Dominic Care Limited

Dominic Care Ltd

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?	**Requires improvement**

Overall summary

The inspection took place on 19, 20 and 22 October 2015 and was announced.

Dominic Care Ltd provides a domiciliary care service to people living in their own homes, including live in care for people where required. At the time of our inspection, Dominic Care Ltd supported 64 people with personal care, and another four people were supported with care that is not regulated by the Care Quality Commission (CQC). Regulated activities means care that a provider must be registered by law to deliver and includes providing personal care.

The service had a registered manager. 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

Summary of findings

and associated Regulations about how the service is run. This report refers to the management team, meaning the provider, registered manager, Operations Manager and supervisors, and uses the term 'staff' when referring to all staff employed by the service, or the management team and care workers.

The provider did not ensure that records were always kept up to date, or that care reviews were always documented. As a result there was a potential risk that people may not receive care that met their changing needs, or were supported by staff who had not completed the required training to support them safely. However, effective communication between people, care workers and the management team, and informal monitoring systems, ensured that these risks were minimised. Care workers were informed of people's current care needs, and completed and updated training to ensure they were able to support people safely. People were not placed at risk of harm because of poorly maintained records. We have made a recommendation that the provider seeks advice and guidance from a reputable source about the completion of records in relation to the management of the service.

People told us they felt safe with care workers. They were protected from the risk of abuse because staff understood the signs of abuse and knew how to report concerns to ensure people were safe. Safeguarding concerns had been reported to the appropriate agencies and actions taken to protect people from the risk of harm.

Sufficient care workers were available to meet people's assessed needs, and workloads were managed to ensure care workers were able to complete planned rosters on time. Additional cover was provided by the management when required, as they were trained to provide personal care. This meant there was sufficient staffing available to cover unexpected short notice care worker absences. People were supported by care workers of suitable character to meet their needs safely.

People were protected from the risk of harm because potential risks had been identified and addressed. Care workers understood the actions required to promote the safety of people and themselves, for example in the correct use of hoists to transfer people from their beds to chairs. Guidance in people's care plans ensured care workers understood the importance of monitoring health conditions to protect people from known and emerging risks to their wellbeing.

People received their prescribed medicines safely because care workers were trained and assessed to ensure they administered medicines safely. Actions agreed with people ensured they were prompted to take their medicines at the right time. Audits ensured that any errors in medicine administration were identified and rectified to protect people from harm.

People were supported by care workers trained and skilled to meet their identified needs. Staff were encouraged to develop skills to help them meet their roles and responsibilities effectively. Care workers were supported through supervision and appraisal to discuss issues and concerns. Action plans ensured that when areas of improvement were identified in care worker practice these were addressed to ensure people were supported effectively.

People were supported to make informed decisions about their care. Care workers understood and implemented the principles of the Mental Capacity Act 2005. Care workers supported people to eat nutritious meals, and understood the importance of protecting people from the risks of malnutrition and dehydration. Care workers understood when it was appropriate to liaise with health professionals to support people's changing needs. Documents demonstrated that requests for reviews or equipment to meet people's needs were raised proactively.

People told us they were treated with kindness and respect by care workers who knew and understood them. Care workers were aware of the need to encourage people to maintain their independence, but recognised when people required additional support, for example when tired or unwell.

Care workers ensured they spent time chatting with people during their visits to put them at ease and promote their wellbeing. People explained that care workers listened to what they said and provided care and support as they wanted. People told us care workers promoted their dignity when supporting with personal care and cared for them respectfully.

Summary of findings

People were involved in discussing and agreeing the care they received. Care plans ensured care workers understood people's needs and wishes. Care workers were able to recognise when people's health or wellbeing altered, and understood appropriate actions to support people to manage known health conditions. Communication between all staff ensured people's changing conditions were monitored to ensure they received the level of care they required to maintain their health.

People's comments and feedback during care worker visits or supervisor reviews informed the care they experienced. Changes were implemented promptly when requested. Complaints were managed in accordance with the provider's complaints procedure.

People were supported in accordance with the service mission statement, as care workers demonstrated the service values of respect, enablement and promotion of dignity. They understood the importance of providing care focussed on the needs of each individual.

