

Doves Care Agency 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

We carried out an announced inspection on 18 October 2017.

Doves Care Agency provides personal care and support services to adults living in their own homes. At the time of our inspection the provider was supporting up to 15 people.

The service has a registered manager in place. 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.

The provider followed the local authority policy and guidance when dealing with safeguarding people from harm and the staff we spoke with demonstrated a good understanding of safeguarding issues.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service.

Staffing levels were sufficient to provide the level of care required.

Risk assessments were in place and were regularly reviewed and updated. Staff were trained to administer medicines safely and had undertaken further training to ensure they could deal with a number of health issues.

Regular checks were undertaken to help ensure on-going competence in this area.

Staff demonstrated a good understanding of their roles and responsibilities. The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken.

Supervisions were undertaken regularly and considered important in offering an opportunity for discussion between staff and management.

Supervisions were used to remind staff of the importance of processes and to review spot checks and further learning required as part of the spot checks.

Care files were clear and comprehensive and contained relevant health and personal information.

The service was flexible and responsive to people's changing needs, desires and circumstances.

Confidentiality was respected and independence was promoted.

Communication with relatives was on-going throughout the duration of their relative's involvement with the service.

Comments were encouraged formally and informally and there was a complaints policy in place. Literature given out to families gave the information and opportunity for people to raise concerns or make suggestions.

Feedback was regularly sought from families and people using the service. The service listened and took action to address any concerns and suggestions put forward by people who used the service and their families.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples.

A number of audits were undertaken to ensure processes were being followed.

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.

There was sufficient staff to meet people's individual needs safely.

Staff were trained to manage people's medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

People were supported to maintain their independence.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was Well-Led

The registered manager promoted strong caring values and a person centred culture.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

There were robust systems to assess quality and identify any potential improvements to the service.

Good ●

Doves Care Agency 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 took place on 18 October 2017, when we visited the offices. We gave 24 hours' notice to the service because the location provides domiciliary care and we wanted to be sure a member of the management team would be available. We carried out telephone interviews of people who used the service and relatives on 18 October 2017 and interviews with staff on 14 November 2017.

The inspection team consisted of one inspector from the Care Quality Commission 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications received from the service.

We attempted to call 14 people who used the service, but were only able to speak with four of them as some people declined to speak with us or did not answer our calls. We did also speak with five relatives. On the day of our visit to the agency's offices we spoke with the registered manager and the operations director. We attempted to speak to all staff, but were only able to speak with two care staff over the phone. We looked at records held by the service, including four care files and four staff files.

Is the service safe?

Our findings

The majority of people we spoke with felt that they or their relative was safe with the staff. One person using the service said, "They [staff] use a hoist to help me into bed in the evening and they all seem to be very good using this. There has not been a problem and I feel safe with them. I also only get lady carers which makes me feel comfortable." A relative we spoke with said, "We definitely feel [relative] is safe with [staff] and they bring to our notice any problems or anything that needs doing or things we need to get or replace. [Registered manager] looked around on her first visit and advised us on ways of helping [relative] to prevent any further falls such as saying, "It would be wise to get rid of that mat."

Staff we spoke with told us that they were encouraged to raise concerns about people they supported. One member of staff said, "Yes, we are encouraged to raise concerns. If it's a new client we make sure they are ok and if we have worries we raise it with them, their families or [registered manager]." When we spoke with the registered manager they told us that although they were not currently supporting many people and had therefore not had incidents to report, they understood their responsibilities to safeguard people and where they had any concerns then extra checks and assessments were put in place.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the registered manager or if they were unavailable, then they would contact external agencies such as the local authority safeguarding teams to ensure action was taken to safeguard the person from harm.

The provider had completed risk assessments for people using the service in order to identify potential risks and install control measures to limit the risks. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Staff knew that they were expected to record and report on any significant incidents or accidents that occurred, and we saw that care plans and risk assessments were updated regularly to ensure they were fit for purpose. The registered manager said, "We check the assessments and care plans daily, we have to make sure they are correct."

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people using the service. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the registered manager to confirm that staff were suitable for the role to which they were being appointed. For example, we saw that where DBS checks had uncovered areas of risk, the provider had set up additional risk assessments and control measures to ensure both staff and people using the service were protected from any possible risk.

People we spoke with were complimentary about the staff that provided care them and felt that there was enough staff to support them with their needs. They confirmed that they were supported by a consistent group of staff which meant that they were able to get to know them. One person said, "I have a regular carer most days which helps them know what to do as they undress me and put me to bed." While a relative said, "The carers are regular, there are 3 or 4 of them and if they are going to be away they will tell [relative] who is coming." A second relative also said, "They come and sit with my [relative] who has severe dementia when I go for my own hospital appointments or meetings. Recently it has been the same carer coming most times which is good." Staff also confirmed this and said that this approach meant that people felt safe around them and they knew what to do to help people feel safe. One member of staff said, "I generally have the same clients, unless something has changed. It's good because I know them." This showed that staff knew the people they were supporting and how best to keep them safe.

