Dignicare Limited

Dignicare

Inspection report

12b Russell Court, Cottingley Business Park
,Cottingley, Bingley BD16 1PE.
01274 566300

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Dignicare is a home care service providing personal care to people in the Bradford and Bingley areas of West Yorkshire and the Craven area of North Yorkshire.

A registered manager was not in place. 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.

.As a result of the January and March 2015 inspections the Commission intended using its enforcement powers to restrict admissions and to cancel the provider's registration. The provider was clear that the use of enforcement action was unnecessary and the justification for such action would be tested before the courts. The Commission's inspection in June 2015 (this report) assured the Commission that enforcement action was unnecessary and that the matter need not remain before the courts.

This inspection was a comprehensive inspection where we also checked whether Dignicare had made necessary improvements. It was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and management were not always office based.

We found improvements had been made and the service was no longer in breach of regulation.

Summary of findings

Medicines were appropriately managed. The service had improved its systems and records were now consistently in place which provided evidence people received their medicines as prescribed. Consideration had been given to ensuring people were supported with medicines at the correct times.

We found there were sufficient quantities of staff to ensure the service delivered appropriate care that met people's needs although currently the provider and manager were regularly delivering care. They told us they hoped to deliver care in a standby capacity only once further staff were recruited. Safe recruitment procedures were in place.

Risks to people's health and safety were appropriately managed. The service had ensured up-to-date risk assessments were in place detailing how staff should manage identified risks.

People and their relatives all told us that the service provided high quality care. Improvements had been made to the training system with all staff now up-to-date with mandatory training. Work had been undertaken by the service to ensure new staff received induction training in line with the new Care Certificate to ensure they attained recognised standards of competency.

People's choices were promoted through care planning and people had been asked about their preferred call times. We found that improvements to documentation were required to ensure the service could evidence that decisions made on behalf of those without capacity were made in their best interests.

People and their relatives told us they were treated well by staff who delivered a personalised and caring service. They said staff were always friendly and treated them with dignity and respect.

At previous the inspection, we had concerns about people not receiving calls at times which met their individual needs. We found improvements had been made. The timeliness of calls now showed a greater level of consistency and amendments had been made to call times where we had previously expressed concern that they were not meeting people's individual needs. People and their relatives all said they were all now happy with the times that care workers visited.

People's needs were assessed in a range of areas to help staff deliver appropriate care. Personal support plans were all up-to-date and a robust system of review was in place to ensure any changes in people's needs were identified and give people the chance to make any changes to their plans of care.

A range of quality checks were now in place to help ensure the service identified shortcomings and addressed them to reduce the risk to people. Audits of call times, documentation and checks on staff practice were regularly undertaken.

People were asked for their views via periodic surveys and these showed sentiment towards the service had improved and demonstrated a high level of satisfaction with the service. This was confirmed by our discussions with people and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

Previously, we had concerns about the safety of the service. At this inspection we found safety had improved. People and their relatives told us they were felt safe when staff visited. Medicines were appropriately managed. Documentation showed that people received their medicines as prescribed, including arrangements for ensuring that time specific medicines were given at the correct times.

Risks to people's health and safety were appropriately managed. Relevant and up-to-date risk assessments were in place which provided staff with information on how to keep people safe. Sufficient quantities of suitably trained staff were available to help provide a stable and consistent service.

We could not award a higher rating than "requires improvement" for this domain because to do so requires consistent good practice over time.

Is the service effective?

Requires improvement 

Previously we had concerns about the effectiveness of the service. At this inspection we found improvements had been made. People and their relatives all praised the care provided and said they had no concerns. They said staff were appropriately skilled and trained to undertake their role. We saw the provision of training had improved substantially since the previous inspection with all staff now up-to-date with mandatory training.

We saw people's choices were promoted through care planning and people had been asked about their preferred call times. We found it was not always documented that decisions made on behalf of people without capacity were done as part of a best interest process in line with the requirements of the Mental Capacity Act 2005 (MCA).

