

D & H Community Support Ltd

# D & H Community Support Ltd

## Inspection report

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Date of inspection visit:  
20 July 2016

Date of publication:  
22 August 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 20 July 2016 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and we needed to be sure the registered manager would be in.

D & H Community Support Ltd provides a home care agency service and a day centre for people living with learning and physical disabilities. People who use the home care service can also use the day centre. Our inspection was concerned only with those people using the home care service who received personal care. Day services do not fall within the scope of our regulatory powers. At the time of our inspection two people used the home service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were safe. They were supported and cared for by staff who had been recruited under robust recruitment procedures that ensured only staff who were suited to work at the service were employed. Staff understood and practised their responsibilities for protecting people from abuse and avoidable harm.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting people's independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people using the service. This meant that home care visits were consistently made at times that people expected. They were supported by a core team of care workers which meant the experienced a consistent quality of care and support.

All staff were trained in handling of medicines. At the time of our inspection none of the people using the service required support with medications such as pills or tablets.

People were cared for and supported by care workers staff who had the appropriate training and support to understand their needs. People using the service and their relatives spoke about staff in consistently complimentary and positive terms. Staff were supported through supervision, appraisal and training.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had awareness of the MCA. They understood they could provide care and support only if a person consented to it.

People using the service were independent and able to meet their own needs with regard to nutrition and diet. However, staff supported them with information about healthy eating and exercise. People were supported to attend health care appointments and to access health services when they needed them.

Staff were caring and knowledgeable about people's needs. People were supported by the same staff and developed caring relationships with them. People using the service and their relatives told us staff were caring.

People were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. Information was available to them in 'easy to read' formats. People told us they were always treated with dignity and respect.

People contributed to the assessment of their needs and to reviews of their care plans. People's care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider.

People using the service and staff had opportunities to be involved in developing the service. This was particularly so in relation to activities people were supported to access.

The provider had effective arrangements for monitoring the quality of the service. These included obtaining and acting upon people's feedback about their experience of the service.

## 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.

Staff understood and consistently practised their responsibilities for protecting people from abuse and avoidable harm.

Staff underwent a robust recruitment process that ensured as far as possible that only people suited to work at the service were employed.

People received the support they required with their medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the right skills and knowledge to be able to meet their needs.

Staff were supported through supervision, appraisal and training that enable them to understand and consistently provide for people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were advised about healthy eating and were supported to access health services when they needed them.

### Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with people they supported. They were able to do this because they consistently supported the same people.

People were involved in decisions about their care and support and they were provided with information about the service.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received care and supported that was centred on their personal individual needs.

People were confident about raising concerns because they believed they would be listened to and acted upon.

### Is the service well-led?

Good ●

The service was well led.

People using the service and staff had opportunities to be involved in developing the service.

People using the service and staff knew how to raise concerns and were confident their concerns would be taken seriously.

The provider had effective arrangements for monitoring the quality of the service.

# D & H Community Support Ltd

## Detailed findings

### Background to this inspection

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

This inspection site visit took place on 20 July 2016 and was announced. The provider was given 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff. We needed to be sure they would be in.

The inspection team consisted of an 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.

Before the site visit, we asked 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 what improvements they plan to make. Before we visited the office on 20 July 2016 sent carried out a questionnaire survey to two people using the service, two relatives and five staff. The number of responses was one, none and one respectively. We spoke with a person who used the service and a relative of another person using the service. We also spoke with a social care professional who was involved in the support of a person using the service.

On the day of the inspection we spoke with another person who used the service, the registered manager and four care workers. We looked at two people's care plans and associated records. Other records we looked at included information about support staff received through training and appraisal, a staff recruitment file to see how the provider operated their recruitment procedures and at records associated with the provider's monitoring of the quality of the service.

We spoke with the local authority that funded some of the care of people using the service. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had concerns about the service.

