance on the care and support that they wanted. People confirmed that staff gave them the care and support as detailed in these plans. People knew how to complain and were confident their complaints would be addressed.

People were positive about the management of the service. They told us they felt the agency was well run and that the registered manager listened to what they said. The service had quality assurance systems in

place, which were used to good effect and to continuously improve on the quality of the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

At the last inspection this service was rated requires improvement (report published 05 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Doves Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 28 January and ended on 30 January 2020. We visited the office location on 30 January 2020. Prior to this on 28 January 2020 we contacted people, relatives and staff by telephone to gather their views.

What we did before the inspection

We reviewed information we had received about the service since they had registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three staff including the registered manager. We reviewed a range of records. These included care and medicine records for three people. We looked at one staff file in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included information on staff recruitment checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were safe because hazards to their health and safety had been assessed and plans were put into place to minimise the risk of them coming to harm. An improvement since our last inspection was that people at risk of dehydration had fluid charts which recorded how much they had had to drink each day. The registered manager reviewed these to ensure the required amount of fluids had been taken.
- Staff knew how to minimise risks to people's health and well-being because the support required to protect people from harm was contained in risk assessments. A relative said, "They always point out things that dad might trip over." One staff member said, "We have to look out for electrical faults, obstructions that can cause issues when moving and handling, safe access to the building. We also have to check if equipment is working properly."
- The registered manager had an emergency plan in place to ensure the service would function if any events such as adverse weather impacted staff's ability to reach people.
- Accidents and incidents were reviewed and monitored by management to identify any themes. Action was taken to minimise the risk of reoccurrence. Where patterns had been identified, appropriate action had been taken to help the person. For example, an increase in falls resulted in a person being referred to the GP and a falls clinic. An exercise plan and equipment were put into place. This resulted in the instances of falls decreasing.

Using medicines safely

At our last inspection the provider had failed to manage people's medicines in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to have their medicines when they needed them and as prescribed. Medicine administration records (MARs) had been completed with no gaps and signed by staff to evidence that people had taken their medicines.
- Where staff were required to apply topical creams or give 'as required' medicines, clear guidelines were now in place for staff to follow. Only staff that had completed training in medicine were able to support people with this aspect of their care.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person said, "I have no worries when they visit me."
- Staff understood their responsibilities if they suspected abuse was taking place. One staff member said, "I have to report what I have seen and tell the manager. If nothing is done I have to contact CQC."
- The service had a clear policy on protecting people from abuse. This was based on the best practice guidance issued by the local authority, who are the lead agency with regards to safeguarding in Surrey.

Staffing and recruitment

- People confirmed they were generally satisfied with the timeliness of staff visits. No one had experienced a missed call. They confirmed that staff stayed for the time allocated to them.
- Staffing levels were matched to the needs and number of people that used the service. The registered manager said, "We do a rota and make sure there is always one staff member available to cover, so they can go and help if needed, for example, if a staff member got held up at a call due to sickness or injury."
- The registered manager followed safe practices when recruiting new staff. They obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.
- The potential impact on staffing from Brexit had been considered by the registered manager, to ensure the service people received would not be affected.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as disposable gloves and aprons. People confirmed staff wore gloves and aprons when supporting them and washed their hands. One relative said, "They always wear gloves and bring hand sanitizer."
- Care plans gave guidance to staff on safe infection control practices when giving personal care. For example, to use different flannels for different parts of a person's body.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed before joining the service, to ensure their needs could be met. One relative said, "Yes they did [an assessment] and the care they give reflects this, absolutely."
- The information from these assessments was used to develop individual care plans which guided staff on how to support people and to understand their preferences and choices.
- The assessments considered any protected characteristics under the Equality Act, as well as any religious needs or cultural needs.