People's healthcare needs were assessed and we saw evidence of contact with health professionals where health concerns were identified. Their advice was recorded to help staff deliver effective care. We could not award a higher rating than "requires improvement" for this domain because to do so requires consistent good practice over time.

Is the service caring?

Requires improvement 

People and their relatives spoke highly of the staff that provided the service. They all said that staff were kind and treated them with dignity and respect.

People said staff did not rush and that they had familiarity to the care workers who visited them.

Summary of findings

Care plans demonstrated that people's individual needs and preferences had been assessed to aid staff deliver personalised care. We could not award a higher rating than "requires improvement" for this domain because to do so requires consistent good practice over time.

Is the service responsive?

Requires improvement

Previously we had concerns about the responsiveness of the service as we judged call times did not meet people's individual needs. We found improvements had been made. Call times were now showed a greater level of consistency from day to day and were in line with people's preferences and individual needs. Feedback from people and their relatives all showed they were happy with the time care workers arrived.

People's needs were assessed in a number of areas to enable staff to plan and deliver appropriate care. Assessments were all update and people received regular reviews to ensure that any changes in their needs were promptly identified.

We could not award a higher rating than "requires improvement" for this domain because to do so requires consistent good practice over time.

Is the service well-led?

Requires improvement

Previously we had concerns that the service was not well led. We found improvements had been made. The general sentiment from people, their relatives and staff was that the quality of the service was much improved. This matched with our own findings that significant improvements had been made across the service.

Systems of audit of staff practice, record keeping, timeliness and medication were in place and there was evidence that action was taken to address any shortcomings. People's views were regularly sought through periodic questionnaires, review meetings and management spot checks.

We could not award a higher rating than "requires improvement" for this domain because to do so requires consistent good practice over time.

Dignicare

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.

At the last inspection in March 2015, we found a number of breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We undertook enforcement action against the provider. As part of this inspection we checked whether the provider had made these improvements.

This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and management were not always office based. The inspection team consisted of four inspectors. The inspection took place between 2 and 5 June 2015. During this period we made phone calls to staff and people who used the service. On 2 June 2015, we visited the provider's offices also visited people in their homes.

We spoke with 12 people who used the service or their relatives. This was a mixture of telephone calls, and visits to people's homes. We spoke with five care workers, the manager and the provider. We looked at nine people's care records.

We looked at other records which related to the management of the service such as training records and policies and procedures. As part of the inspection with also spoke with the local authority safeguarding and commissioning teams.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed all the information held about the provider and spoke with the local authority to share information about the service.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and comfortable when staff visited their homes. Nobody raised any concerns over their safety. People and their relatives said staff were kind and treated them with care. People said they knew how to raise any concerns and that if they did they would be dealt with appropriately by the manager.

Safeguarding procedures were in place and staff had received training in the subject to help ensure they had the skills required to identify and act on allegations abuse. Staff we spoke with demonstrated a good understanding of safeguarding matters. They said the manager would take any concerns reported to them seriously. Safeguarding was also considered as part of staff spot check and periodic service user feedback survey. This enabled the service to listen to any safety concerns people had.

Previously we had concerns that people were not always receiving their medicines at the times they needed them and documentation demonstrating the support staff provided was not always in place. We found improvements had been made and medicines were now safely managed. People that required time specific medications now had protocols in place to ensure they were supported by staff as prescribed. For example, we looked at two people's records who were prescribed medicines to be given 30 – 60 minutes before food. This need had been highlighted in their medication risk assessment and a protocol put in place to enable medication to be given as soon as staff arrived with any food prepared towards the end of the visit. Staff we spoke with demonstrated they were aware of these protocols. In one case, visit times had been made earlier to increase the chance that staff were able to assist with medication before the person's breakfast. This helped ensure people's medicines were given as prescribed. Information sheets on the medication people took was contained within care records to ensure staff understood the medicines people were taking.