# Is the service safe?

## Our findings

Both people using the service told us they felt safe from abuse and harm. One told us, "I always feel safe". The other person told us, "I feel safe when they [care workers] visit me." They explained a number of reasons why they felt safe. These included always being supported by a core team of care workers and receiving home care visits at times they wanted. A person said, "They are very reliable. They never turn up late and if they can't cover a shift due to last minute sickness they will let me know". Another told us, "The same people visit me at home, they are all nice to me." A person added that care workers supported them they wanted to be supported. They told us, "They do things the way I want them to". Relatives we spoke with also expressed confidence about people's safety. One told us, "I would say they [the staff] keep him safe when they are with him".

People were advised about how to stay safe in their homes. Care workers did things to help people feel safer. A person told us a care worker had fixed their garden gate after it had broken. A care worker told us, and records we looked at confirmed, that they checked batteries to fire alarms and replaced them if necessary and had arranged for a local authority pest control officer to visit a person after identifying an infestation of ants in their home. The person using the service told us the care worker had done those things at their request. This showed that care workers acted upon people's concerns about their safety and comfort.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated when we spoke with them that they understood safeguarding procedures. Staff told us they were confident that if they raised any concerns with the registered manager they would be taken seriously. One told us, "I'm absolutely confident about raising concerns". Another told us, "When I raised a concern once the manager kept me informed about it and told me about the outcome of their investigation." We saw evidence of that after a care worker reported a concern about a person's safety in their home. The information was shared with the local social services department and steps were taken to reduce the risk of harm occurring at times the person was at home in between home care visits.

The provider had policies that protected people from abuse. These included policies about safeguarding people from harm and policies concerning staff conduct. These included a policy which forbade staff accepting presents or gifts from people or entering into private care arrangements. These policies protected people from financial abuse. All care workers were given a staff handbook that included a code of conduct and reference to safeguarding related policies. We saw evidence that when a care worker had not acted in accordance with the staff handbook, disciplinary procedures were followed. This showed that the provider put their policies into practice.

People's care plans had risk assessments of activities associated with their personal care routines. The risk assessments were detailed. For example, a risk assessment included detailed information for care workers about how to support a person to have a shower safely.



The provider had procedures for staff to report incidents and accidents that occurred or were in connection with home care visits. We saw that staff used those procedures and that reported incidents were investigated and acted upon by the registered manager.

The provider operated robust recruitment procedures. This included requiring job applicants to provide two referees that were contacted for references about the person's suitability to work for the service. Applicants had to provide an employment history and explain any gaps in employment on their job application form. Other checks included Disclosure Barring Scheme (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We looked at a staff recruitment file and we found that all the required pre-employment checks were carried out before new staff were allowed to start work. People using the service could be confident that the provider took every reasonable step to ensure that only staff suited to work for the service were employed.

People using the service at the time of our inspection did not require support with their oral medicines because they had full-time carers who did that. All staff had training in the safe management of medicines. This meant that on occasions a person did require support with, for example a medicinal cream, staff were able to support them. We saw from records we looked at that staff reported to the registered manager if they were aware that a person's carer had not given them their medicines. On those occasions a doctor was contacted for advice. This showed that staff practised their safeguarding responsibilities even when concerns were related to matters outside the range of care and support they were required to provide.

# Is the service effective?

## Our findings

People using the service told us they felt that staff had the right skills and knowledge to meet their individual needs. A person told us, "They [care workers] do it [personal care] properly. I'm pleased with the care I get". A relative said, "The staff appear quite good at what they do" and another said, "They do things well, as they should be done".

All care workers we spoke with felt their training had fully prepared them for their role. One told us, "My training has absolutely helped me to do my job" and another said, "My training has been very good". All staff had induction training which, for new staff, was based on achieving a Care Certificate. This was introduced in April 2015. To achieve the certificate care workers must successfully complete 15 training modules by demonstrating that they have the right skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. At the time of our inspection, a new care worker had been supported by the registered manager to progress through 10 of the modules.

