

Dream Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dream Home Care is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. The services they provide include personal care and medicines support. At the time of inspection, the service provided care to 34 people who received personal care. The Care Quality Commission (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:

People and family members were satisfied with the care and support provided by the service. They told us they could rely on care staff to provide care safely and felt comfortable in their presence. They were complimentary about how the service was managed and told us that care staff were kind, caring and respectful. People's privacy, dignity and independence was respected and promoted.

People were protected from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

Risks associated with people's care were assessed and monitored. Assessments were person centred and care was responsive to people's needs. Care plans provided staff with the information to manage the identified risks.

Staff were safely recruited by the service.

Appropriate medicines management and administration processes were in place.

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 this practice.

Measures to prevent and control the spread of infections were in place.

Staff had the knowledge and skills to safely and effectively meet people's needs.

People's care plans included information about what support people wanted and how they wanted the service to provide the support for them. However, we found some inconsistencies in relation to information in some people's care plans and made a recommendation in relation to this.

There was a complaints policy and procedure in place. The registered manager and staff were open and transparent throughout the inspection and responded to requests positively.

Governance systems were in place to ensure aspects of the service and quality of care provided were

continuously assessed and monitored. A range of audits were carried out to monitor the quality and safety of service provision.

Management evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate.

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

Rating at last inspection and update

The last rating for the service was good (26 July 2018).

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have made a recommendation in relation to care plans.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next Inspect.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dream Home Care Ltd

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 Care Act 2014.

Inspection team

The inspection team consisted of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Dream Home Care is a domiciliary care agency registered to provide personal care to people in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC 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 a registered manager in post.

Notice of inspection

We gave the provider 2 days' notice because we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 28 November and ended on 8 December 2023. We visited the office location on 28 November to see the registered manager and to review a range of records related to the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the registered manager and director.

We viewed a range of records. We looked at care records for 8 people and a sample of medicines records. We looked at 6 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We spoke with 3 people who received care from the service and 19 family members. We also spoke with 7 staff including care staff, the registered manager and director.

We provided formal feedback to the registered manager on 12 December 2023.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help ensure people were appropriately protected from the risks of avoidable harm or abuse.
- People told us they felt safe when receiving care and support. This was confirmed by family members we spoke with. When asked if they felt safe in the presence of care staff, a person told us, "Yes, I love my carer. Very lovely." A family member said, "Absolutely safe. The carer is very sympathetic, understands [my relative's] needs, and is patient." Another family member told us, "Absolutely 100%. Been through quite a few services. We found they preserve [my relative's] dignity. They understand [my relative's] dementia."
- Staff understood how to protect people from abuse. Training records showed staff had completed safeguarding training and staff we spoke with were confident about raising concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and managed to help keep people safe. Risk assessments were detailed and covered various areas such as the environment, transfers and medical conditions. These were person centred and included information about the level of risk and how to minimise the associated risks.
- Staff received training in key areas of potential risk such as moving and handling, basic first aid, health and safety and fire safety.
- There was a system in place to report, record and monitor incidents and accidents to help ensure people were supported safely.
- Incidents were investigated and reasons why things went wrong were reviewed to ensure lessons were learnt. Learning was shared with all staff to prevent the incident from reoccurring.

Using medicines safely

- The registered manager told us the service assisted 5 people with medicines support. People's medicine support needs were documented in their care plan.
- Care staff recorded medicine administration on paper Medicine Administration Records (MARs). The registered manager explained that they had plans to move towards an electronic medication administration recording system in the future and staff were in the process of completing the training for this.
- We viewed a sample of MARs and found these were completed fully indicating that medicines prescribed had been administered appropriately. Staff received training in the safe administration of medicines

Staffing and recruitment

- Policies and procedures were in place to ensure that staff recruited were assessed as safe to work with vulnerable adults.

- The service completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- At the time of this inspection, there were enough staff to safely and effectively meet people's needs and cover their agreed hours of support.
- An electronic homecare monitoring system had recently been implemented. This monitored care staffs' timekeeping and punctuality which would flag up if care staff had not logged a call to indicate they had arrived at the person's home. If this was the case, staff in the office would receive an automatic notification and the office would call care staff to ascertain why a call had not been logged and take necessary action there and then if needed.
- Feedback obtained indicated that there were no issues with punctuality and attendance. A person told us, "Yes, always on time. They will stay until everything is done and then they go." A family member said, "Yes, they arrive on time, punctual."

Preventing and controlling infection

- There were systems in place to help keep people and staff safe and protected from the spread of infection. Policies on infection prevention and control and COVID-19 were in place.
- Staff received training in infection control practices.
- Personal protective equipment (PPE) such as gloves, masks, aprons and shoe covers were provided for them. Staff used PPE correctly and had access to an adequate supply.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had an initial assessment prior to them receiving care and support from the service. This captured their needs, abilities and their preferences and formed the basis of their care plans. The assessment was an opportunity to discuss people's needs to help ensure the service could meet these needs.
- Assessments were comprehensive and considered issues such as people's healthcare background, mobility, personal care and safety requirements. The also considered their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, marital status and ethnicity.
- Daily records illustrated how staff had supported people and this enabled the service to monitor people's progress.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and knowledge to effectively support people. Staff were sufficiently trained and supported. Feedback indicated that care staff were knowledgeable about people's needs. A family member told us, "[Care staff] are very professional. They look after [my relative] well. Courteous and careful." Another family member said, "[Care staff] knows what they are doing."
- Staff had completed training on essential areas such as on basic first aid, safeguarding, food hygiene and moving and handling. Staff also received specialist training such as diabetes and dementia awareness so they were able to support people effectively. The registered manager advised that training provided was a combination of classroom and online sessions to give staff an opportunity to ask questions and share information.
- The registered manager carried out supervision sessions and on-site spot checks. This enabled management to monitor and discuss care staff's role, performance and development.