At the last inspection in March 2015 we were concerned that a number of medication errors had occurred. The manager, staff and people we spoke told us that no medication errors had recently occurred and incident data indicated this was correct. Medication Administration Records (MARs) were in place which listed the individual medicines people were prescribed and entries by staff provided evidence that people received each medicine as prescribed. A recent staff meeting had taken place regarding medication, and completion of MAR's. Since the meeting records showed there had been a marked improvement in the way medication support was documented. MAR's were generally well completed with no missing signatures. We found one recording error, a person was prescribed lactulose solution, the prescribing instructions said three spoonful's to be given at night, but signatures on the chart indicated this had been given in the morning instead. We asked the manager to investigate this immediately. Medication audits regularly took place, which checked to ensure documentation was completed correctly. We saw any shortfalls were identified and discussed with staff to help prevent a re-occurrence. A medicine management policy was in place, this was currently being reviewed to make it more specific to best practice in the area of domiciliary care.

All care workers were up-to-date with medication training and a structured shadowing programme which considered medicine competency had been introduced to reduce the likelihood of medication errors by new members of staff.

We found there were enough staff to ensure people's needs were met. People said care workers arrived on time, stayed for the correct amount of time and nobody reported any missed calls. Records we looked at also showed a better consistency to visit times, with no gaps in recording indicating people were receiving calls consistently and at the times they needed them. Records and people's feedback indicated double up calls were always attended by two staff. Care worker rota's showed some travel time, breaks and spare capacity indicating that the service was not overly stretched. The manager told us that there were currently 501 hours of care and 545 staff hours when all staff were available, excluding management. There were additional vacancies listed as the nominated individual and manager was delivering care on a regular basis, but hoped they could reduce this and act as standby only once further staff were recruited. Staff we spoke with said that improvements had been made and they felt less rushed. They told us there were more breaks on rota's which made them more realistic to achieve.

Appropriate staff recruitment and selection systems were in place. There was a clear process which ensured appropriate checks were carried out before staff began

Requires improvement

Is the service safe?

work to make sure that job applicants were suitable to work with vulnerable people. These included checks on identity, entitlement to work in the United Kingdom, references and DBS (Disclosure and Barring Service) check.

Disciplinary processes were in place. We saw these had been followed where suboptimal practice was identified, for example in regards to medication and inaccurate recording. This helped to ensure that inconsistencies in staff performance were addressed. However, we did find one staff member had been dismissed without appropriate records kept. We reminded the provider of the need to ensure robust records were kept in this area.

A clear 'non-response' policy was in place instructing staff on how to respond should they not be able to gain access to a person's home. Previously we had concerns that staff were not consistently following the 'non-response' policy. Staff and senior staff reported a good relationship between each other in escalating any concerns or issues. Staff we spoke with were aware of the 'non-response policy' and how to respond should there be an incident. New staff were orientated to the protocol through shadowing and their competency assessed, for example to ensure they knew about entry methods at people's properties. The provider was further developing this system by asking people and their relatives exactly what they would like to happen if there was no reply when care workers arrived at their door. Forms asking people for their individual preferences had been sent out and were in the process of being returned. This would ensure a person centred approach to the 'none response' policy.

Risks to people's, health, safety and welfare had been assessed and risk assessments were in place. These covered moving and handling, environment and falls and provided information to staff to help keep people safe. Where specific risks to individuals were identified, these were detailed within their personal support plan.

We could not award a higher rating than "requires improvement" for this domain because to do so requires consistent good practice over time.

Requires improvement

Is the service effective?

Our findings

All the people and relatives we spoke with told us they were happy with the quality of care provided by the service with no negative comments received. For example one person told us, "Very very happy." Another person told us, "Very well looked after, perfectly happy with care." A third person told us, "Got a lot to thank Dignicare for, came out of hospital, [the] staff helped me regain movement."