The training care workers received included training about understanding medical conditions people lived with. For example, they had training on what to do if a person using the service had an epileptic seizure. They also received training about care plans and how to rely on them to support people with their care and support needs. A social care professional told us, "Staff appear well trained and skilled".

The registered manager evaluated the effectiveness of training by monitoring whether care workers put their training into practice. This was done through unannounced 'spot check' visits where they observed care workers provide care. They checked whether the care worker looked at a person's care plan and notes from the previous visit before providing care and support. They observed whether the care and support provided was in line with a person's care plan.

As a result of the training care workers had and the support they received from the registered manager, people using the service could be confident that they were supported by care workers who understood their needs.

All care workers we spoke with felt well supported through supervision and training, including training they had requested as a developmental opportunity to broaden their knowledge. A care worker who had never worked in social care before told us, "My training has been very much helped me to perform my job". Another told us, "I'm able to go on training I think I'd benefit from". They told us that supervision meetings were helpful. A care worker said, "The meetings are useful because it's a chance for two-way feedback." All staff were supported to achieve further qualifications in adult social care.

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

All of the people using the service were presumed to have mental capacity to make their own decisions about the care and support they received. That was the correct position to take, because under the MCA a person must be presumed to have mental capacity unless there is evidence to the contrary. The registered manager demonstrated understanding of the MCA when we spoke with them. Staff we spoke with were aware of the MCA. They understood that they could provide care and support to a person using the service only with the person's consent. People who used the service told us that care workers always asked them if they wanted support with their personal care. A person said, "They always ask me if I want a shower" and another told us, "Staff always ask before doing things and they offer choices". This showed that care workers understood the principles of the MCA.

None of the people using the service had nutritional needs that they required support with. Support from staff was limited to advising them about healthy eating. Staff only supported people with meal preparation if the person's full-time carer was not available and this only with the agreement of the person using the service and the carer. A reason that people were as independent as they were with regards to their meals was that they were taught cooking and meal preparation skills at the provider's day centre. A person told us, "They [staff at the day centre] do everything they can to support me, like helping me make my own dinner".

People were supported with the health needs. Care records we looked showed that staff supported people to attend hospital and healthcare appointments. Care workers reported concerns about people's health and well-being to community nurses and social workers. They were able to do that because they understood people's needs and were able to identify adverse changes in people's health. For example, when a care worker identified marks on a person's leg they reported these to the registered manager who informed the person's doctor. As a result of that person received nursing care from community nurses. Care workers supported people to achieve goals related to their health. For example they supported a person to control their weight by reminding them about a 'walking exercise plan' they had in place and weighing the person each month to record progress. People using the service could be confident that care workers were alert and attentive to their health and well-being.

## Is the service caring?

### Our findings

People told us that care workers staff were caring. One person told us, "They are kind to me. It can be a bit of a rush to get ready sometimes but they give me plenty of time they don't rush me". Another person said, "There has not been a time when staff haven't been nice to me". A relative told us, "The staff are always kind and considerate."

Care workers were able to develop caring relationships with people. A person told us, "I know my carers really well we get on well". Another said, "We have a laugh together. I enjoy being with them [care workers]". A relative said, "They know [person's name] really well". They were able to do that because the registered manager had a practise of identifying care workers they felt were best suited to support a person. They took into account factors such as age, gender, interests and other characteristics that matched what a person had said was important or mattered to them. People had the final say in who supported them. This fostered caring relationships. We saw from a person's care records how over a period of several months they were supported to become more confident about going out shopping or visiting social and recreational places. This was achieved by care workers getting to know the person and learning about things the person had enjoyed in the past. For example, a person became more interested in fashionable clothes, their hair and this provided them with more confidence to go out. Another person was supported to achieve more awareness about how they could experience an improved quality of life at home. They received advice and practical help about improving their home environment. The support people experienced showed that care workers supported people to feel they mattered.

