Eyam Domiciliary Service Ltd

Eyam Domiciliary Service Limited

Inspection report

Unit 7, Rock Mill Business Park
The Dale, Stoney Middleton
Hope Valley
Derbyshire
S32 4TF

Tel: 01433631380
Website: www.eds-care.co.uk

Date of inspection visit:
03 February 2016

Date of publication:
26 April 2016

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

This inspection took place on 3 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector.

Eyam Domiciliary Service Limited provides personal care and support to people who live in their homes in and around the Hope Valley area of Derbyshire. At the time of this inspection 68 people were supported by the service.

There was a registered manager at the service at the time of our inspection. 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.

People told us they felt safe with the care provided and felt confident in the staff that supported them. Any risks to people's health or risks in their homes were identified and assessed in ways that involved people's views. Contingency plans were also in place to manage any risks to the delivery of the service. Staff recruitment and deployment was managed safely and the manager took action during our inspection to complete checks that had previously been omitted that verified staff were in good enough health to complete their work. Procedures were followed to ensure people receiving medicines were supported to do so safely.

During our inspection the manager made improvements to the way consent for people's care was recorded. They also updated the provider's policy on the Mental Capacity Act 2005 to clarify the role of the service and the role of care workers in making assessments of people's capacity when needed. People received support from staff with the skills and knowledge to meet their needs, including how to support people with their nutrition and hydration needs. People were supported to access other healthcare provision when required.

People were cared for by staff that were cheerful, kind and caring. People were supported to be independent and staff promoted their dignity and privacy. People were involved in planning their care and support and staff took time to build genuine relationships with the people they supported.

People's views were valued by the service and led to changes and improvements. People were supported to raise any worries or concerns, and where people had done so these had been resolved. People received personalised and responsive care and their views and preferences were central to the care and support provided.

The service promoted an open and inclusive culture. Senior staff were accessible to support staff and were well known by people using the service. Arrangements to check on the quality and safety of people's care

were regularly completed by senior staff.

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.

People received care that was safe and risks were identified and assessed. Staff followed guidelines to ensure medicines were managed safely. Recruitment processes ensured staff employed were suitable to work with people using the service. Sufficient staff were deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Improvements were made to the provider's Mental Capacity Act policy and to how people's consent to care was recorded. Staff had the right skills and knowledge for their role and staff received support to develop and learn new skills. People's needs in relation to their health and nutrition had been met.

Is the service caring?

Good

The service was caring.

People felt staff were cheerful, kind and caring. The principles of dignity, respect and independence were understood and embraced by staff. People identified what care and support they required and their views and decisions were respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed. The views of people were central to how the quality of care was defined and evaluated. Any concerns were managed with an open and transparent style and resolved.

Is the service well-led?

Good

The service was well-led.

The management and culture of the service was inclusive, open

and empowering. Leadership was focused on providing good quality care as defined by people using the service. Processes were effective in checking that the care provided met with those standards.

Eyam Domiciliary Service Limited

Detailed findings

Background to this inspection

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

This inspection took place on 3 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector.

Before the inspection we looked at all of the key information we held about the service. This included notifications. Notifications are changes, events or incidents that providers must tell us about. We also looked at the results of a questionnaire sent to people who used the service, their relatives and staff, asking them about their views. We received responses back from 16 people who used the service, three relatives or friends and eight members of staff. In addition, during our inspection we spoke with five people who used the service or their relatives and two health and social care professionals. We spoke with the operational manager of the service who managed the service along with the registered manager. We also spoke with the assistant manager and two members of staff.

We looked at three people's care plans. We reviewed other records relating to the care people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Good

Is the service safe?

Our findings

Managers told us they aimed to recruit staff with the right skills for working in care and checked to ensure staff employed were suitable to work with people supported by the service. When we checked staff recruitment files we found checks on people's suitability to work with people supported by the service had been completed. This included references from previous employers and checks to confirm people's identity. We saw that registered nurses with the company had up to date registration details. However, employers are also required to verify people are in good health to undertake the work they are being recruited to do. Checks on people's health had not been completed on two of the files we saw. The manager took action to rectify this during our inspection.

The service had sufficient staff to keep people safe and meet their needs. One person told us, "Staff arrive on time." Other people we spoke with shared this view or felt where staff were delayed this was due to traffic rather than unavailability of staff. Staff teams were organised to cover geographical areas and this helped staff arrive on time. Other professionals we spoke with told us the service was able to arrange staff support at short notice and were very accommodating. The results of our questionnaire recorded that people received support from familiar support workers who arrived on time and provided consistent care.