Staff support: induction, training, skills and experience

- Staff received induction, training and support to ensure they had the required skills and knowledge to meet people's needs. People told us they felt staff were competent. One relative, when asked why they thought staff were well trained said, "Mainly because their knowledge about equipment and some medications when we had problems with [family member's] health."
- Staff confirmed they were provided with a range of ongoing training to support them in their roles. New staff had to complete an induction prior to supporting people, and this involved practical and e-learning, as well as being observed by the registered manager to check their competency.
- Staff confirmed they received supervision and felt supported by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required assistance with meal preparation staff did this in a way which reflected their preferences and any medical needs. People said that staff offered them choice and made sure they had food and drink available before they left. A relative said, "Yes, they offer choice and they plate it up nicely for him, so it looks appetising." Staff were knowledgeable about people's diets and helped with eating when required.
- People's dietary requirements and preferences were understood by staff because guidance was in their care plans. Additionally, some families chose to make their own menus and staff were knowledgeable about these when we spoke with them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff understood their responsibility to seek professional advice where they felt people's needs had changed. Referrals to external health professionals such as speech and language therapists, district nurses, and the GP had been made to promote and maintain people's health.
- People were supported to attend appointments to enable them to receive care from health professionals.

A relative said, "They took her to the doctors on one occasion when she was unwell."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff sought their consent prior to supporting them. One person said, "Yes they always ask me."
- People's rights were protected because staff followed the principles of the MCA. People's consent had been sought before they received care from the agency, and this was recorded in their care plans. One staff member said, "It's about if the person has the capacity to make decisions and what to do if they are not able, like if they need more support to understand."
- Staff understood the need to seek and obtain people's consent before giving care or support. Staff were able to describe how they gained people's consent, which included explaining things, giving time for the information to be processed and encouraging people to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the caring nature of the staff and told us that staff treated them with kindness. One person said, "They are very kind to me." A relative said, "They are very friendly, and chatty, and funny."
- When we spoke with staff they demonstrated a good awareness of treating people equally and respecting people's diverse needs. This included people's religious and cultural needs.
- Staff were positive about their jobs and talked about the people they supported using respectful and friendly terms. They understood people's needs, and how this impacted the way that they may need to support them. For example, how a people's faith may mean they have to carry out care in a particular way.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt involved in how their care and support was given. They confirmed that staff asked them how they would like to receive their care and support at each visit.
- People were involved in their care plans, to ensure the information accurately recorded their preferences and how their care and support should be delivered. One person said, "Yes there is a care plan and they write something in it every time they visit."
- Staff involved people in their care and support. One member of staff said, "I get to talk to them and their families, we sit down and chat."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and treated them with dignity and respect. One relative said, "Yes, absolutely. Sometimes they have to change him in a room that faces on to the road and they always shut the curtains."
- People were supported to maintain their independence and dignity. One person said, "Yes I can do things for myself, and they help me if I need it." A relative said, "Yes, they don't take over his life - the things he can do himself, they are more than happy to leave him to do."
- Staff were aware of maintaining confidentiality, such as not talking about the people they cared for to their own friends and relatives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that they received the care and support they needed, when they needed it. One person said, "They always ask questions about how I am doing and if I need anything." A relative said, "When we started with them, we sat down and discussed things like how much time was needed. We isolated the things I was unable to do and I'm more than happy for them to do those things now."
- People had care plans in place that gave staff information and guidance about the care and support they needed. These were personalised and had sections about people's life stories, so staff had a starting point for discussion and conversation. Daily care notes recorded that people had received care as detailed in their care plans.
- Staff reviewed and updated care records as people's needs changed. A staff member said, "We report back to the office if people's needs change, and the care plans are then updated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS. They confirmed they did not currently have to provide anyone with information in a different format such as large print, pictorial prompts, or languages other than English, to help aid the person's understanding. They said that if required they would be able to action this request. When asked about communication with staff, one person said, "Yes that's alright." A relative said, "My [family member] has dementia, but I'm able to understand and relay information to him. The carers don't use 'gobbledygook' when they talk to us."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and said they felt their concerns would be addressed by the registered manager. One person described how they had an issue with a care worker leaving early. They said, "I reported this to the manager and the staff member started to stay for the full hour after that."
- People were given information on how to make a complaint in a format they could understand. This information gave timescales in which they should receive a response, and external agencies they could contact if they were unhappy with the response from the registered manager.
- The registered manager logged complaints and ensured that these were fully investigated, and action taken to minimise the risk of them happening again. No complaints had been received since the last inspection. The registered manager said, "Because I visit people so often, I can hear of any issues and deal