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

- The provider monitored people's health and nutrition. Whilst care staff did not prepare meals from scratch, they did heat meals for people and assisted with breakfast.
- Care support plans included information about people's dietary needs and requirements, likes and dislikes and allergies. This helped care staff ensure that people's individual needs and wishes were respected and met.

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

- Care records included information about the support people needed to maintain their health. These included people's medical histories and how their health conditions could affect their care needs. There was

information on which health professionals were involved in people's care and their contact details. Processes were in place to support people to access health care professionals where required to ensure they received the appropriate support.

- The registered manager was knowledgeable about people's health and wellbeing and ensured care staff were kept informed of changes.
- The registered manager told us they worked with external agencies and would make referrals as and when necessary.

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 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.

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 completed MCA training and encouraged and supported people to make their own decisions where possible. Staff asked people for their consent before they carried out personal care and they offered people choices in all aspects of their care. This was confirmed by people we spoke with. A person told us, "They ask what I want for lunch. We have a good old chat and a laugh." Another person said, "Sometimes I am unable to speak but [care staff] understands me. They say, fine whatever you want."
- People were encouraged to express their wishes and preferences, and the service adapted their approach to meet people's needs. This was documented in people's care records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were patient, caring and attentive. Feedback we obtained indicated that people were treated with kindness and respect. A person told us, "Kind and caring. [Care staff] look after me. They are helpful. They talk to me and listen." A family member told us, "[My relative] feels comfortable with [care staff]. The carer is wonderful, open. [My relative] looks forward to [the care staff] coming."
- Staff had established positive and caring relationships with people they supported and their family members which helped them deliver person centred care and meet people's individual needs. Staff knew people's routines and over time had got to know what things people liked.
- People received support from the same care staff so that the care they received was consistent. This enabled people to become familiar with care staff and develop relationships based on trust.

Supporting people to express their views and be involved in making decisions about their care.

- People's care plans were individualised detailing their preferences, likes, dislikes and how they wished to be supported.
- The registered manager obtained feedback from people and family members at regular intervals to help ensure the care and support they received was continuing to meet their needs.
- Care plans had been signed by people or their relatives to evidence that people were involved with the decisions made on their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do so.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People's care records were stored securely in the office so only staff could access them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received individualised care which met their specific needs. The service worked in a person-centred way to meet the needs of people and care plans were person centred.
- People's care plans included details about people's medical background, details of medical diagnoses and social history. There was information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. They included information about people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. However, we found some inconsistencies in relation to information in some people's care plans. For example, 2 people's care plans stated that they did not require medicines support. However, another document in their care records stated that they required assistance with their medicines.

We recommend the provider review their care records to ensure the information detailed is accurate and consistent.

- We discussed the above with the registered manager who advised that they would review all care plans and ensure they were accurate.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints. This promoted openness, transparency, learning and improvements within the service.
- Feedback we obtained indicated that the registered manager was approachable. People and family members felt able to ask questions and raise concerns directly with the registered manager. A family member told us, "Good communication. I can call [the registered manager]. No concerns." When asked if they felt able to contact the registered manager to raise any issues, a family member said, "Totally, they ring me and ask me how things are going. They are open and honest. Very personalised."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care support plans contained detailed information about how people communicated and how staff should communicate with them.

- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager explained that documents could be offered in bigger print or braille and could be translated.
- Staff communicated with people positively and understood how people wished their care to be provided.

End of life care and support

- At the time of the inspection, the service was not supporting anyone with end of life or palliative care needs.
- There were systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any requests or advance wishes.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager developed and promoted a positive culture which placed people at the centre of the service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, family members and staff had to say.
- Feedback from people who used the service and their family members was complimentary about the service. They were satisfied with the care provided and would recommend the service to other people. A person told us, "The management are polite and pleasant." A family member said, "I have confidence in the management. They listen to our needs. Any requests actioned as soon as possible. It could be changing the timings. They work with us." Another family member told us, "[The registered manager] is polite, understanding and listens."
- Staff were positive about working for the service and how they were supported in their work. Staff felt valued and respected by the registered manager and were happy working for the service. Staff felt supported and able to approach the registered manager with any feedback and felt this would be listened to. A member of staff told us, "It is a great working here. It is a positive environment. The team and manager work well together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- There was a system of audits and checks in place to monitor the running of the service. The aim of these was to identify deficiencies and help drive improvement. Audits and checks were carried out by the registered manager and included MARs, daily log notes, punctuality, care plans and infection control.
- There was a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, feedback and care plan reviews to make positive changes and improvements to the quality of care people received.
- The registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority as required by law.
- Effective communication systems were in place to help ensure staff were kept up to date with any changes to people's care and support. Staff told us there was good communication. A member of staff told us, "It is a

good place to work because the communication is very good." We saw documented evidence that regular staff meetings were held to enhance communication and share important information.

- Staff performance was monitored through one-to-one supervision and spot checks. These enabled the registered manager to monitor how staff were providing care, their timeliness and professionalism.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to give their views and feedback about the quality of the service they received. Systems in place included telephone calls and visits for people and family members to provide feedback on their experience of the service.
- The registered manager explained that they had regular contact with people and their family members. This helped them to monitor the quality of care delivered and implement improvements without delay.
- Where required, the service communicated and worked in partnership with external parties.