The registered manager was respected by people and staff. Care workers described the management team as approachable and helpful. They ensured staff were supported to deal with the emotional impact of their roles.

Reviews and consideration of repeated trends identified areas of improvement required. Appropriate actions were implemented and monitored to ensure learning from these led to improvements in the quality of care provided.

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?
The service was safe.

People were protected from the risk of abuse, because staff understood the correct procedures to identify, report and address safeguarding concerns.

Staffing levels were sufficient to meet people's needs safely. People were supported by care workers of suitable character to meet their needs safely.

People were protected from harm because risks had been identified and were managed safely.

People were protected against the risks associated with medicines, because appropriate checks and records ensured that they were supported to take their prescribed medicines safely.

Good

Is the service effective?
The service was effective.

People were supported effectively by care workers who were trained, skilled and supported to meet their health and care needs.

Care workers understood and implemented the principles of the Mental Capacity Act 2005 to support people to make informed decisions about their care.

People were supported to maintain a nutritious and healthy diet.

Staff worked effectively with health professionals to maintain and support people's health and welfare.

Good

Is the service caring?
The service was caring.

People were supported by care workers who demonstrated kindness and compassion.

People were encouraged to maintain their independence.

Staff understood and respected people's wishes, interests and cultural needs, and promoted their dignity.

Good

Is the service responsive?
The service was responsive.

People experienced care that met their current needs. Care workers were able to recognise when people's care needs changed, and appropriate actions were taken to support people to maintain their health and wellbeing.

Good

Summary of findings

Monthly reviews provided an opportunity for people to review and influence the care they received. People told us staff were responsive to requests for changes. Complaints were managed appropriately, in accordance with the provider's policy.

Is the service well-led?

Requires improvement 

The service was not always well-led.

Records had not always been updated to reflect people's current needs and wishes, or to log completed staff training and meetings. The risk of inappropriate care provision was reduced through effective communication that alerted managers to issues and concerns.

People experienced care that demonstrated the service mission statement of high quality care including respect, promotion of dignity and enablement for people to remain in their own homes.

People and staff spoke positively of the leadership and support provided by the management team. They told us they experienced high quality care.

Dominic Care 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 checked 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 19, 20 and 22 October 2015 and was announced. The provider was given 48 hours notice of the inspection to ensure that the people we needed to speak with were available.

Before the inspection we looked at previous inspection reports and notifications that we had received. A notification is information about important events which the provider is required to tell us about by law. We reviewed information shared with the Care Quality Commission (CQC) by commissioners of care. A Provider Information Review (PIR) had not been requested for this inspection. A PIR 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 discussed the information that would have been included in this form during our inspection.

We spoke with nine people supported by Dominic Care Ltd and three people's relatives, including six people who we visited in their homes, with their permission. We spoke with four care workers, two supervisors, office staff and the Operations Manager who also provided care for people, and the registered manager, who is also the provider.

We reviewed six people's care plans, including daily care records and medicines administration records (MARs). We looked at four staff recruitment files, and records of their supervision and training. We reviewed policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, and quality assurance audits, were used to drive improvements in the service.

We last inspected this service on 22 January 2014, when it was managed by the provider under a different registration with the CQC.We did not identify any areas of concern. This was the first inspection of this service under the provider's new registration.

Good

Is the service safe?

Our findings

People told us they felt safe with care workers. One person said they felt "Very safe" with their care workers, as "They know what they're doing".

Care workers were able to describe indicators of abuse, and understood the process to alert concerns via the registered manager to the local safeguarding team. One care worker told us "We get to know our clients and [recognise] when something's not quite right". Staff had confidence that the registered manager would address concerns promptly and appropriately. Staff were trained to recognise and report safeguarding concerns during induction, and reminded of the actions to take in their staff handbook.

The provider's safeguarding records demonstrated that appropriate investigations had been completed to ensure people were safe. Notifications had been submitted to the safeguarding authority to alert them to concerns affecting people's safety as required. Actions had been implemented to address incidents affecting people's safety or wellbeing, such as a missed call or medicines administration error, to ensure these were not repeated. These measures protected people from identified harm.

