

Dignicare Limited

# Dignicare

## 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

Dignicare is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 125 people using the service in the areas of Ilkley, Skipton and Bingley. 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 told us they felt safe using the service and saw known staff when they were expecting to.

The provider had policies and practices in place to ensure people were protected from any potential abuse, and make sure any concerns were appropriately investigated and reported. Staff backgrounds were checked and assessments of any risks associated with people's care and support were well assessed.

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.

Staff were trained and supported to provide effective care, and the provider worked well with other professionals to deliver the care people needed. People's capacity to make decisions was well managed, and there was good support in place to make sure people had enough to eat and drink.

Dignicare provided a consistent standard of person-centred care. People's diverse preferences and wishes were understood and respected.

There was a strong approach to understanding people's needs and wishes for end of life care, and the provider was working with suitably qualified health professionals to further improve this aspect of their service provision.

There was a robust response to any concerns or complaints which enabled the provider to understand how they were able to maintain and exceed these standards even when something may have gone wrong. People sent in heartfelt compliments about the service and how it delivered good care.

People and staff got on well together, and people were able to be involved in planning and reviewing in their care. People received respectful care and their independence was promoted whenever possible.

There was a clear vision in the service, and the provider monitored quality well. People and staff were asked for their opinions, and the provider was candid when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (Published 25 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## 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 section below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective section below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring section below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive section below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led section below.

# Dignicare

## 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 was carried out by one Inspector and an 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 care service.

#### Service and service type

##### Domiciliary care

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

#### 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 17 December 2019 and ended on 18 December 2019. We visited the office location on 18 December 2019.

#### What we did before the inspection

Before the inspection we reviewed all the information we held about the service and asked other organisations such as the local authority and safeguarding teams for any information they could share. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager and provider, the office manager and three members of staff. We also spoke by phone with six people who used the service and three relatives. We looked at five people's care plans and associated documents such as medicines administration records, surveys audits and other information relating to the running of the service.

After the inspection

We asked the provider to send us additional evidence to support our judgments, and we received this within the timescale we agreed.

# 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

- There were good systems in place to identify and report on any concerns about people.

Assessing risk, safety monitoring and management

- The assessment of risks associated with care and people's homes remained safe and up to date.
- People's care plans included clear guidance for staff to help them identify signs of increased risk, for example for dehydration. This included information about how failing to manage the risk appropriately may affect people and references guidance from the National Institute for

Staffing and recruitment

- The provider continued to use robust recruitment methods. Staff's identity, work references and suitability to work with vulnerable people were all checked before they started to work for the service.
- People raised no concerns about the way calls were managed. Staff were usually known to people and carried identification for people to check if they wished.
- Staff groups were arranged into small areas in which they provided care. Measures were in place to monitor call performance, and action had been taken to improve this when issues had been identified.
- The electronic call monitoring system alerted office staff when care staff appeared to be running late. This system was also effective in contributing to the monitoring of the safety of staff who often worked alone in remote locations.

Using medicines safely

- The safe approach to the management and administration of people's medicines remained safe.
- Staff completed electronic records relating to the administration of medicines. This meant any missed signatures could be identified and investigated immediately to ensure the person had not missed their medicine.
- Short term medicines, for example antibiotics used to treat infections, could be added to the medicines administration record from the office. This ensured staff always had access to up to date information about the medicines people needed.

Preventing and controlling infection

- Staff had supplies of personal protective equipment such as aprons and gloves which they used when providing personal care to people.

Learning lessons when things go wrong

- There were systems in place to review and analyse information relating to accidents and incidents. These ensured any trends could be identified and appropriate action taken to reduce the risk of repeat incidents.

# 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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Since our last inspection the approach to supporting staff through supervision and appraisal processes had improved in line with the recommendation made in our last report.
- There was a thorough induction and training programme in place which ensured staff had the skills and experience needed to provide effective care and support to a diverse group of people.
- People told us they thought staff knew how to provide effective care.

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

- People's needs and preferences were assessed before they began to use the service.
- A hand-held device was used to upload the information to the care planning system as it was being shared. This meant staff had immediately accessible guidance to follow when they visited to provide support.
- Initial care plans were reviewed within two to four weeks to ensure they accurately represented how people wished to receive support. The registered manager said this period depended on the complexity of each person's needs and allowed for, "fine tuning" of the plans.

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

- There were clear assessments in place to enable staff to understand and manage risks connected with people's hydration and nutrition.
- Information included how poor nutrition and hydration may impact on other conditions people might have and how to identify early symptoms of poor food and fluid intake.

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

- Dignicare liaised with health and social care professionals involved in people's care to ensure they had the support they needed.
- Care plans contained contact details so that staff could raise any concerns they may have about people's overall health with the appropriate person.