People told us they felt safe with the care provided by Eyam Domiciliary Service Limited. One person told us, "Oh yes, I feel safe." In addition, the results of our questionnaire recorded people and their relatives had all answered they felt safe with the carers providing the service. People were also provided with information on who to contact if they had any worries and people we spoke with told us they felt confident to do so. Staff had been trained in safeguarding people and understood the type of issues that would require a safeguarding referral to be made. The service also operated a uniform policy and any new staff were introduced to people before working with them. Having new care workers introduced to people, in addition to the identifiable uniform helped people be assured staff calling to support them worked for the company.

Risks to people were identified and well managed. One family member told us staff understood the checks required to ensure their relative's skin health was maintained. They told us as soon as any changes were identified they would involve the District Nurse for a review. They said, "[Staff] act straight away." Care plans contained clear guidance on how to safely support people to mobilise, for example instructions were included on the fitting of specific slings. Where people required support from equipment to assist them to mobilise, staff told us this care was planned involving other healthcare professionals, such as occupational therapists. We also saw staff had reported any accidents or incidents to the office and these were reviewed by the manager. The manager had recorded any actions taken to reduce any further risks. This meant any risks to people were managed safely.

Clear communication ensured any complex risks were fully understood by staff. During the day of our inspection senior staff had met to discuss the well-being of people using the service who had complex care needs. Minutes of meetings showed staff identified concerns and agreed what actions were needed to reduce any risks.

We saw that staff also worked to address specific risks to people by working with other professionals and that these risks were reflected in people's care plans and risk assessments. For example, staff had worked with the fire and rescue service where fire risks had been identified. As a result, we saw staff had supported people to use fire retardant bedding to reduce risks from fire. This meant staff were well supported to understand individual risks to people and to take action to reduce those risks.

People received their medicines safely. One person told us, "They [staff] always remind me to take my medicine." A community professional told us how staff made sure people had their medicines before going out for the day. We reviewed care plans for people who received support to take their medicines and found accurate records of their medicines had been recorded. We also reviewed medicines administration record (MAR) charts. We found staff had signed to record medicines had been given. These records had also been checked by the manager to ensure they were completed correctly. Processes were in place to ensure people were supported to receive their medicines safely.

The provider also had a business continuity plan in place to manage any foreseeable emergencies affecting the delivery of care. The manager also reviewed any incidents that may have resulted in an interruption to the service each month. This had included recent plans to improve telephone communication across rural areas and plans to manage the service during periods of severe weather conditions. We also saw these plans were reiterated to staff through staff meetings. This meant that plans were in place to ensure any interruptions to the service operating were reduced.

Good

Is the service effective?

Our findings

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

We checked whether the service was working within the principles of the MCA. The service was not providing support, at the time of our inspection, to anyone where an application had been made to the Court of Protection.

People had been asked for their consent to care and treatment, although this had not always been recorded in a way that reflected their consent had been sought in line with guidance. For example, historically, some consent forms had been signed by other people, rather than by the person themselves. Although the manager was able to explain the reasons why, for instance, a person asking their relative to sign on their behalf after discussing and giving consent to the carer themselves, this had not been recorded. We discussed this with the manager who made changes, during our inspection, to the way people's consent was recorded. We found people had been asked about their care and treatment and their choices, views and preferences had been recorded. In addition, we discussed the provider 's MCA policy with the manager as the policy statement on the roles and responsibilities of the service to assess people's capacity did not clearly reflect The Code of Practice in this area. The manager confirmed the policy was in the process of being reviewed and shortly after our inspection sent through an updated policy that was in line with Mental Capacity Act Code of Practice.

Where people lacked the capacity to consent to specific decisions regarding their care and support the service had completed mental capacity assessments as required. Where people were assessed as lacking the capacity to consent, meetings were organised involving other professionals to make a decision in the person's best interests. We could see from one person's care plan where a best interests meeting had led to a safer environment for the person concerned. This meant that the service was supporting people who lacked capacity effectively.

Staff had the relevant skills and knowledge to meet the needs of the people they supported. One relative told us, "They [staff] know what to check for." Staff we spoke with told us they received regular training and one member of staff told us they had learnt new and relevant skills from attending a recent refresher course. Staff working for the company had a good mix of skills and abilities. Alongside two registered nurses, the services also had staff with experience of psychology, occupational therapy and physiotherapy. The manager had a system in place to identify when staff training required renewal. Training records showed staff received training relevant to the needs of people receiving support. This included, for example, assisting people to move safely, infection control, communication skills and nutrition. Staff also received observations on their competency to provide care and support to people using the service.