People told us care workers were "Usually" on time. Although people said office staff mostly called if care workers were delayed, for example due to traffic conditions, this did not always happen. However, no one told us of missed visits. The registered manager was aware that the current roster planning meant there was a risk that missed calls may not be identified promptly, which could place people at risk of neglect. She was in the process of setting up a system that would proactively alert the service to missed calls, as care workers would have to electronically log in and out on their planned visits. This meant that the risk of missed calls would be addressed.

A supervisor explained how they planned rosters to ensure all visits were met, and the system used ensured care workers could not be double-booked. Planned rosters were occasionally affected by short notice absence, such as care worker sickness. Supervisors, the Operations Manager and registered manager were trained to support people with personal care, and care workers were flexible in their work hours. This meant that additional cover was available to manage unplanned care worker absence. One care worker told us "Staff are happy to help out as needed, and the managers help out" by providing additional cover for visits as required.

The registered manager explained that she turned down care packages and assessed people's care needs to ensure they had sufficient care workers to meet people's needs or wishes. For example, at the time of our inspection the service were unable to take on further early morning visits. The registered manager planned the workload to ensure that there were sufficient staff to meet people's care needs safely.

Care workers told us they were encouraged to provide care for the amount of time it took, not necessarily the time agreed with the commissioning authority. People, staff and managers confirmed that if people's needs required additional time, care workers were prepared and willing to stay longer to ensure their needs were met before they left. One care worker told us "Care takes the time required, and this is not always within the time allocated". This meant that people's planned visit times were managed flexibly when necessary to ensure their needs were met in full.

Recruitment files demonstrated that the provider had reviewed evidence regarding applicants' identity and suitability for their care role. References from previous employment in health and social care services had been sought to ensure the candidate was of suitable character. Disclosure and Barring Service checks were completed to ensure applicants did not have a criminal record that made them unsuitable for the role of a care worker. Recruitment files did not always fully account for the applicants' employment histories, as only the years, rather than month and year, had been documented in the four files we viewed. This meant there were potential gaps in applicants' employment history which had not been explained. This missing information could have placed people at risk of receiving care from staff that were not suitable for their care role. The Operations Manager updated these records during our inspection to ensure a full employment history was documented, and reviewed all staff recruitment files to ensure the information required was fully recorded. This ensured that people were safe, because they were supported by staff of suitable character and evidenced conduct for their role.

Risks that may affect people's safety had been identified during an assessment of people's needs, and were

Good

Is the service safe?

reviewed to ensure care workers were able to continue to support them safely. Risks associated with each individual's care, such as continence, weight and nutritional concerns were assessed. Care plans documented the number of care workers required to support the person to mobilise safely. This included whether people required two or more care workers to support them when transferring between the bed and chair using a hoist or to turn in their beds to reduce the risk of pressure ulcers. Care workers were trained to use hoists safely, and daily records documented that people were supported by the required number of care workers to mobilise safely. Specific risks to the individual, such as health conditions including diabetes, and identifying people at risk from self neglect or depression, had been identified. Care plans guided care workers in the actions required to protect people from these identified risks, such as monitoring people's blood sugar levels, and monitoring, documenting and reporting people's mood changes. This ensured people were protected from harm from identified risks that affected their health or wellbeing.

The service had a severe weather contingency plan to ensure people received their planned care in the event of heavy snow or other disruptions. People's needs were assessed according to risk, and revised routes had been planned to ensure those most in need were prioritised. Office staff had sourced four wheel drive vehicles to ensure care workers could reach people safely.

People received their prescribed medicines safely. Care plans documented when people took their own medicines without additional support from staff, known as self-medication. Care workers told us how they agreed reminders with people to help them if necessary. This included using alarms and notices placed strategically, for example by the bed at night-time, to prompt people to take their medicines at the right time. Evidence in people's care plans demonstrated that changes in people's ability to self medicate were identified, and actions implemented to ensure they were not at risk from missed or over-dosed medicines.

Care workers signed medicine administration records (MARs) when they administered medicines to people. Care workers had attended training to ensure they understood how to administer medicines safely. An assessment of care worker's competency was conducted in people's homes to confirm that they were able to administer people's medicines safely. Care workers were able to describe safe practices in checking, administering and disposing of people's medicines, in accordance with NHS guidelines and the provider's medicines policy. Care workers understood what people's medicines had been prescribed for, and the correct times to administer these. They were aware when medicines should be given at mealtimes, before or after food, and explained how people's visits were planned to accommodate this, for example by giving medicines at the start of a care call, and providing a meal at the end. Where people were prescribed topical creams, a body map included in the care plan ensured care workers understood where the application was required.