Medicines were managed safely. Records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines. One person using the service said, "They put it in a small pot and check that I've taken the tablets, there have been no problems." A relative said, "They prompt [relative] with her tablets, she is very good and doesn't forget but they just make sure." A second relative said, "[Relatives] both have a blister pack and there have been no problems and they do sign the Medication Administration Record [MAR] sheet."

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Although nobody we spoke with could recall the carers speaking about particular training they had done, most people felt that the carers had the skills to support their needs. One person said, "The other week my leg had buckled under me and nobody knows what's wrong at the moment. The carers are trying not to move me too much until we know what's happening and they do speak to my doctor." Records we reviewed showed that staff had received appropriate training such as moving and handling, safeguarding, health and safety and first aid. We saw that some staff had also been encouraged to complete the care certificate. The registered manager said, "Especially when we employ a person who has not worked in this field before, we will encourage them to complete the care certificate."

A member of staff said, "I have just completed dementia training. [Registered manager] supported me and helped me with it. She is very good and knows a lot. She encourages me to do more."

Staff we spoke with told us that they had received supervision and shadowing opportunities, and the records we looked at confirmed this. Staff said that supervision gave them an opportunity to discuss any issues and concerns with the registered manager and they felt listened to. One member of staff said, "I am having my supervision soon, and we get them quite regularly." While a second member of staff said, "We sometimes have people shadow us if they are new or if we have a new client, then we will shadow someone first."

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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support.

People had provided written consent for staff to support them with their daily living and for them to view their personal records and medical documents. Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when supporting people. We also saw that policies and procedures were available for staff to look at if they needed further guidance. The registered manager also told us that they would regularly remind staff of the importance of gaining consent and support them with their understanding of this.

Relatives we spoke with felt that they were kept up to date and well informed of their relatives health and any concerns were immediately communicated with them by the provider so action could be taken. One relative said, "Communication with the family is very good. [Registered manager] contacts us regularly, she [instant messages] me which is a good way of managing it. In the last 2 weeks [relative] had a problem with her leg and [relative] allowed the carers to take a picture of her leg which [registered manager] sent to me and we were able to get it all sorted. They keep a good eye on her skin and do generally report everything to

me. I do think they get good basic training. They also always put [relatives] hearing aid in which is important, and they realise this."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Where it was required staff could make contact with GPs and assist with appointments.

People were supported to maintain a healthy diet and where required supported to prepare and eat their meals. One person said, "They do more shopping and give me receipts and they always cook what I want." While a relative said, "They do encourage [relative] to sit at the table for meals which is good and helps them eat properly. [Relative] can be reluctant to get up and so may occasionally have her breakfast in bed. They provide a sandwich at lunch and a ready meal in the evening. They do give them choice. They seem to follow the care plan well as we had said how they like a banana on the cereal and they had written in the daily log that they gave the cereal but couldn't give the banana as there were no bananas available, it shows they read it."

Is the service caring?

Our findings

All the people we spoke with stated that staff were caring, kind and friendly towards them. One person said, "They are such nice people. They did ask me whether I would prefer just girls to visit. I do feel more comfortable with this." A second person said, "They are a very nice bunch of girls and I'm very fond of them." While a third said, "[Carers] do extra sometimes, for example on Monday [carer] took me to a hospital appointment. I do have a male carer occasionally but I like the girls coming, I can have a little joke with them. They are all nice though." A relative we spoke with said, "[Relative] seems fine and happy when I come home. [Carers] understand [relative's conditions] and they manage this for [relative]. Initially when I was going out they were doing cleaning too at home which I wasn't expecting. I couldn't believe it the first time I came home and the house had been cleaned and tidied. It is going that extra mile."

Staff promoted people's independence where possible and people were supported to make choices about how they wanted to be supported. One person said, "[Carer] only comes once a week to help with my bath. [Carer] only has to help me up from the bottom of the bath but is very kind and makes sure I am thoroughly dried and safe. It works very well really and means I am not afraid of falling. I can do all the rest myself and she supports me to be independent." A relative also said, "They help [relative] to wash and dress and really encourage her to do what she can herself. She wants to be independent and they really help her to do this."

The people we spoke with told us that they had been involved in making decisions about their care through regular reviews and discussions, and that staff would always gain consent before supporting them. One person said, "[Staff] do check that I am up to having help that day before they start [supporting with personal care]." They said, "The manager comes to the house to go through the papers and check I am happy or if anything needs changing." The care records we looked at showed that people were involved and supported in their own care and decisions. We saw from documents provided that people were encouraged to share their views and were listened to by staff who supported them in accordance with what had been agreed with them when planning their care.