At the last two inspections (January and March 2015) we had concerns over staff training, skill and knowledge. Since January, feedback from people and their relatives regarding the quality of care workers had improved significantly. People now told us staff had the right skills and knowledge to care for them. For example one person told us, "Definitely have the right skills" and another person told us, "Staff know what they are doing." We found staff were now all up-to-date with mandatory training. This included computer based training in medicines, dementia awareness, infection control, mental capacity, nutrition and diet and safeguarding. In addition, face to face practical manual handling training had been provided to all staff to help ensure staff handled people safely. This increased provision of training was reflected by staff sentiment, for example one staff member told us, "Training has improved" and another staff member described the training programme as, "Very useful."

We looked at a new member of staff and saw they had received a range of induction training to give them the skills they needed to undertake the role. Records of a shadowing and orientation programme for new staff were now in place and signed off by senior staff when competent. Work had been undertaken to map individual training to the newly introduced care certificate to ensure that new staff achieved the recommended national standard of competency.

People and their relatives told us they were offered appropriate support at mealtimes, for example in the preparation of breakfast, snacks and lunches. Personal support plans detailed the level of support required and included preferences about the type of meal they liked to enable staff to deliver personalised care. Daily records of care provided evidence that people received the required level of support at each visit. We saw the advice of health professionals had been used to inform care plans on eating and drinking. For example advice from a speech and language specialist had been used to update a care plan, and a longer call had been provided to reflect the recommendation that they needed a greater level of supervision at mealtimes.

Care plans focused on giving people choice, for example what they wanted to eat and drink. Each person had a mental capacity assessment in place where their capacity to make decisions was assessed and any support needed clearly stated. We saw call time agreements were in place which showed that people had consented to the time of their call. Discussions with people and their relatives revealed they received calls at the time they wanted them indicating this consent process was valid. For example one person told us, "Yes I get visits at times I want, always ask me, don't tell me, they come at the times I prefer."

Where people's relatives had consented to care practice, such as the 'non- response policy' or agreed call times, this had not been documented as part of a best interest decision . We asked the provider to address this to ensure that there was documented evidence that decisions made on behalf of those without capacity were made in their best interests, in line with the requirements of the Mental Capacity Act.

Appropriate links with health professionals were in place. Details on people's doctors were present within the personal support plan to enable staff to contact should there be a health concern. A central professional visit log was maintained which showed when the service contacted health professionals. This provided evidence that changes in people's care needs were logged and action taken for example liaising with nurses and doctors.

We could not award a higher rating than "requires improvement" for this domain because to do so requires consistent good practice over time.

Requires improvement

Is the service caring?

Our findings

People and their relatives spoke highly of the staff that visited them and said they were kind and compassionate and treated them well. For example one person told us, "[staff name] Is just perfect" and another person told us, "Excellent, treat with dignity and respect and chat to me, I look forward to their visits." A third person told us, "Never flippant or make [me] feel a burden, always ask if there is anything else they can do." A relative described staff as having an, "Excellent attitude."

People told us that staff informed them if they were going to be late. We saw that since the last inspection a letter had been sent to people informing them that this would now happen. We saw evidence in people's daily records that contact had been made with people if the care worker was running significantly late.

People and their relatives reported the service was flexible in that if care took longer on a particular day it was not a problem and carers would spend a bit longer with them and always completed all care tasks. When looking at daily records of care, we found some carer workers did stay longer than others and carers did not always stay for the full allotted time. However nobody reported to us that staff rushed and they all said care workers always completed the required daily tasks before leaving.

People told us they had regular carers who came to visit them and reviews of daily records, rota's and conversations with staff confirmed that most staff now had set runs which increased the level of continuity and helped ensure people were cared for by familiar faces. One person told us that as their regular carer was going on holiday the senior carer had taken the time to ask them which staff they would prefer to have deliver care in their absence. This showed a personalised approach to the delivery of care.

Care plans were personalised to the individual and provided evidence that staff had taken the time to understand people's individual needs and preferences. Care plans focused on independence for example helping people to maintain some aspects of their care themselves such as dressing or washing part of their body. Staff we spoke with understood the care needs of the people we asked them about such as how to ensure they received their medication at the correct times, their likes, dislikes and personality traits.