Managers had developed a programme for staff to complete the Care Certificate. The Care Certificate ensures staff receive training in the skills, knowledge and behaviours necessary to provide compassionate, safe and high quality care and support. Staff were also supported by more experienced staff as part of a mentoring programme. This enabled new staff to be supported and accompanied on their calls to people when they first began work with the service. Experienced staff also worked as mentors to support new members of staff. Experienced staff we spoke with told us how part of the mentor role was to ensure the service's ethos of providing care with dignity was promoted through the mentoring role to new carers. We saw records of supervision with staff that were regular and offered staff support and development in their roles.

The manager held an 'Award in Education and Training' (AET) which is a course designed to support people to be able to design and deliver training in areas relevant to their work. The manager had also supported two other members of staff, one who had completed and another one nearing completion. The members of staff were shadowing training courses delivered by the manager so they could gain confidence before they began delivering training themselves. One staff member we spoke with who was involved in the training told us, "It's been an achievement," and told us the support they had received from the manager was, "Amazing."

Staff told us they felt supported by their managers and colleagues and that communication worked well. Comments from staff included, "No-one feels like they are on their own," and, "[There's] lots of support." Senior staff met each week and we saw records of other meetings for all staff were also held. Staff also had access to out of hours support provided by senior staff.

People who received support with their meals had sufficient to eat and drink. One person told us, "The food is to my liking." Another person told us, "They [staff] make a very good sandwich." Training records showed staff were trained in food handling and nutrition. Care plans were in place where risk assessments identified any nutritional and hydration risks. For one person this had resulted in additional nutritional supplements being provided by the person's GP, for another person staff encouraged the person to take more fluids. Staff showed a good understanding of how to fortify people's nutritional intake. Minutes of meetings showed that staff discussed using full fat milk in porridge and coffee and leaving snacks out for people to have throughout the day to provide increased nutrition. The service understood how to support people with their nutritional and fluid intakes.

People were supported to maintain good health and had access to other healthcare services as required. One relative told us, "They [staff] call the nurse in straight away and they've called for an ambulance before." Another relative told us staff worked well with other professionals when they visited and provided information on the person's health and care needs as required. Where people had specific health conditions their care plans contained information for staff to follow. The manager had developed direct links to the falls service, occupational and physiotherapy services and made direct referrals to these services. People received relevant support with their healthcare needs.

Good

Is the service caring?

Our findings

People consistently told us that the staff who provided support to them or their relatives were caring. One person told us, "They are wonderful," and a relative told us, "When they come, they look at me and ask me how I am. Any little thing they help me with." Other people told us, "They are always so cheerful," and, "They are almost like friends." A community professional we spoke with told us staff provided reassurance over the phone to a person when they felt anxious. They also told us they would accommodate requests for impromptu calls to people if the person had not attended an appointment as usual. They told us, "They go that extra mile."

Staff we spoke with told us their induction training covered the promotion of people's dignity and how to work respectfully with people in their homes and that this was continually promoted by the senior staff. One staff member told us, "Their [managers] heart's in the right place." The service had also been awarded a 'bronze award' as part of the local authority's 'Dignity Campaign. People received support from staff who supported the principles of dignity and respect in their day to day work.

Comments and compliments book included when a staff member had stayed after their visit with someone who was unwell, they said the carer showed, "A level of compassion way above the call of duty."

People told us they were always introduced to new staff who would be caring for them and most people we spoke with had also met the staff who would usually answer any calls at the office. Family members told us how staff built relationships with their relatives, for example, by making the time they spent together interesting and talking about things of interest to the person being supported. People had positive relationships with the staff that cared for them.

People's independence was promoted. People told us staff supported them with their independence. Care plans recorded what people could do for themselves as well as what they required help with. Staff we spoke with were mindful of people's home environment and what action they could take to ensure people's independence was supported. For example, making sure snacks and drinks were left available for people to have when they wanted.

People and their families told us they were involved in planning their care and support. Care plans were regularly reviewed to include the views of people and their families. Care staff told us they received training in using any aids and equipment provided for people in their homes and how this helped to maintain people's independence.

Good

Is the service responsive?

Our findings

People received personalised and responsive care. One person told us, "They remind me to take my medicine." Other people and families we spoke with told us how staff knew their preferences and that their views were always asked for. Care plans showed if people preferred male or female carers as well as other things important to them, such as any religious views, allergies or food preferences. We also saw staff worked creatively to provide responsive and personalised care. Minutes from meetings with senior staff provided examples of where different strategies were put in place for different people to help them with their support.

People and their relatives told us they were involved in writing the care plan and asked regularly whether any changes were needed. Care plan and review forms had been updated to include suggestions from people using the service and as a result people were specifically asked whether they needed any further support. One relative told us how advice from other professionals was also incorporated, for example, how care staff also helped their relative with specialist exercises. Care plans were reviewed with people and other people involved in their care.