A supervisor reviewed people's MAR charts monthly to identify any errors. An audit demonstrated that appropriate actions had been taken to address concerns, such as record gaps or illegible notes. We did not identify any errors or gaps in the MARs we reviewed. People were supported to receive their medicines safely.

Good

Is the service effective?

Our findings

Two people and a relative told us care workers did not always "Have a good grasp of English" because this was not their first language, and they sometimes struggled to make care workers understand them, although this was not a regular occurrence. A similar complaint had been made to the registered manager by another person. Managers and supervisors observed new care workers practice to ensure they supported people safely, and were able to communicate effectively. Video interviews were held with applicants from abroad to assess their spoken English skills. Language, written English and numeracy skills were also formally assessed during the provider's recruitment process to establish their ability to communicate clearly. The Operations Manager confirmed that applicants with poor communication skills were not offered employment. Where concerns had been raised over communication, it was documented that this had been reviewed at supervisory meetings. Care workers were supported to attend courses to develop confidence in spoken English and effective communication skills when the need was identified.

People told us care workers had the skills to meet their needs effectively. One person told us care workers were "Very good" at caring for them, and another said the provider was "On the ball" when providing a type of particular personal care they required. An equipped training room in the office was used to provide care workers with practical training during induction, for example in the use of hoists and sliding sheets to safely move people. All care workers experienced being hoisted to understand the importance of ensuring people felt safe and reassured when moved using this equipment. Care workers described training as "Practical" with tips and guidance on techniques to carry out their care role effectively during visits. They told us use of hoists or other equipment was reviewed in people's homes to ensure people's specific needs were met.

All new staff were required to complete the provider's induction and attain the Care Skills Certificate. This is a nationally recognised adult social care qualification. New care workers shadowed experienced care workers to learn how to support people as they wished. Mandatory training during induction included safeguarding, moving people safely and food hygiene. Additional training was available for care workers to attend to meet people's specific needs, for example to understand dementia care needs, how to support people with diabetes, and effective stoma and catheter care. Live in care workers were trained in specific skills to meet people's identified needs, such as the use of mobilising aids, and supporting people with learning disabilities. One care worker told us they had attended epilepsy awareness training when this was required for a person they supported. All staff were encouraged to complete Qualifications and Credit Framework (QCF) qualifications to progress their careers at a level appropriate to their role. QCF is the national credit transfer system for education qualification in England, Northern Ireland and Wales. This meant that staff were supported to develop skills appropriate to their role and responsiblities.

A supervisor described, and records confirmed, how they conducted observational checks on care workers to ensure people experienced care in accordance with their agreed plan of care. This was followed up with a review of client satisfaction in the home. Observations and feedback from people were used to identify areas of training required. Issues identified were discussed with the care worker, or addressed immediately if actions placed people, the care worker or others at risk. Records of observational checks demonstrated that care workers followed the provider's guidance and training, treated people with respect and cared for them in accordance with their planned care. Where areas of improvement had been identified, care workers were reassessed to ensure the changes required had been embedded into practice. This meant that people were supported by care workers who could effectively meet their needs.

Care workers told us supervisors and the registered manager discussed any concerns or issues during supervisory meetings, and listened to their comments and concerns. The individual staff records we reviewed included documentation of at least one supervisory or appraisal meeting held in 2015. Where a requirement for improvement had been identified, a performance improvement plan had been agreed with the care worker, and were subsequently reviewed to ensure people were supported effectively. Staff told us they could approach the management team to address any issues or concerns, and we observed they worked cohesively to address any issues.

People signed their consent to agreed plans of care and sharing of information with others as appropriate, such as

health professionals. They told us care workers listened to their comments, and provided their care as they wished. Care workers understood that people's consent was required for the care offered. We observed the care worker offered choice and listened to people's response before providing the care they consented to. Where people had a Power of Attorney (POA) for health and welfare, this was documented in their care plan. A POA is a person with the legal authority to make specific decisions for a person if they have been assessed as lacking the mental capacity to make these decisions.