People told us they felt listened to by staff and management and were involved in care decisions. People said they had been involved in the creation and review of their care plan and documentation showed this was the case as people had signed to demonstrate they agreed with their plan of care. Regular spot checks on visits by senior staff and periodic feedback surveys provided mechanisms for staff to listen to the views of service users. Staff dignity, respect and attitude was also checked through these mechanisms to help the provider assure itself that staff were kind and caring to people that used the service.

We could not award a higher rating than "requires improvement" for this domain because to do so requires consistent good practice over time

Requires improvement

Is the service responsive?

Our findings

People told us the service was responsive to their needs, for example around altering call times to meet their individual needs. For example one person described it as, "Very flexible" and another person told us, "They came at different time today cos I asked as had hospital appointment." Staff we spoke with also said significant improvements had been made, for example one staff member told us, "We respond to things, straight away with clients." We saw examples of the service responding to people's changing needs, for example requesting both shorter or longer call times for people via the local authority as a result of changes in their individual needs.

Previously in the January and March 2015 inspections we found call times did not meet people's individual needs as we judged calls times displayed an unacceptable degree of inconsistency. At this inspection we found improvements had been made. Everyone we spoke with told us they received the calls at the time they wanted them. Nobody raised any concerns about visit times and said that albeit minor variations in visit time, the service was consistent day to day. We looked at daily records of care which showed the time people received their calls. Overall, we saw this matched with people's individual preferences as specified in their call agreement and generally demonstrated a good level of consistency. We looked at call times to nine people and did not find any concerns. For example we looked at one person's records for a 25 day period in April/May and saw on 85% of occasions their morning visit was within 15 minutes of the agreed time, and only on one occasion a discrepancy of over 30 minutes (35 minutes). We looked at the care provided to another person who at the last inspection told us morning call times were too late. At this inspection we saw call times had been altered to much earlier in the day and showed a greater level of consistency. Call times to another person who we raised concerns about during the March 2015 inspection, also showed a better consistency. Staff care rota's demonstrated that care was planned with a greater degree of consistency with regards to call times with them planned at a similar time each day. Staff told us call times were much improved and they were able to arrive at each person's house at an appropriate time. Where occasional late calls took place these were highlighted by the manager, investigated and discussed with staff.

We saw there was appropriate travel time between clients. Although this was not allocated between every service user due to some very short journeys and negligible travel time, sufficient travel time was given periodically to ensure the accumulation of small amounts of travel time did not result in staff becoming behind schedule. Staff we spoke with said that they were given sufficient travel time, for example one staff member told us about how improvements had been made to the rota over the last month.

Personal support plans were in place which provided evidence that people's care needs had been assessed in a number of areas including medication, continence, eating and drinking and mobility. A clear plan was put in place to help staff deliver appropriate care. The plans and associated risk assessments we looked at were all up-to-date and care files were well ordered to enable staff find information promptly. Records of daily care were much improved. These provided evidence staff delivered appropriate care. We did not see any unexplained gaps in the records we looked at which provided evidence that people received consistent care at the times they needed it. Staff spoke positively about care records and said they were, "Much better" than previously.

A robust system of care review was in place to enable the service to be responsive to people's needs. New service users were reviewed after the first eight weeks to ensure care continued to meet their needs and then at six month interviews or more frequently if their needs changed. We saw this was managed through a matrix which helped ensure everyone's care plan was up-to-date. Reviews were an opportunity for people to raise any concerns and make changes to their plan of care. Feedback from the reviews in May 2015 showed people were very satisfied with the service.

A complaints procedure was in place we saw that documentation was in place to enable complaints to be investigated and action taken. No complaints had been received since the last inspection so we could not establish whether they had been appropriately managed. People and their relatives displayed a high level of satisfaction with the service and a number of compliments had been received for example a recent compliment read "You people are polite, friendly and aware of what I need." Another "since having a meeting with [provider], service has improved, listen to what I wanted, now completely happy."

