

Domicare Limited

Domicare Limited

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

Domicare is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection two people were using the service.

Not everyone who used the service 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 were supported by kind and caring staff. People and relatives told us that they were treated with respect and dignity. Staff supported people in a compassionate manner and encouraged people's independence. People had access to activities they enjoyed and staff supported them to maintain important relationships.

People received support when they needed it at times that suited them. Staff did not rush people and took their time to support them in an effective way during time slots people had requested. There was a medicines management system set up to support people with their medicines in a safe way.

Quality audits were evident to ensure a safe and effective care was provided and action was taken where necessary. There was also a complaints procedure with clear action for staff to take in response to any concerns or complaints raised. People and relatives told us that they felt involved in decisions about their care and listened to when telling staff how they wanted to receive care.

People told us they always received care when they required it and staff took their time and were not rushed in their day to day activities. People told us they felt listened to. The registered manager had worked well with health and social care professionals to ensure effective care.

People were kept safe from the risk of harm. People had individual risk assessments that provided guidance and advice for staff. Infection prevention control (IPC) procedures were being followed by staff in line with government guidance. Accidents and incidents analysis had been introduced to ensure the risk was minimised of future incidents.

People were supported with food and drink and had assessments in care plans. Staff received adequate training and induction processes were in place for future staff.

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.

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

This service was registered with us on 27 April 2020 and this is the first inspection.

Why we inspected

This inspection was prompted due to it being an unrated service.

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.

Domicare Limited

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

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living 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 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 a registered manager in post.

Notice of inspection

We gave the service 48 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. Inspection activity started on 25 March 2022 and ended on the same date. We visited the location's office/service on 25 March 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from one person and one relative who used the service. 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. We used all this

information to plan our inspection.

During the inspection

The registered manager was the only member of staff working for the service. They were also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager and reviewed two care plans, a number of records relating to medicines, policies and procedures and various quality assurance documents. We also reviewed training compliance and the business continuity plan.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with the registered manager supporting them. One person said, "[Registered manager] always keeps me safe when she is here." One relative said, "We always discuss before each night shift, [person] is in very safe hands."
- The registered manager was well informed of what constituted abuse and when it would be necessary to report such abuse. There was a process to follow, however, no safeguarding concerns had been identified since registration.
- There was a safeguarding policy in place for staff to follow and the registered manager confirmed that any new staff would be expected to read all company policies to ensure that they understood their responsibilities.

Assessing risk, safety monitoring and management

- Risks to people's safety were managed well and people were kept safe. One relative said, "She knows everything about risks to his health and she always monitors these."
- Risk assessments were detailed and thoughtfully completed to contain personal details. For example, one person was at risk of falls, the risk assessment contained advice and guidance for staff such as ensuring the panic alarm line was available to them before leaving.
- The registered manager was knowledgeable about when they would complete a new risk assessments and identifying new risks. Examples of this were seen during reviews of care plans that had been completed.
- The registered manager had a business continuity plan in place. This covered unforeseen circumstances where she was unable to cover the shifts. Details of an agreement with a local company were listed to ensure the calls were covered in the event of an unexpected absence.

Staffing and recruitment

- People told us they never felt rushed by the registered manager and she always covered all shifts needed. One person said, "The thing I like about her is she is very punctual. I appreciate this because if she says she is coming at half six or seven she is here. It was very annoying with my previous carer (from a different service) who would arrive late and then I wouldn't be able to recover as quickly." A relative also told us, "She is never rushed and always takes her time speaking to the other carers from the other agency and me every shift. She is so thoughtful and considerate to any changes."
- The registered manager was the only member of staff for the service. However, preparation had been made to ensure correct recruitment procedures would be followed in the event of the company increasing in size.
- The registered manager had a clear recruitment process to follow, this included completing reference

requests and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The registered manager did not support anyone with medicines, however, procedures were in place if this was needed.
- The registered manager had prepared medicine administration records (MAR) templates to record any medicine that people may need to be supported with.
- There were also protocol templates for "as and when" medicines. This was ready to record all details of medicines, dosage and when it would be necessary to administer as well as maximum dosage.