Care workers understood the principles of the Mental Capacity Act (MCA) 2005, and could refer to the provider's guidance policy if required. They described how they encouraged people to make healthy and safety decisions, as they understood the potential impact of unwise choices on people's health and welfare. They told us they discussed the impact of refused meals or personal care with people to ensure they made informed decisions. One care worker explained "I talk nicely to them and try to persuade them [to follow their care routine], but if they are adamant I try alternatives, and explain how important it is". Guidance informed care workers to prompt and encourage people to accept their planned care, but reminded that if people continued to refuse, this was their right. Daily care records demonstrated that care workers documented when people refused planned care, and care workers told us that continued refusal would be reported to the office without delay.

Care workers were aware that people's mental capacity could be impacted by health conditions, such as dementia or infection. Office staff were proactive to address identified issues to reduce the potential risk of neglect. Records demonstrated that managers had been involved in multi-disciplinary meetings with care commissioners and health professionals to consider appropriate support for people when they continued to refuse their planned care. People were supported effectively by staff with the skills and knowledge to meet their changing needs.

Dominic Care Ltd was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the MCA 2005. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. There was no-one subject to a DoLS at the time of our inspection.

One person explained how their care workers had helped them to lose weight, and provided a healthy diet to maintain the weight they wanted. They told us the care worker cooked "Yummy meals", and knew the foods they enjoyed, providing these in appropriate portion sizes. Care workers understood the importance of supporting people to maintain a healthy and nutritious diet. During visits to people's homes, the supervisor ensured people had drinks to hand, and reminded them to eat their meal if they had not yet done so. When care workers identified concerns about people's food or fluid intake, they used charts to monitor people's intake. This identified when people did not maintain an adequate intake to protect them from the risks of malnutrition or dehydration. Care workers understood and followed appropriate actions to ensure people at risk were supported to promote adequate nutrition and hydration.

People told us staff helped them to liaise with commissioners of care and health professionals to access the care and equipment they required. Care workers were able to identify when it was appropriate to seek emergency intervention, and called for emergency first aid when necessary. When people required specialist support to meet their specific needs, care plans ensured staff were alerted to request this if emergency care was required.

One person's support plan documented how appropriate actions had been taken to liaise with health professionals to support this person's deteriorating health and enable them to remain in their home. During our inspection, a care worker rang the registered manager to note a concern about a delayed health visit, and the impact this had on the person's wound. The registered manager contacted the district nurse team immediately to inform them of the concerns raised, to ensure this person received the health care they required. Care workers liaised with the district nursing team to inform them of any changes or deterioration in people's condition.This ensured that people were appropriately equipped and supported to meet their health and care needs effectively.

Good

Is the service caring?

Our findings

People told us care workers were "Delightful" and "Respectful". One person said "It's lovely to have such a happy rapport with them all [the care workers]", and told us their care worker "Has a heart of gold". Another person stated "I like the staff who help us, and am very happy with them".

People and their relatives welcomed the care worker we visited with into their homes with smiles, and knew them by name. They chatted comfortably together. This indicated that people were content and relaxed with the care worker. The care worker knew people's current health conditions, and ensured they were satisfied with the care provided by Dominic Care. When one person told the care worker they had been unwell that day, the care worker asked whether they required a GP visit. They encouraged the person to eat and drink, and checked that all they required was to hand. They were caring and sympathetic in their approach.

A relative told us "The carers really seem to care, they make it personal, they look after [my relative] so well". They told us care workers were quick to identify changes in their loved one's health or wellbeing, and notified them accordingly. They explained "They spot things out of the ordinary. They don't call us unnecessarily, but have good judgement on when to call".

People told us they looked forward to care workers' visits, and enjoyed their company. The care workers understood that they were sometimes people's only visitors on a daily basis. They realised how important spending time chatting with people during their visits was for people's wellbeing, and ensured they did so. Some care workers told us they sang with people to lift their spirits. One person supported with live in care told us "We're happy in each other's company, it works". Another said "Thank goodness for them [Dominic Care Ltd]".

People told us care workers listened to their comments, and the supervisor visited them monthly to review their care needs with them. One person said "Staff know me, they know how I like things done. They listen to me". Another told us they were "Thrilled" with the care provided, as care workers "Never dictate" the care provided, and always listened to what they wanted. One relative explained that care workers offered their loved one options and time to consider changes to meet their needs more effectively. "They never use any forcefulness, but their suggestions are helpful".