Requires improvement

Is the service responsive?

We could not award a higher rating than “requires improvement” for this domain because to do so requires consistent good practice over time.

Requires improvement

Is the service well-led?

Our findings

A registered manager was not in place. A dedicated manager was now working at the service, thought they had not yet completed the application process with the Commission. The manager was currently heavily involved in care and undertook a significant number of visits each week. Whilst this allowed them to work with the workforce and see issues first hand it reduced the manager's supernumerary capacity to manage the service. The provider told us they planned to ensure the manager was completely office based once the recruitment of several more staff members was completed. In the interim they told us and evidence showed they were working closely with the manager to assist with running the service

We found significant improvements had been made to the service since the previous inspections in January and March driven by new systems and processes. Following concerns raised by the Commission at previous inspections, action had been taken to improve all aspects of the service including the medicine management system, call times and rota's, training, records and audits.

Feedback from people and their relatives, gained through our discussions with them showed this to be the case with people now speaking very highly of the care provider. For example one person told us, "Absolutely first class, whatever I ask for has been done." A second person told us, "Very good management, better since [manager] took over, nothing could be better." A relative told us, "Lots better than before."

Staff also told us things had improved for example one staff member said, "We have worked tirelessly, we have no missed calls, everything is better, morale is better" and "We have a good team, everyone mucks in."

Systems were in place to assess the quality of the service and seek feedback from those who used it. People and/or their relatives told us they had been asked to complete regular satisfaction surveys by the provider. As part of systems to improve the quality of care the provider had sent out two surveys, one in February 2015 and a further survey in April 2015. Analysis had been done and the results of the April survey compared with February. The results combined with our own sampling of opinion of 12 people and/or their relatives demonstrated a high level of satisfaction with the service. The two surveys compared showed an improvement from February to April in all areas with the percentage of 'excellent' and 'good' scores increasing. For example 65% rated staff as excellent in 'knowing jobs' compared to 42% in February. In February three people stated that the provider was 'not very good' at 'arriving on time and not letting them down', now all responses were 'good' or 'excellent'. This demonstrated how the service had improved.

At the end of each month, daily record sheets were audited by the manager. These looked at a range of areas including call length, call times and any discrepancies. Where poor record keeping or inconsistent times were identified these were addressed through discussion with staff which helped the service to continually improve. To enable the service to monitor call times in a real time basis, staff were required to sign in via telephone at each client's house. Logging in had much improved since the previous inspection and the manager was able to use the data to compare the times staff logged in with rota's, although due to some clients not having a suitable phone system to make these calls, this was not completely reliable. Although we concluded this system could be improved, the fact that call times now showed a greater level of reliability meant that there was not a significant impact on people who used the service. The manager told us about plans to introduce a new more reliable system in the near future.

Medication audits were also in place which looked at whether people were receiving their medicines as prescribed and at the correct time. Audits were regularly identifying issues and action was taken with staff to address. For example it was highlighted by management that staff were poor at completing Medication Administration Records (MAR). A meeting was held with staff and since the meeting the provider's audits and our own investigations had showed documentation had much improved. This showed us that the providers systems to assess and monitor the quality of medication were effective.

Staff were also subject to regular supervision and appraisal to monitor and improve performance and seek feedback from them. A staff survey had recently been sent out to ask them confidentially about their views on the service, although completion rates were poor. A system of spot audits was in place undertaken by management and senior care workers. This helped ensure any poor working

Requires improvement

Is the service well-led?

practices were identified and action taken to try and ensure a consistent high quality service. Where issues were identified we saw action had been taken with the staff involved through the disciplinary process.

At the last inspection we were concerned about some of the incidents which took place, namely missed calls and medication errors. At this inspection, the incident file showed there had been no incidents. People, their relatives and staff we spoke with told us they had not been any incidents. This showed us the service had improved.

Records were better managed. We found care files were indexed with historic information now removed to ensure relevant information could be quickly located. Records relating to the management of the service such as training, recruitment, care review and audit were appropriately kept.