

Dwell Dom Care Limited

Essential Care Support

Inspection report

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30 June 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Essential Care Support is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection there were 42 people including younger adults, older people living with dementia, people living with a physical disability or sensory impairment, in receipt of the regulated activity of personal care.

Everyone who received support at the time of our inspection received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received risk-based care, staff used risk assessments and risk management tools that mitigated risks to people. Recruitment processes helped to ensure staff were recruited safely. There were sufficient staff to support people safely with their scheduled care calls. Staff had received training in safeguarding and knew the actions to take to keep people safe. Overall, people's medicines were managed safely. The provider had infection control policies and procedures in place to guide staff on how to reduce the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported the assessment of people's mental capacity to determine how and when best interests decisions were made. Staff received induction and training in their role. The service worked with health and social care professionals to improve outcomes for people.

There was not a registered manager in place at the time of our inspection visit. The management team worked together to implement audits and governance systems to identify areas of improvement. Staff spoke positively about leaders at the service.

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

Rating at last inspection

The last rating for this service was good (published August 2018). At this inspection this rating has remained the same.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Essential Care Support on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Essential Care Support

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. The inspectors visited the office location on 23 and 30 June 2022. The Expert by Experience made telephone calls to people and their relatives on 27 June 2022. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. CQC does not regulate premises used for domiciliary care; this inspection looked at people's personal care and support.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The provider was overseeing the running of the service. A new manager had been recruited; but had not begun their role as registered manager at the time of our inspection visit. The new manager had applied for registration with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to the inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We asked the registered manager for the information contained in the PIR during the inspection visit. We used all this information to plan and conduct our inspection.

During the inspection

We spoke with three people who used the service and received feedback from nine people's relatives. We spoke with, or received email feedback from, six members of staff including senior care workers, the HR and care co-ordinator, the quality assurance manager and the provider.

We reviewed a range of records. This included seven people's care records and medication records. We reviewed three staff member's recruitment records to establish safe recruitment procedures were being followed. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when care staff supported them. Relatives echoed this. One relative told us, "I have total confidence in the safety of my relative from staff at Essential Care."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take if people were at risk of harm. One staff member said, "If I raise any of my concerns with the manager...it is then followed through. I am confident that things get dealt with."
- The management team understood what needed to be reported to us and the importance of keeping people safe and protected.

Assessing risk, safety monitoring and management

- Staff were supported to provide risk-based care and referred to care plans for how best to provide people's care. Risk assessments were completed for people, such as those identified at risk of falls. The provider supplied staff with a risk analysis tool, to assess whether people required additional support if their mood or needs changed. The provider explained, "Changes in a client's condition, manner or responses are highlighted by the process to allow early intervention if required."
- When people's needs changed, and the level of risk to their health and wellbeing altered, the provider updated electronic care plans in response and alerted staff to the changes. A staff member confirmed this saying, "If there are changes then we are notified to read them. If I feel something needs adding (to a care plan) then I will update my manager."
- Staff received further guidance on how to respond to risk, through their employee handbook. The handbooks were issued to each member of staff and gave practical advice to staff on how to respond to certain risks, moving and handling techniques, and how to respond in emergencies.

Staffing and recruitment

- People said that carers turned up mostly on time, and if they were occasionally running late, there was a good reason for it such as traffic. One relative told us, "Staff are punctual and leave at the correct times. I am always notified on the rare occasion when times have changed." A staff member explained, "We have a window of 20 minutes where we can arrive before or after call times. We are monitored by the office so they can let the client or family know (if we are running late)."
- The provider told us there were enough staff employed at the service to meet people's scheduled care calls. The care planning rotas confirmed there were enough staff to meet people's scheduled calls.
- Overall, staff confirmed they felt there were enough staff to complete scheduled care calls and that they usually arrived at people's home on time and stayed for the scheduled amount of time.

- The provider operated safe recruitment procedures to help ensure potential new staff were always of good character before they started work at the service. For example, the provider's recruitment process included checks to ensure staff who worked for the service had no criminal history, through the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment was ongoing to ensure safe staffing levels were maintained.

Using medicines safely

- People received their medicines through trained and competent staff. Staff practice was observed by supervisors following medicines training, to ensure they knew how to administer medicines safely. One relative said, "Medication is given accurately and recorded every time."
- Staff recorded on electronic medicine administration records (MAR) when people received their medicines. The provider operated an electronic system, to prompt staff when people should receive their medicines. The electronic system required staff to enter they had completed this task before the end of each care call. The provider had also implemented back up paper records, in case electronic systems were interrupted. This system helped to ensure people always received their medicines.
- In one person's care records we found they had recently been prescribed medicine that needed to be applied via a patch, placed on the person's skin. We saw the instructions for staff required more detail, to ensure the patches were placed in accordance with the prescribers' instructions. Following our feedback, the person's records were immediately updated.
- Regular medicines audits were conducted, at the end of each month, to ensure people received their medicines as prescribed.

Learning lessons when things go wrong

- The provider knew what to do to investigate any issues and to learn from them. For example, where errors were made in the instructions for staff to follow of how patch medicines should be given, changes were made to the care plans and staff were briefed on the changes and how to administer the patches as per the prescribers instructions.
- Accidents and incidents were recorded and reviewed to identify any patterns or trends. Where required, further investigations and actions were taken.
- Where investigations into accidents or incidents occurred, the provider shared learning from investigations with staff in meetings and briefings.