Preventing and controlling infection; Learning lessons when things go wrong

- People told us that the registered manager always wore personal protection equipment (PPE) when necessary and in line with government guidance. One person said, "[Registered manager] has been brilliant with all masks and gloves when she needs to."
- The service had an infection control policy in place. This was to offer guidance and best practise to any future staff that may work for the service.
- The registered manager had a policy in place to record accidents and incidents. Although none had occurred since registration the registered manager was knowledgeable in how these would be dealt with. The registered manager explained how they would review any incidents and put in preventative measures if they felt this would be of benefit to prevent any future reoccurrences.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- One relative told us how they had been involved with the assessment. They said, "[Registered manager] came to see us before she started and was very thorough with what she asked and the full assessment, this then built the care plan that she is always updating."
- The registered manager completed full assessments prior to accepting packages of care. They told us, "At the moment I am keeping it small as I need to honour the care packages I have started and ensure I completely meet their needs."
- Assessments included people's preferences and details of life histories. This ensured if new staff were to start working for the service they would know pertinent details about the people prior to supporting them.

Staff support: induction, training, skills and experience

- People told us the registered manager was very well trained and experienced. One person said, "I think [registered manager] is very knowledgeable."
- The registered manager was the only member of staff. However, they had a thorough training programme set up in the event more staff were to join the service. This included specialist training to support the people that used the service, such as moving and handling and diabetes awareness.
- The registered manager had a good contact with a local domiciliary care agency. They referred to the manager of this other company as "a mentor" and explained that if they needed support, they would ask this person.

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

- The registered manager only helped one person with their meals. This person was complimentary about the support they received. They said, "[Registered manager] prepares my food for me and they always makes things in line with what I like. I have never not enjoyed the food they have prepared for me."
- Care plans detailed people's preferences in relation to food. The registered manager was also knowledgeable about people's likes and dislikes relating to food when she discussed with us people's needs.

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

- The registered manager supported people who were also using other care agencies at different times of the day and week. A relative told us that the registered manager worked well with these other agencies, they said, "The communication is brilliant. [Registered manager] is always giving me thoughtful updates from the night and always keen to listen how [person's] day has been at the beginning of their shift. They are good at

communicating with the other carers."

- The registered manager was supporting a person to rehabilitate following a stay in hospital. They were very knowledgeable about the person's needs as they improved and confirmed they had received guidance they followed from the hospital. As a result, this person had become a lot more independent. The person told us, "She helped more at the beginning, now I am stronger I like to do things myself. In the long run I need to do more things for me. She provides a great support."
- The registered manager was experienced in identifying changes in people's needs and had suggested referrals to health professionals 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 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.