Care plans we read contained information on what people's interests were and what they enjoyed doing. When we spoke with people we found care reflected what was important to them. One relative told us how staff understood their relative's interests and hobbies and spent time engaging them with conversation and activity to support these areas of interest.

People told us if they had a preference for a male or female carer then this was respected. We found people's preferences on male or female carers were recorded in their care plans.

The service valued people's views and experiences. People had been involved in planning meetings with staff to design questionnaires to listen to people's experiences, concerns and complaints and to improve the quality of care provided. The results had been analysed and improvements and further developments had been identified in an action plan. This had been shared with people using the service and staff. It included calling people to let them know if a carer was running late and informing people in advance to any known difficulties in traffic or road works that may affect the timing of their calls. People had the opportunity to contribute to improvements and developments in the service.

People told us that they had not needed to raise any recent concerns with the service. One person told us that when they had raised a concern in the past, the service had, "Handled the concern extremely well." The manager had ensured all feedback from people regarding the service was recorded. This included any worries people had shared, for example, a problem with a key safe, and recorded how the issue was resolved. Where people and other professionals had shared compliments these were also recorded and displayed on the office wall to celebrate the positive feedback. Feedback from people was valued by the service.

The manager also responded to people's wishes in other ways. People had commented that they liked to

receive handwritten letters and so the newsletter sent out to people was handwritten.

Good

Is the service well-led?

Our findings

People were involved in the way the service improved and developed. Research in person centred business models had been used to inform the service's culture. People were valued and included in any developments and improvements considered by the service. One person we spoke with told us, "They really try and help us." The service had supported people to design and plan satisfaction questionnaires and care plan review forms. As a result of people's involvement changes were adopted on both the questionnaire and the review form. This ensured the service was being developed by people.

The service had a clear set of values which were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. People we spoke with praised the service highly for employing carers who demonstrated these qualities on a daily basis. One person told us, "I'm extremely pleased with the service, they are all very good."

The manager also made sure that people's views were included and could shape any staff development. For example, each staff members' supervision session included direct feedback from the people the staff member cared for. Feedback had included, "[Staff member] is very efficient and nice to have in my day," and, "[Staff member] is very thoughtful and has a lovely way about [them]."

All members of staff we spoke with told us they enjoyed working for the service. Comments from staff included, "It's been brilliant," "I love it," and, "No-one feels they are working on their own." Members of staff told us they found the manager and registered manager approachable and had confidence in their leadership. The service promoted an inclusive and open culture.

The service worked with other local community organisations to make sure the support provided to people was high quality. For example, the manager told us how communication with other agencies about changes to times people were picked up by the bus to go to a local day centre had provided more time for people to get ready in the morning. This had resulted in them being less rushed and having a more enjoyable day.

The manager was also working to improve people's satisfaction with the service they received in other ways. This had included analysis of incidents to identify any trends and ways to improve satisfaction to people. This had resulted in a change to the way staff teams were organised so that staff worked in smaller teams. This helped people receive support from more regular carers.

Links to other organisations were in place to ensure best practice was implemented. The manager recognised the Dignity Challenge accreditation scheme as a positive way to develop the quality of services provided to people and an action plan was in place to ensure the service continued to be accredited to the scheme. The manager had also established links and worked in partnership with pharmacists with the aim to improve medicines recording. Links and partnership working had also been established with other services, including local charitable organisations and health and social care organisations. Staff were supported to take part in fundraising activities for a local charity involved in supporting people's end of life care and the service had also provided some sponsorship towards the local event.

The service had supported staff to develop their skills in delivering training and mentoring. Policies and procedures were available to support staff and these were kept under review to ensure they stayed relevant and up to date. Resources were made available to support improvements in the service as well as to support and motivate staff.

Senior staff completed checks to ensure staff provided high quality care. This included checks on staff competency when providing care, record keeping and medicines administration. Senior staff also completed audits and spot checks on care plans, medicines records and diary sheets to ensure record keeping was clear and accurate. We saw other audits were completed on accidents and incidents and that these were analysed to identify improvements or whether risks could be further reduced. For example, we found after one incident, the number of staff providing support to one person was increased. The service demonstrated a commitment to continually improve.

The manager and senior staff demonstrated good visible management and leadership. People we spoke with knew who the manager and senior staff were. We saw feedback from people and their families when senior staff had visited to ask them directly how they were finding the service. The feedback we saw was overwhelmingly positive. Care staff were supported by locally based senior staff and staff we spoke with knew who to contact for management support.

The manager was committed to continual improvement to improve people's satisfaction with the service. We saw the manager had implemented changes so that staff teams worked in smaller geographical areas. They had also analysed visit times to people and identified any potential traffic delays that may cause delays and communicated this to people in advance. This helped ensure people received care from a more regular group of staff.