with them before they get to a level that the person feels they need to make a formal complaint. If a carer is coming three times a day and doing the same thing it can get really annoying, so I like to address it before it gets to that stage."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of inspection, the service was not supporting people with help to follow their interests or take part in activities in the wider community as this was not required as part of their care package.
- People were positive about how the service protected them from feeling isolated. A relative said, "They are really so friendly. I've been on my own, but now we have someone to chat to me and dad, it's amazing." They went on to say, "I'm surprised it's had such a positive effect on me. Before I was hanging around the house, I couldn't get out. They came in and give me extra time, so I can go out now."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure that records were maintained appropriately, and audits were not always robust in identifying shortfalls. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We had identified concerns at the last inspection and the provider had improved in these areas at this inspection. The registered manager had reviewed all their quality monitoring systems, to ensure they were more robust and covered the areas of concern we had identified at the last inspection .
- Records of care had also been improved since our last inspection. Care plans were now well organised, so the information was easy to access, and people's care needs could be quickly understood by staff.
- The registered manager carried out a 'service check' each month. This looked at the care each person received, whether there had been any issues, complaints, accidents or changes in their needs. They did this in consultation with the person and/or their family.
- The registered manager conducted spot checks and worked alongside care staff to check their competencies. There was a system for checking staff arrived on time and stayed the allotted time to ensure the service remained reliable. The registered manager said, "I do spot checks, so when a carer is about to go into someone's home, I arrive unannounced and go in with them." A staff member said, "[Registered manager] is a tough, but fair lady, she really checks on us and she does surprise checks."
- There were policies and procedures in place to ensure staff understood what was expected of them when supporting people. Staff had access to these and they were knowledgeable about key policies, for example confidentiality, dignity and safeguarding people from abuse.
- To keep abreast of new ideas, and changes in the care sector, the registered manager was signed up to several relevant services, such as the Surrey Care Association.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a clear vision for what she wanted the service to achieve. She said, "My overall vision is we want to be a force of positive change in the community. Yes, we get paid for it, but want to know

people look forward to seeing us and telling us what they have been up to." A staff member said, "We want to do our best to make them feel important and special in their own homes."

- To enable the service to achieve this, the registered manager had intentionally kept the service small. She said, "We have remained at seven people (being supported) as we want to get it right first, then expand a bit. But I want to keep the one to one service with that personal touch. As a manager I want to be able to support everyone myself at least once every two weeks (currently done on a weekly basis) to keep the rapport and make sure we are meeting their needs according to their wishes."
- Staff told us they felt valued and enjoyed working for the service. One staff member said, "[Registered manager] is really helpful, always in reach when we need her."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The law requires providers to follow the duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood when we were to be notified of events as required by regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager involved people who used the service by asking for their views in quality assurance surveys and when she carried out regular manager visits.
- Everyone we spoke with said they felt involved in what happened to them. People told us they were encouraged to speak freely and were confident to raise any concerns they had. One person said, "They are very good. They always do their job and all the rest. If I want anything they try and get it for me."
- Staff were kept up to date with any changes through staff meetings and supervisions. Staff were also asked for ideas on how to improve the service.

Working in partnership with others

- The registered manager worked with other health and social care providers as required. They shared information with healthcare agencies to ensure people's needs were met, for example where people may need more support than was originally assessed because of a deterioration in their condition.