- The registered manager was aware of the key principles of the MCA and understood her responsibilities if she was to accept a package of care for a person who lacked capacity.
- People told us that the registered manager always asked for their consent. One person said, "As soon as [registered manager] walks in my door, before they do anything they always asks permission before doing any task."
- Care plans contained signed consent forms to confirm people agreed to the support the registered manager was providing.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives told us that the registered manager was kind and caring. One relative said, "We were the first package of care for them, they always said they will carry on with us regardless of any other packages that is taken on, they want to remain small and will always be there for us until we no longer need care. It's just such a personal approach."
- One relative told us, "[Registered manager] is fully aware of everything, they give [person] a hell of a lot of respect. [Person] feels safe and that's the main thing."
- The registered manager talked to us with passion how they valued the people they supported. They said, "They are so important to me. I feel like they are family, I have promised I will always be there for them and that is what I'll do."
- There was an equality and diversity policy in place to ensure any new staff would continue the same level of care the registered manager was delivering.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- One relative told us that they were always asked their opinions and views in relation to their loved one's care. One relative said, "[registered manager] is so respectful and you can tell they genuinely care. They always ask our opinion and what they can change."
- People and relatives told us that they were involved with their care. One person said, "If I ask [registered manager] to do something they do it. If I had problems, I think they would address it straight away."
- People told us how the registered manager listened to them and was guided by them. One person said, "[Registered manager] has always listened to me."
- We were told that the registered manager promoted independence. One person said, "[Registered manager] started every day but now I am trying to do more and more things myself so now (it's not completely fixed) goes along with what I require. If I feel I can manage I ask if they can take the day off and they are very flexible. They have helped so much with my independence."
- People and relatives told us how the registered manager respected people's privacy. One relative said, "[Registered manager] is always asking [person] and giving him choice wherever possible."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives told us that the registered manager made an effort to understand people's needs. One relative said, "It's just such a personal approach."
- The registered manager had considered people's preferences and personal choice when designing their support plans. Care plans detailed people's likes and dislikes to advise staff on how they liked to be supported.
- One relative told us how the registered manager had tailored the support and approach to meet their relative's preferences. One relative said, "[Registered manager] lets them call them by a different name, because of [person's] dementia this ensures [person] does not get agitated."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- One relative told us how well the registered manager communicated with a person. This had a direct impact on how much the person had previously depended on the relative, they said, "[Person] used to call out to me 16 times a night, I don't know what I'd do without [registered manager]."
- Care plans detailed people's communication needs. This advised staff on how to approach people and subjects to support conversation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager had supported a person to rehabilitate following a stay in hospital. The person said, "When I came out of hospital I didn't know, I was mostly lying down and sleeping. I am now up and [registered manager] has helped me to get up and they are what I needed."
- The registered manager was knowledgeable in people's interest and hobbies. They said, "It's important to really know them, so you know what they need and what I can help them with."
- The registered manager had supported people in line with relative's wishes. One relative said, "Sometimes [person] can't sleep and I hear and see [registered manager] always spending time with them, talking to them."

Improving care quality in response to complaints or concerns

- People and relatives told us that they were confident that the registered manager would deal with any concerns in a timely way. One relative said, "I know I could go straight to [registered manager and they would address it straight away. I just couldn't imagine needing to complain ever."
- There was a complaints policy in place for staff to follow. This detailed how to address complaints and follow the correct reporting pathways.

End of life care and support

- The service was not supporting anyone with end of life care, however, all care plans contained a template which considered their wishes in this event.
- There was an end of life policy for all staff to follow. The registered manager spoke to us about how they would support people entering this stage in their life. This included involving local hospices and health professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently 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

- People told us how they were completely involved with all areas of their care and how the registered manager supported them. One relative said, "Once I was let down by my live-in carers and [registered manager] changed their nights to days to help me. I feel so amazingly lucky to have met them."
- People felt completely involved with the support they received. One person said, "[Registered manager] is very responsive when I tell her how I want to receive the support."
- The registered manager told us how they wanted to remain a small service to ensure they could continue providing a high level of care. They said, "It's all about the people I support. I have always said they are my priority and I will not grow as a company until I can guarantee I can continue to provide the same level of care."

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

- The registered manager completed regular quality assurance audits which assured them of any areas of improvement they needed to focus on. We reviewed reports to confirm that they had taken appropriate action to address any queries raised.
- The registered manager was knowledgeable in the action they had to take in response to any risks if they arose. They confirmed the action they would need to take and the professionals they would need to contact. No significant incidents had occurred since registration.

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

- People told us that the registered manager was open and transparent and worked well with all people using the service. One relative said, "[Registered manager] is a one person company and they complete all roles so well. They are possibly one of the most kind and caring people I have ever met."
- People told us that the registered manager always engaged well. One person said, "[Registered manager] is always asking me for my feedback."
- The registered manager confirmed they had worked well with social care and health professionals to ensure the most effective care for people. This was also documented in people's care plans.
- There was a supervision process prepared for new staff if the company grew. Currently the registered manager was being supervised by an independent company. This ensured there was appropriate support for any new staff to be engaged with the running of the company and the potential to voice their opinions

and provide feedback.

Continuous learning and improving care; 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 registered manager understood the need to continue to improve care. We saw records were prepared to document any learning if people or relatives raised concerns or complaints. There were also policies to respond to any accidents or incidents.
- The service were prepared to respond to any significant incidents and the registered manager was knowledgeable in how to report to relevant authorities if a significant incident occurred.