Care Quality Commission

Mrs Samantha Louise Rosewell

Dedicated Care

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place at the agency's office on 30 September and 15 October 2015 and was announced. In between these times we spoke with people using the service, relatives, staff and professionals working with the service. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Dedicated Care provides personal care to people who need assistance in their own homes.

The provider, Samantha Rosewell manages the agency but also provides care to people using the service. She is the registered person. 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.

Improvements were needed to the agency's recruitment process, which were addressed by the end of the inspection. People felt safe and supported by staff in their homes. They said this was because the staff were reliable and did not miss visits. One person said "rest assured we are looked after very well" and another person said "I feel spoiled by the staff". Staff demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have.

Summary of findings

People said the visits from agency staff met their care needs, but also helped with their emotional well-being. People said they were not rushed and enjoyed the company of staff. They told us staff stayed their allotted time. A relative said the staff were "extremely reliable." People felt cared for by staff; a number of people said staff were "very good" and "wonderful girls." One person said with this agency "I'm not a package, I'm a person." People told us staff knew how to care for them; they said this was because staff knew them well. People said they had a regular staff who cared for them and understood their care needs. A relative described the care workers approach as "good and confident."

The provider and staff could provide flexible care which was responsive to people's changing needs. There was good communication with health and social care professionals and staff knew when to report concerns and changes to people's health and well-being.

Staff told us they had the right skills to deliver safe and good quality care. This was because they were supported by an induction and training programme, which was supplemented by supervision and team meetings.

Staff spoke positively about good communication and information. They said the provider worked well with them, encouraged team working and an open culture where discussion could take place.

A number of effective methods were used to assess the quality and safety of the service provided. People knew who the provider was and trusted them to provide good care. They said the provider was approachable and listened to them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

One area of safe was not safe as recruitment practice did not ensure checks were in place before staff worked with people. However, this was addressed by the end of the inspection.

Staff demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have.

People felt safe because staff were reliable and knew how to care for them.

Risk assessments were in place and up to date.

Staff kept people safe by their good practice when administering medicines and dealing with infection control practice.

Is the service effective?

Good

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because staff understood the importance of gaining consent and involving people in their care.

Is the service caring?

Good

The service was caring.

People using the service praised the caring nature of the provider and care staff, which staff and the care staff demonstrated in their actions and approach.

Professionals working with the service judged staff to be caring, friendly and polite.

Is the service responsive?

Good

The service was responsive.

The provider was committed to providing a flexible service which responded to people's changing needs.

There was good communication with health and social care professionals to support people's mental and physical health.

People were confident their concerns would be listened to by the provider and acted upon.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The provider's visions and values centred around the people they supported, which reflected in the quality of care provided by staff.

There was a commitment by the provider to use a number of effective methods to assess the quality and safety of the service people received.

Dedicated Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 September and 15 October 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection, we reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. Prior to the inspection, we had received some anonymous concerns regarding the quality of care and support for staff but found no evidence that substantiated these allegations.

We spoke with six people receiving a service, including visiting two people in their own home, two relatives, three members of staff, and the provider. We reviewed three people's care files, four staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. Following our visits we sought feedback from five health and social care professionals to obtain their views of the service provided to people. This included feedback from community nurses and social care professionals.

Requires improvement

Is the service safe?

Our findings

Four staff files were checked to see if recruitment was managed in a safe way. On the first day of the inspection, we raised concerns that improvements were needed to make recruitment safer. Staff had completed application forms and interviews had been completed. The provider sought references from previous employers, including references from previous care work employers, and obtained appropriate identification from applicants. But there was not an audit trail of what action had been taken to follow up on delayed documentation, such as references. Four staff files showed references had been requested but two staff had started work before they had been received by the service. In one staff member's file there was a gap in one person's employment history. The provider explained the reason but this had not been documented.

Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

However, some required recruitment information was not routinely in place before shadow shifts took place. This meant new staff members were being introduced to vulnerable people before all the recruitment checks had been completed.

We found evidence of a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our feedback on the first day, the provider reassured us these shortfalls would be addressed immediately. On the second day of the inspection, the provider had addressed these concerns. For example records showed that shadow shifts had been arranged but only after the staff member's references, identification checks and DBS check were in place. Changes had been made to improve the application form, including prompting the provider to discuss and record the reason for unexplained gaps in people's employment history. A relative commented on the high standard of the staff recruited. Staff could be identified by their uniform and name badges to help people feel safe.