Care workers knew people's preferences and interests, as these were documented in their plans of care. This provided topics for conversation. Care worker interests and hobbies were explored at interview. The supervisor explained how they considered these, as well as the care worker's nature (for example if they were quiet or very chatty) and skills, when allocating care workers to people where possible. This helped to promote a natural affinity between people and their care workers.

Care workers demonstrated knowledge of of the people they supported, indicating that they supported the same people regularly. This ensured people experienced a continuity of care, promoting trust and understanding. One person confirmed they had consistent support from the same care workers, who "Help me do the things I enjoy". People told us they usually had the same care workers visiting them, but this sometimes changed, due to care workers' planned time off or short notice absence.

Care workers understood when people's culture or religion informed their plan of care, for example in the way their personal care was provided. Where possible, people were supported by care workers of the same nationality where this was important for their care, for example if they did not speak English. Care workers were able to converse with people in their native language to understand their wishes and needs. When people had raised concerns regarding care workers' spoken English skills, the managers supported care workers to improve their communication skills through language courses. This helped them to communicate effectively with people, and discuss their care needs effectively. Care workers were able to explain in detail how one person's cultural needs had been met to ensure they felt comfortable when supported with personal care.

People told us care workers promoted their dignity when supporting them with personal care, and encouraged their independence. One person spoke with pride of their independence, but welcomed care workers' assistance for the areas of care they could not manage. Another person told us "They make you feel ok, they don't make me feel embarrassed or uncomfortable" when providing personal care. One relative explained how care workers were

Good

Is the service caring?

respectful of their home as well as their relative, and "Don't intrude". Another relative told us how care workers understood the need to provide extra care when their loved one was tired, but otherwise encouraged and supported their independence. They said "They get it. They do it right".

Care workers spoke kindly of the people they supported, and were concerned when people's conditions affected their health or wellbeing. At the time of our inspection, one person was in hospital following a deterioration of their health. Several care workers and office staff enquired about this person's health with the registered manager, who was liaising with health professionals to ensure they would be able to meet this person's needs on their return home. People were supported by staff who cared about them.

Good

Is the service responsive?

Our findings

People's needs and wishes were assessed before Dominic Care Ltd accepted their care package. This ensured that care workers were informed of key information about the person's needs and wishes, including religious or cultural preferences. Assessments informed people's plan of care. People confirmed that supervisors or the registered manager discussed their care needs and wishes with them, to ensure they received the care they wanted. Care plans were person centred, reflecting people's wishes and ensuring care workers knew how to support the individual as they wished. Headings included 'My Life' and 'What do I find difficult?'. This enabled care workers to understand what was important to each person.

Care plans included information that was important to ensure people were supported safely, such as medical conditions and how to control these. For example, guidance to manage the risks of hypoglycaemia and hyperglycaemia in relation to people's diagnosis of diabetes was included in care plans as appropriate. Hypoglycaemia is a condition characterised by an abnormally low level of sugar (glucose) in the blood. Hyperglycaemia is a condition characterised by an abnormally high level of sugar (glucose) in the blood. This guidance had been personalised to each individual's needs, for example noting when one person's blood sugar levels ran differently than was normal for most people with diabetes. The care plan included an explanation and guidance for care workers on the impact of this on insulin levels to safely manage this person's diabetes. Guidance ensured care workers were able to recognise symptoms and indicators of illness, and understood the actions required to support people, including when it was necessary to call the emergency services. This ensured that people received care that was responsive to their changing needs.

Where appropriate, relatives had been asked about people's preferences. This ensured that care workers were able to support people as they wished. Each person's preferred routine was included in their care plan. One care worker told us people's care plans "Are brilliant", and another said the detail was "In depth", such as noting the number of sugars people liked in their tea, or any pet care required. It provided care workers with guidance on the person's planned care routine and preferences. They explained that as they got to know the person, they discussed whether the person wanted changes to the routine. This ensured people received care and support reponsive to their changing needs. A care worker stated "We work with the client, we follow their preferences. We do our best to encourage people to be independent, but they are all individual people". One care worker told us care plans were constantly reviewed, as the supervisors visited people regularly to carry out reviews.