When we spoke with staff they demonstrated their understanding of how they maintained people's privacy and dignity. One member of staff said, "We preserve the clients' dignity. I think of it as how I would like to be treated. I have one client who does not like his [members of family] to be around if we are providing personal care. So I make sure they are not about. [Person] also gets anxious because he does not like to be supported with personal care. I will reassure him and always keep him covered; it's good when he relaxes a little." A relative told us how staff supported a relative who wanted to wash with little support from staff. They said, "It takes more time but it helps preserve her dignity. When they leave her to self- help they always find something else to do like a bit of ironing or washing up. It's very good." A person using the service also said, "The ladies are very respectful of me, I have no complaints." Everybody we spoke with also stated that staff would not talk about other service users when with them. One person said, "I have never heard them talk about anybody else, I wouldn't like that and I'm sure they would never do it." A second said, "They have never talked about anybody else."

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to them being supported by the service. People we spoke with agreed that staff catered for their needs effectively and were flexible when it came to changes in their daily care. A relative told us, "They have been very flexible with me, arranging a carer when I need to leave my [relative] to go to an appointment of my own. The last hospital appointment I had ran over by an hour and I phoned the carer to let her know and she was very calm about it and stayed with my [relative] until I got back."

Everybody we spoke with was aware of their care plans and reported that the daily logs were completed by staff daily. Several people had only been with the agency for a few months and had not yet had a review of their care plan, but we saw that the registered manager had systems in place to review people's care. We saw that appropriate care plans were in place so that people received the care they required and which appropriately met their individual needs. One relative told us, "They were very good and thorough when they came out to do [relative's] care plan in the first place. They certainly listened. [When the care plan was ready] we agreed that I would take the plan to [relative] and we would agree it, they would redo it [if changes were needed]. That was a good idea and worked really well." People using the service also confirmed that they had been involved with the review of their care. One person said, "One of the carers did mention the other day about going over the care plan again so I think that is being planned." There was evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. The registered manager told us that they would try and match people to staff where possible and this was evidenced when we reviewed the staff who had been allocated to support people. One person explained, "Most of the carers are very nice but there was one a few weeks ago who was too bossy for my liking. It was just a personality clash. So I phoned and said I don't want her again and they haven't sent her. They seem to listen." A relative also said, "They really listened to [relative] and we feel [care plan] does reflect what [relative] said and what she needs."

The provider had a complaints policy and procedure in place and people were made aware of this. People we spoke with could not recall having made an official complaint but everybody said they would be happy to do so and felt that any complaints would be taken seriously by the senior staff. Some people mentioned that they would be asked how things were going on any contact with the manager who also carried out care visits to people. One person said, "I have not had to complain but I know that there is information about how to complain in the folder." While a second said, "If it wasn't fine we would complain and I know they would listen to us. We are very pleased."

Is the service well-led?

Our findings

The service had a registered manager in place. Staff told us that the registered manager supported them with their roles and acted on any concerns they had. People we spoke with told us that they had regular contact with the registered manager. One person said, "[Registered manager] contacts me to see how things are going and she has been very good from the outset. She attended several visits with the carers initially to make sure it was a good match and that things went well." A relative also said, "Communication with the family is very good. [Registered manager] contacts us, she [instant messages] me which is a good way of managing it. I think they are getting on their feet and getting more staff as [registered manager] used to do more of the actual caring visits herself."

The registered manager demonstrated an open and transparent culture throughout. The registered manager had an open door policy which meant that staff felt empowered to raise any concerns. The registered manager also encouraged staff to do their best and supported them to provide good care through best practice guidance. One member of staff said, "I feel especially supported by [registered manager]. She has helped me with my confidence but its brilliant because she gets involved with everything, there is no job that she cannot do. She has different techniques which she shares with us, she has so much experience!" A second member of staff said, "The management are very supportive. They are hands on and keep us up to date with any changes. We have meetings so we can discuss things and we are asked to add to the agenda."

We saw that there were regular meetings with staff which were recorded and reviewed. The staff we spoke with confirmed that they were in regular contact with the registered manager. The operations manager told us that all staff had recently been provided with company e-mail accounts so that all information could now be sent to staff electronically. They told us that staff were still in the process of setting these up. The registered manager told us that the purpose of this was so that information could be shared with staff quickly and securely.

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were kept informed of changes in the organisation through e-mails and phone calls. The registered manager spoke to us about their commitment to ensuring they were able to provide a service which was fit for purpose for the people being supported and also looked after staff's wellbeing. The operations manager told us, "I have one member of staff who lives nearby so I invited them to my home to carry out training so that I could mentor them." The registered manager also said, "If I feel that staff need extra support I will monitor them and call them to the office for training. That way I can ensure they have understood what is required of them."

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. We saw that the operations manager and registered manager kept in continuous contact with relatives through text messaging and e-mail conversations. The registered manager regularly sought people's views about the quality of the care. This was done on an informal basis through visits and

phone calls with families. The manager told us that they would follow a more formal process when they were supporting more people.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included regular care plan audits, monthly checklist audits, medication, and an overall manager's audit. The overall manager's audits was in place to ensure that all required checks were completed and that staff were following company policies and procedures when supporting people. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. Records were stored securely and were made readily available when needed.

The registered manager was able to demonstrate their understanding of their responsibilities for notifying the CQC of incidents and actions that occurred within the service.