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.

- Care plans contained appropriate assessments of people's capacity to make decisions, and included information about conditions such as infections which may cause the person's capacity to fluctuate.
- Information about others who might support people with making decisions, for example those holding Lasting Power of Attorney, was also included in care plans.
- Where some more complex decisions had been needed, for example in relation to continuing to take medicines, appropriate processes were in place to make decisions that were in the person's best interests.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider had a strong understanding of how to provide equality in care and ensure people's diverse needs were understood, well documented and respected.
- The provider had previously delivered home-cooked Christmas dinners to people who may be experiencing loneliness and was planning to do so again.
- People gave good feedback about their relationships with the staff, and staff clearly knew people well.

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

- The provider sent surveys to people twice a year to capture feedback about the service.
- 98% of people rated the service either good or excellent in the most recent survey results.
- People and their families were able to access electronic care records and make suggestions for alteration or improvement as they wished.

Respecting and promoting people's privacy, dignity and independence

- Care plans contained information about people's preferences for their appearance, for example clothes and cosmetics they liked to wear. This enabled staff to help people maintain their dignity.
- People told us they were supported to maintain their independence whenever possible.

# Is the service responsive?

## Our findings

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

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

### End of life care and support

- The provider had a person-centred approach to understanding people's wishes and diverse needs, including any arrangements that needed to be put in place in line with their faith or beliefs.
- Preferences for the environment in which people wanted to receive end of life care were explored in detail, including whether the person wanted to remain at home and, if so, whether they may prefer doors to be opened or closed and lights left on or off.
- The service provided additional support to people's families at this time.

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

- People's diverse needs were understood and respected. The provider was meeting their obligations under the Equality Act 2010.
- People were able to access care plans and suggest changes at any times, and processes in place to carry out formal reviews were inclusive and ensured people had every chance to contribute to the process.
- We received positive feedback from people about their experience of using the service. People used words and phrases such as, "Amazing", "Couldn't be better", and "Very happy" when talking about Dignicare.
- The service received a strong response to surveys they sent to people, with an almost unanimous response rating questions about person-centred approaches and quality of care as 'Excellent'.
- Staff prepared special meals to enable people to celebrate significant dates and occasions, and helped people maintain hobbies by participating with them.

### Improving care quality in response to complaints or concerns

- There was a robust approach to the management of formal and informal complaints, including checks on whether the person receiving care had given consent for someone to raise issues on their behalf if they did not do so themselves.
- Where people raised issues informally, the provider used their complaints process to ensure these concerns were approached and resolved to people's satisfaction.
- People received a written response at the end of the process, and the provider made clear the issues could be reported to the local authority or CQC if people remained dissatisfied.
- The provider had received heartfelt thanks for the care they provided, and continued to take an interest in people's well-being when they moved into residential care.

### 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.

- At the time of the inspection there was no one using the service who had requested a care plan in an adapted format, for example to meet the needs of people with sensory impairments. The provider said they would make any necessary adaptations to enable people to access and understand information about their care and support.

- Staff used an electronic system to access and make notes in people's care plans, and people and their families were also able to view information online if they wished. Where people preferred to have a paper copy of their care plan this was provided for them.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider had a strong commitment to person-centred care and achieving the best outcomes for people.
- The provider worked consistently well with other bodies involved in supporting people such as the local authority, Skills for Care, other care providers and the Clinical Commissioning Group (CCG). The quality of this collaboration enabled the provider to work for consistently positive outcomes for people needing care and support.

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

- There was good oversight of performance and quality in the service.
- There was good, open communication between the provider and people who used the service.
- Staff were only employed if they were felt to embody the provider's values for the service, and the induction further ensured everyone was committed to the vision of caring for and valuing people.
- Regular checks on staff performance were made to ensure care was delivered in line with people's needs and expectations. Staff did not begin to work unsupervised until they and their line manager felt they were confident and competent to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the planning of their care. The provider was proactive in seeking ongoing feedback both as part of reviews of individual care packages, and also through surveys asking for anonymous feedback.
- Staff were also consulted about their experience of working for the provider and encouraged to share thoughts and opinions that may help improve performance in the service.

Continuous learning and improving care

- As a result of reviewing published reports on the CQC website, the provider was able to adapt and adopt best practice identified in other services. For example, staff carried test kits to enable them to check for urine infections that could have a highly detrimental impact on people's well-being. The provider had liaised with GP practices to ensure they would support this initiative.

- The provider was in the process of moving to a new electronic care system at the time of our inspection. They had identified a number of additional benefits including better, real-time monitoring of call performance.