Preventing and controlling infection

- People and their relatives told us staff wore personal protective equipment (PPE) such as masks, face visors and gloves when supporting people.
- Staff received training in how to prevent and control infection, and how to safely put on and take off PPE.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff received induction training to give them the skills and knowledge to support people safely. Staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us, "The training provided was of a high standard with plenty of shadowing (watching more experienced staff)", and "If there is a new piece of moving and handling equipment that I have never used my manager comes to the clients house and will support and train me and my colleagues in this area". Staff told us they completed refresher training to keep their skills up to date. One staff member said, "I have just recently undertaken a refresher course within the last month. I attended these regularly yearly and any additional other training that may be required".
- The provider was able to provide us with up to date information about the training staff had received to fulfil their role.
- Staff received regular meetings with their supervisor to discuss their performance and training needs.
- Staff received on-going training to continue to meet people's specialised needs. For example, diabetes training was being planned to give staff a greater understanding of the condition for those people they supported.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA as part of their induction and understood the importance of

involving people in day to day decisions about their personal care. One relative told us, "The carers respect his mum's wishes and spend time talking with her which she appreciates."

- People were supported to have maximum choice and control of their lives. Records showed people were asked to consent to their own care and support where possible.
- The policies and systems in the service supported the assessment of people's mental capacity to determine how and when best interests' decisions should be made.
- The registered manager confirmed no one using the service were currently subject to any restrictions to their liberty under the Court of Protection.

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

- People's health and support needs had been assessed by the provider before they received support from the service. This assessment enabled the provider to decide whether the service could meet each person's personal care needs.
- Information gathered from these assessments was used to develop care plans in line with current best practice guidelines.
- Formal reviews of care took place regularly and if people's needs changed, to ensure people received the correct level of support.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.

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

- Where required, staff ensured people had enough to eat and drink. Preferences were recorded in care plans to guide staff on how to support people with their nutritional needs. One relative told us, "Carers do the shopping for [Name] and get the food she likes. I've never had reason to doubt the caring abilities of the staff."

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

- People and their relatives told us the service offered people a wholistic approach to care, and responded with support when needed. One relative told us, "They even looked after [Name's] cat on one occasion by taking it to the vet which was important to them. They [staff] go over and above."
- Staff worked together to provide consistent care to people, by getting to know the people they supported. A person told us, "It's good to have the same people because they get to know you, I'm very satisfied."
- The service worked with other health professionals in order to meet people's specific needs including dieticians and occupational therapists.
- People were supported to access healthcare in their community, where this was part of their agreed care package.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection there was not a registered manager in post. The service had not had a registered manager in post since 2017. The previous acting registered manager had applied for registration with CQC in 2020, however, they left the service before completing the registration process. The provider was overseeing the running of the service. A new manager had been recruited; but had not begun their role as registered manager at the time of our inspection visit. The new manager had applied for registration with CQC.
- This service is being led by a management team, consisting of a senior care worker, a HR manager and care co-ordinator, the provider and a quality assurance manager. Staff were involved in auditing and checking care records, for those people they supported.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work which helped to ensure they provided the care and support at the standards required by the provider. One staff member said, "My manager is always contactable at any time. Any concerns are acted upon."
- Providers have a responsibility to inform us (CQC) about any significant events such as serious injury, deaths and allegations of abuse. At the time of our inspection there was a system to report all such incidents to CQC in a timely way.
- Regular audits were carried out in order to oversee the quality of the service. Where improvements were identified, improvement action plans were put into place, to ensure actions were taken to make the changes needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives we spoke with were complimentary about the service they received. Comments included, "The office staff and management team are always responsive and extremely helpful" and "Essential Care provide an excellent service for my relative. We are very grateful for all that they do to support them and our family." One relative told us how a staff member had 'gone the extra mile' to support their relation. They explained, "They [staff] came quickly when [Name] had an accident, they showered [Name] and were brilliant."
- People and their relative's feedback was sought through quality assurance checks and surveys. Senior care workers delivered the care alongside care staff and took the opportunity to check with people how they

felt about the service. One person told us, "They [staff] came on Friday to check things and asked for my feedback. I believe I can ring anytime and get a response. They are always very pleasant."

- One person told us they accessed their own online call rota. The provider gave access to people and their representatives to see their own records, rotas and care plans online. One person told us how this helped them plan, as they could see when staff were due to arrive to scheduled care calls.
- Regular staff meetings reviewed whether people's care packages were meeting their needs, or if people's support needs had changed. Staff told us they felt listened to and valued at work. One staff member said, "I do feel all staff are listened too and if any issue occurs, they are resolved in a professional manner and are resolved quickly."
- There was an effective on-call system in place which ensured that there was always someone for staff to contact if they had any concerns. A staff member told us, "All information for clients is available to use via the app (electronically via phone), if we are struggling to find information, we are able to call the office and 'on call' at any point."
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. However, one staff member said, "This is the best manager to date, I feel valued and listened to."

Continuous learning and improving care; Working in partnership with others

- Following our inspection visit and feedback the provider acted promptly to ensure immediate improvements were made to their service.
- The provider worked with other health and social care professionals. This supported people to access relevant health and social care services.
- The provider had effective systems in place to record accident and incidents, investigate and share learning from them.
- Staff were kept up to date with changes in the service, government legislation, and changes to people's support needs, through regular meetings and staff briefings.
- The provider had a policy to manage and respond to complaints and concerns. In the twelve months prior to our inspection visit the provider had recorded complaints and their response in their complaints log.

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

- The provider and registered manager understood their responsibilities under the duty of candour regulation. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.