When care workers supported a person new to them, managers were able to describe the person's needs and preferences, and give advice on key codes, locations or other details as required. Because managers assessed people's needs and provided personal care they understood people's needs and wishes in detail, and were able to share this information as necessary. Care workers told us managers were prompt to respond to their queries, including out of office hours. One care worker told us "They are able to help us out, and find out information".

Care workers reported concerns regarding people's health to the office quickly, and documented changes to people's wellbeing in daily records. Written notes and body maps were used to indicate specific areas of care required, for example with the application of topical creams. This ensured that when different care workers supported people, they were able to understand if a condition was improving or worsening, and take the appropriate action, such as requesting medical intervention. Care workers told us they usually visited the same clients, which meant "We get to know them well, and can pick up on any issues". A relative explained how staff had responded promptly to a request for extra care for their loved one at short notice during an illness. Care workers were responsive to people's changing needs.

People's care needs and satisfaction were reviewed monthly by care supervisors. They visited people in their homes or telephoned to ensure people's current needs and wishes were met, and people were satisfied with the staff who supported them. Care plans were updated as necessary to reflect changes people requested or needed. Formal reviews of people's needs and wishes were held with them and others they wanted involved annually, to ensure changes were identified and documented as required. People's care plans demonstrated that care

Good

Is the service responsive?

changes required had been met, for example with an increase in the length or number of calls following hospital treatment. This ensured that people were supported with the level of care their current needs required.

People told us the provider was responsive to feedback, and addressed issues when raised. One person told us "I phone the office if [my care] is not up to standard, and I get a good response. They sort it out". A relative told us "If I leave a message they always call me back". During our visits to people's homes, one person raised a concern with the care worker. This was notified to the registered manager immediately after our visit to ensure it was addressed promptly. Feedback documented in monthly care reviews indicated that people were satisfied with the consistency of staff support, timekeeping and communication.

Folders in people's homes contained important information for reference, including the provider's complaints procedure. This meant that people were informed of how to raise concerns and complaints should they wish to do so. People told us they would usually raise these informally with the supervisor, and felt assured that concerns would be addressed appropriately. We reviewed the provider's log of complaints and compliments. The registered manager had investigated complaints and responded in accordance with the provider's procedure. This meant that people's feedback was used to influence the care they received to ensure it met their expectations.

Requires improvement

Is the service well-led?

Our findings

Records did not always demonstrate that information had been reviewed or updated regularly, or in accordance with the provider's policies. For example, the provider's policy stated formal reviews of people's care plans should be completed annually. Records showed that of 68 care records, 15 had not had been formally reviewed in the previous 12 months. The provider was aware of this, and had highlighted the reviews required for the supervisor to complete. The supervisor had prioritised this work to ensure people's care plans were reviewed and updated with them to reflect their current needs. Although this meant there was a risk that people's care plans may not have been updated since the last formal review, regular informal reviews with people reduced this risk and protected people from unsafe or inappropriate care. People's satisfaction with their care and support was discussed informally. Any changes to the level of care required or wanted was updated into their care plans without delay, and effective communication with care workers ensured these changes were implemented.

For one person with specific cultural needs, this was not clearly noted in their care plan, although all the care workers who supported them understood and met these needs. When we brought this to the registered manager's attention, she immediately updated the care plan to ensure there was documented care worker guidance about meeting this person's specific cultural needs.

Logs of staff training and observations, supervision meetings and risk assessments had not always been documented or updated to provide accurate records. For example, the training log indicated that no training had been completed in 2015, and four of the 27 care workers had not attended a supervisory meeting for 12 or more months. The registered manager was able to show us records confirming staff training completed in 2015, and a plan of supervision meetings delivered or due within the next week to ensure all staff were supported appropriately. The registered manager and other management team members had a good understanding of planned and required actions to ensure people were supported appropriately. They were able to explain the progress of these actions, and were aware of any issues affecting their completion. The provider had not documented formal systems to record actions to address issues and drive improvements to the service. There was a risk that required actions may not be addressed, meaning that people may not experience improved care in response to known concerns. However, the management team were able to demonstrate an understanding of requirements to ensure people experienced high quality care. Feedback from staff evidenced that they understood and followed the actions required to support people safely and had the skills to do so effectively.