People felt safe and supported by staff in their homes. They told us this was because the staff were reliable and did not miss visits. This meant they had confidence in receiving care at the times they had requested and when they needed it. One person said "rest assured we are looked after very well" and another person said "I feel spoiled by the staff" because they told us staff took such good care of them. A social care professional wrote to CQC and said 'In my experience the agency has always been very reliable and I have not received any negative feedback from people using the service.'

Staff demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this had taken place. The provider understood their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. Health and social care professionals confirmed there was good communication with the provider.

The provider had put in place a detailed assessment process before starting to provide a service for a person, which highlighted risks to the person's health and well-being. Our discussion with the provider and staff showed they recognised when risks had increased or changed, and took action to ensure people were supported appropriately. For example, the provider attended meetings with health and social professionals to discuss people's changing needs, such as increased falls, with the aim to reduce the risks for the person. People talked to us about the risks to their safety; they had been involved in the assessments and had signed them to agree to the content. In addition, there were on-call arrangements for staff to contact the provider if there were changes to people's health and well-being during their shift. The provider said they also considered the safety of staff before agreeing to provide a service which took into account if there was a mobile phone signal in the area and the accessibility of the person's home.

People using the service said the visits from agency staff met their care needs, but also helped with their emotional well-being. People said they were not rushed and enjoyed the company of staff. They told us staff stayed their allotted

Requires improvement

Is the service safe?

time. We asked people what happened if a regular staff member was ill ; they explained that often the provider would visit them instead, which they appreciated. The provider said they enjoyed working with the people using the service and therefore this system worked well. On other occasions, staff told us they also picked up additional work. People told us if the staff were running late, for example because of road works, they received a call to let them know there would be a delay but people said this did not often happen. One person said it happened “once in a blue moon.” A relative said the staff were “extremely reliable.”

People received varying levels of staff support with managing their medicines, for example from prompting through to administration. People were happy with their individual arrangements. Staff said they had received medicine administration training and told us they had the skills to carry out this task. A discussion with a staff member showed they were aware of the risks if people’s medicines were not administered and the importance to address mistakes by the pharmacy when medicines were not delivered correctly. The provider checked medicine records whilst out in the community to ensure staff were administering them correctly. She had arranged to carry out a formal audit to ensure these records were completed appropriately by staff.

People told us staff used gloves and aprons when they supported them with personal care, which showed they understood the importance of infection control. People said a supply of gloves was left at their house so staff always had access to this protective clothing. Staff said they were supplied with gloves, hand gel and aprons, and if they ran out they could visit the office to re-stock. They also told us they could call each other if they ran out while they were in the community and share supplies. We saw there was a large supply of gloves and a large hand gel container kept in the office; the provider also sent us receipts to show infection control equipment was ordered regularly.

Good

Is the service effective?

Our findings

People told us staff knew how to care for them; they said this was because staff knew them well. People said they had regular staff who cared for them and understood their care needs. A relative described the care workers approach as "good and confident." People told us care workers checked with them what they wanted to be done and how they wanted it to be done. Our discussions with staff and the provider also showed a good understanding of gaining people's consent and agreement to care.

The provider recognised the importance of the Mental Capacity Act 2005 (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. They understood which health and social care professionals to contact if they had concerns about a person's capacity to consent to care. Part of their assessment paperwork included a prompt to consider and assess people's mental capacity, which, where appropriate, would be shared with the local authority to work in partnership to protect people's rights.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The provider described a best interest meeting they had attended to discuss reducing the risks to a person who lacked the mental capacity to recognise their risks of falls, which showed they understood their responsibilities.

Records and our discussions with staff and people using the service provided a number of examples of staff members supporting people with their health and social care needs. This included recognising changes in people's health and well-being. A person told us how their care workers had encouraged them to call a GP when they knew they were unwell; they appreciated the caring and attentive approach by staff. A relative told us staff were quick to recognise changes and took action to contact them and health professionals in a timely manner. Care plan records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to support people's safety and well-being.

The provider and staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. People told us they did not feel self-conscious when being supported with personal care because of the skills of the staff. For example, one person said "I don't feel at all embarrassed with them" and described one of their care workers as a "darling". Staff told us people's care plans and risk assessments were at each person's home to help them to provide appropriate care and support on a consistent basis. A staff member explained how their skills were matched with the care needs of people using the agency.

New staff to the agency completed an induction, which included training and shadowing experienced staff for several shifts before working alone. People told us this worked well and enabled them to meet new staff before they provided care for them. Staff confirmed this system was in place. Experienced staff said the provider listened to their feedback about the confidence of the new staff member and whether they needed further support before working alone.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff told us they had a mix of practical training, which included moving and handling practice. They described how they practiced using a hoist with an external trainer as this was a piece of equipment used by a person they supported. A health professional confirmed the provider was diligent in ensuring she understood the equipment new people to the service needed and how staff would use it. The health professional confirmed the moving and handling risk assessment in the care plan for an individual was correct.

The provider also supported staff with practical training and during the inspection she was able to demonstrate catheter care using equipment kept in the training room and could explain the potential risks to people's health and well-being. The agency has a separate training room with good practice guidance on display for staff to refer to. This room was also used for team meetings so staff had regular access to it.

Staff confirmed they had a range of training courses which included safeguarding adults, diversity and equality, administration of medicines and the principles of care and confidentiality. Records confirmed this training had been

Good

Is the service effective?

provided. The positive comments from people using the service and their families about the skills and approach of staff provided examples of staff using their knowledge and training to provide good quality care.

The provider recognised the importance of staff receiving regular support which was demonstrated through team meetings, written communication and supervision. Our discussions with staff and the records in their staff files confirmed supervision took place. One staff member commented that the provider was “amazing” because she gave professional support but also recognised when they needed emotional support and would make time to contact them and adapt their workload when necessary.

Good

Is the service caring?

Our findings

People felt cared for by staff; a number of people said staff were "very good" and "wonderful girls." One person described how being supported by this agency meant "I'm not a package, I'm a person." They told us the size of the agency meant staff and the provider knew them well. Another person said they could "have a laugh" with the staff which was important to them. Feedback from a quality assurance survey in 2014 showed all the 29 people who responded felt staff appeared honest and trustworthy, as well as being polite and respectful.

Relatives praised the quality of the staff. For example, two relatives shared examples where staff had extended their kindness to them and given them support, as well as to the spouse of a person who used the service. One person said the staff were "chatty and friendly." This reflected the response from people in the service's last quality assurance survey when people agreed the service worked well with people's friends and families.

A health professional told us staff were "friendly, polite and happy"; they commented that the person receiving support from Dedicated Care seemed "at ease" and "comfortable" with the staff. Another health professional said "I believe that the agency is fairly small...they deliver a very personalised service." People confirmed they were treated as individuals when care and support was being planned and reviewed.

The provider gave feedback to staff about their performance and highlighted the importance of their professional approach. In the staff team minutes in June 2015, she wrote that there had been 'a lot of good feedback from a number of service users regarding their service and thank you to the girls who go over and beyond and keep our reputation up.' A person using the agency told us how staff had helped them care for their pet which had become unwell and said some staff went beyond the agreed level of care. Another person told us how staff were thoughtful and helped them plan for the day. For example, what items they might need close to them, such as glasses, their phone and medication.

Staff spoke about people in a respectful manner and when they spoke about their role they took a pride in their job. Staff demonstrated empathy in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. They explained that people being involved in their care was important so they received the care and support they most needed.

Throughout the inspection, the provider spoke about the people using the agency in a caring and compassionate manner. She provided a positive role model to staff and was passionate about providing good quality care. People using the agency told us the provider was approachable and made sure they were happy by visiting them to ask about their care. Health professionals told us the provider met them to complete assessments on care needs and was committed to ensuring the agency could people's care needs.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. For example, we sat with one person and looked through their care plan with them. They told us it was a true reflection of the support they needed and the care they received. Another person also said the information was "accurate" in their care plan.

We talked to a health professional about an individual's care needs, their description of the person's care needs and risks to their health matched the care plan we had read. People said they were involved in their assessment, describing how they had met with the provider so she could understand their needs. Staff explained how the provider provided good quality information about the care needs of new people to the service. They said the provider would always visit the person before agreeing to provide a service.

Relatives told us the agency had been responsive when people's care needs had changed and had been able to provide additional visits when people had become unwell. Several health and social care professionals also commented on the responsiveness of the agency when people's needs increased. For example, 'The agency has been in regular contact ... to update information in relation to the person and their increasing needs and they have been able to provide extra visits when required.' The provider also shared examples when this had happened. She explained where a person's needs increased or decreased, staffing was adjusted accordingly and was agreed with health and social care professionals. A staff member told us they had provided an additional visit that day to check on the well-being of someone who had needed medical care earlier in the day.