We recommend that the provider seeks advice and guidance from a reputable source about the completion of records in relation to the management of the service.

People were satisfied with care they experienced. One person told us their social worker had recommended the service to them, and they were very happy with the level of care provided. Other comments included "There is nothing they could do better", and "[The service provides] quality care, nothing is too much trouble". People described communication with the office as very good. Several people and their relatives told us they had previously been supported by other domiciliary care agencies, but preferred the care they experienced with Dominic Care Ltd. One relative stated "It's a whole different standard in how it's run, with the communication with and response from the office".

The provider's mission statement was included in information booklets in people's homes. This ensured that people understood the values they should expect of the service and staff. This stated that people should be supported with individualised, personalised and dignified care that enabled them to remain in their own homes. People's cultural and religious beliefs would be respected, and care workers would be trained to provide skilled care to meet people's needs. People's comments and care workers explanations indicated that the service values were demonstrated in practice. All the staff we spoke with told us the service was focused on the people they supported, and this was the provider's driving force. One care worker stated "The client is the most important person".

People were informed of the type of care to expect, because the information booklet included support that the service was able to provide, and what it was not. This meant people understood what they could request from care workers. Useful contact numbers, for example for

Requires improvement

Is the service well-led?

Citizen's Advice Bureau, Dial-A-Ride and Arthritis Care, were included in the booklet, with a brief explanation of the services these organisations offered. This provided people with a helpful guide to access support and guidance from the local community.

Care workers told us "There is always someone on call to help", and described office staff as prompt to inform care workers of changes, such as cancellation of calls. One care worker said "They make my life easier. Everything I've needed they've helped me with". Another care worker described the on call as "Always supportive".

Care workers and office staff spoke positively of the support and encouragement provided by the registered manager. Staff voted for a 'top colleague' award, demonstrating that excellence was valued. A staff survey held in December 2014 rated office communication highly, and responses were positive about management support, training and consideration of staff availability. The registered manager indicated her thanks to staff through text messages, thank you's in the staff newsletter, and staff outings and meals out.

The registered manager told us how staff were supported through training and mentoring to develop leadership skills and progress their career in the service, and one supervisor explained how they had experienced this. The provider understood the impact supporting people with end of life care had on care workers, and offered counselling and training to help staff to deal with their personal feelings when this affected them.

We reviewed out of hours logs for the weekend 17 – 18 October 2015. This logged calls from people, relatives and staff to the manager on call. Issues raised included a late call for one person, a request to cancel care, and continued refusal of care by one person. Responses documented that appropriate actions had been taken promptly to effectively manage people's needs and keep people, relatives and staff informed of changes. The late call was met within 30 minutes of their call, and investigated to ensure that staff followed the provider's protocol to inform people if running late. This demonstrated that managers responded promptly to issues and used learning from these to drive improvements to the service.

Office staff and managers understood their roles and responsibilities. Supervisors carried out individual investigations into minor issues as required, while the Operations Manager reviewed trends analysis to identify potential areas of training or other actions to address repeated issues. This included a review of daily records, medicines records and falls. People's care plans demonstrated that this was used effectively, for example to identify when individuals had experienced an increase in the number of falls they experienced. The management team had liaised with relatives and health professionals to support one person experiencing recurring falls, to understand the cause and suggest changes to the person's care and support to reduce the risk of further falls. Although formal audits were not used to review the quality of care provided, the provider had systems in place to review the quality of care people experienced, and drive improvements when these were identified.

Management meetings were held regularly to discuss issues and concerns, such as people's deteriorating health or staffing issues, to agree a plan and individual responsibilities to address these. Actions from these meetings were not formally logged, but managers kept notes to ensure the actions required of them were addressed. The Operations Manager reviewed trends to ensure that improvements were made to reduce the risk of repeated adverse events, such as falls. People's daily care records demonstrated that these actions were completed and effective, for example as the number of falls individuals experienced reduced.

The provider commissioned an annual independent review of the service to ensure they met regulatory requirements. The last report, from September 2014, had not identified any concerns, and included positive feedback from people contacted regarding their involvement in planning their care, respectful care and effective communication. The service identified and addressed issues to drive improvements to people's quality of care.