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, they included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an easy to follow format, which staff could refer to when providing care and support. Risk assessments were completed and up-to-date, from initial planning through to on-going reviews of care. People told us staff referred to their care plan when they provided support and they said the provider visited and updated the information in the care plan with them.

People were aware of the complaints system which was detailed in their care file. However, they told us the provider was very approachable and kept in contact with them so they said they felt able to share concerns directly with her. One person said the provider had a good technique when she was checking on the quality of the work of care staff. The person went on to explain how the provider sometimes provided their care and while providing support asked them in a casual conversational tone about their views on their care. They said this was skilfully done which put them at ease and allowed them to share their views. The provider told us they enjoyed providing 'hands on care' because this enabled them to build a rapport with people using the service so they could trust her.

Two people said they had fed back to the provider that the personality of the care worker had not matched their own character and the staff member had been replaced. People said they also felt comfortable to tell staff if they were not completing a task to their standard, such as the way their bed was made. Staff also recognised their responsibility to raise concerns about the quality of each other's work and in the minutes of team meetings staff were reminded to 'go over and beyond' if time permitted to ensure bins were emptied and dishes washed. People told us staff always checked if there were additional tasks they could complete during their visit.

Good

Is the service well-led?

Our findings

People who used the service were very clear about who the provider was and how they could contact her. The results of a survey in 2014 confirmed people judged the agency responded well to concerns and questions, as well as replying to telephone calls and correspondence. People told us the provider was approachable and they could go to her if they had concerns. One person said she was "very thorough" in her approach to quality assurance. There was good communication between the agency and people using the service. For example, people were told if there was care worker was running late and were provided with a rota so they knew who would be visiting. A relative said the agency was "a godsend to me." And another relative said "I couldn't really fault the agency."

People told us the service was well run and they were kept up to date with changes. People confirmed they had received letters from the provider about changes, which encouraged them to contact her if they needed further information or reassurance. For example, a new system to monitor when staff arrived and left. They understood this change enabled the provider to check people received their allocated time.

People said the provider contacted them either by phone or by visiting them to check if they were happy with their care. The provider also visited people to ask for their views on the skills of new staff to ensure they were happy; people said their views were listened to by the provider.

The provider recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided. People told us they had recently been sent a survey to complete to share their views on the standard of care. People's views and suggestions were taken into account to improve the service. For example, the surveys asked specific questions about the standard of the service and the support the agency gave to people. There was a clear action plan resulting from the feedback and we saw evidence of how this had been implemented. For example, reminding staff to complete medicine records correctly. People said they would recommend the service to other people looking for care in their own home; they told us the service could not be improved.

When we have raised queries with the provider regarding information that has been received by CQC, she responded in a thorough and open manner. The concerns were not substantiated during our inspection. People and their relatives said the provider always responded quickly to their calls if they rang the office. Health and social care professionals said the provider quickly responded to their calls if they left messages. For example, a social care professional said they were in regular contact with the provider and told us "Sam is always very helpful and responds quickly to referrals."

Staff said there was good communication between the staff group and the provider; this included regular team meetings and access to supervisions. They said the staff team worked well together and would help each other out to ensure people received a reliable service. A staff member said the team meetings were enjoyable and staff were encouraged to share ideas and approaches to benefit people using the service. The minutes from staff meetings showed they took place regularly and the provider also sent newsletters to staff to update them, as well as provide reassurance over changes within the organisation.

The provider shared her views on the value of the staff group and explained she rewarded staff for their hard work and loyalty by giving each staff member gifts at Christmas and a planned trip to a spa in November 2015. A staff member said they were really looking forward to the spa trip, and said the provider was "amazing" and very supportive.

Staff said they had access to training and could suggest areas for development, for example end of life care. The provider said they were looking at increasing the range of training based on the suggestions from staff; they told us about sourcing end of life care training. Staff confirmed they had access to national vocational training, which was encouraged by the provider.

Quality assurance checks were completed on a regular basis. For example, the provider reviewed people's care plans and risk assessments, as well as daily records and medicine records. This helped them identify where improvements needed to be made. Where actions were needed, these had been followed up. For example, minutes from staff meetings reminded staff to document care appropriately without abbreviations. We checked people's

Good

Is the service well-led?

daily records and could see evidence of the provider reviewing them. Visits to people's home helped the provider monitor that staff were supporting people appropriately in a kind and caring way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who used services were not protected against the risks associated with unsafe recruitment processes.