People using the service were involved in decisions about their care and support. People were supported by a small team of care workers one of who was a 'key worker' who, with the person's involvement, developed their care plan. Care workers supported people to make every day decisions about their care and support, for example how they received their personal care and whether they went to the day centre. A person using the service told us, "I am the one in control". People were supported to be as independent as they wanted to be. People told us they received the support they wanted and needed and that they were supported to do as much for themselves as they could. A person told us, "They help me to do things for myself". A relative told us, "They support [person's name] in the shower but other than that he is quite independent".

Both people we spoke with told us they had seen their care plans. The care plans included evidence that people had been involved in their development, for example the care plans included information about what was important to people and how they wanted to be supported. A person told us they knew what to expect because "I've got a planner on their door so I know who is coming and what I will be doing that day". This showed people had easy to access information about their care and support.

The provider had information about independent advocacy services that people could use if the need arose. Care workers also advised people about utility services and how they could go about purchasing goods for their homes. For example, a person told us how a care worker supported them to arrange for a new washing machine after they one they had had broken.

People were supported with dignity and respected their privacy. They told us they were cared for and supported the way they wanted to be and that they felt safe when being supported. A person told us, "They [care workers] know me well I am comfortable with them". Another told us, "All the staff are nice to me." Care workers we spoke with described how they ensured that when the supported people with personal care they treated people with dignity and respect. One told us, "I always carry out personal care in private. I ask visitors to stay away from the room where I provide support, I draw the curtains and use towels to preserve the person's dignity after supporting them to shower". This showed that care workers put their training about supporting people with dignity and respect into practice. The registered manager's monitoring activities included 'spot checks' that care workers treated people with dignity and respect. A relative told us, "The staff are always polite and caring".

# Is the service responsive?

## Our findings

People received care and support that was centred on their needs and preferences. Care plans we looked at contained evidence that people contributed to the assessments of their needs. The care plans included details about the care and support people wanted. A person using the service told us, "I'm pleased with the quality of care I get".

People told us that care workers provided the care and support they needed. A person told us, "The staff do everything they can to support me". A relative said, "The staff will always ask [person's name] what he wants to do for the day and make it happen for him". Care workers respected people's choices about whether they participated in activities. A person told us, "We do lots of things but if I don't want to do that thing on that day there is no problem". This showed that staff were responsive to people's needs and preferences on a daily basis.

The care and support some people experienced made a positive difference to their lives. This was because care workers supported people with personal care in their homes and also supported them to attend a day centre run by the provider where people participated in a wide range of activities. Those activities supported people to develop everyday living skills like cooking meals and social interactions with other people. The combination of that care and support had helped people grow in confidence to use recreational facilities in the community such as cinemas and bowling alleys and do things like shopping. People's care plans include aims and objectives they wanted to achieve and care workers supported people with those. For example, a person was supported through advice about healthy eating and an exercise programme.

Care workers made written records of their home visits at the end of each visit. A relative of person who used the service told us the sometimes read the notes. They said, "I sometimes read the notes. They tell me what the staff have been doing with [person's name]". We looked at a selection of six people's notes. We found that the notes were informative because they recorded how people had been supported with the care routines in their care plans. The notes also provided evidence of how care workers were responsive and attentive to people's needs. The notes provided assurance that care workers supported people in line with their care plans, and sometimes did more. For example, providing support to people to improve their home environment by making their homes more comfortable and safe.

The registered manager told us that an important part of the service was to support people with their interests and hobbies. This was achieved by 'matching' care workers and people with the same interests. 'Matched' care workers were able to support people with their interests at the provider's day centre. All of these things supported people to lead more active lives than they otherwise would have. This also protected people from risks associated with social isolation because they met many people at the day centre. A person told us, "I really like coming here."

People's care plans were reviewed every month by the registered manager or a key care worker. People contributed to the reviews of their care plans either at the time of the review or from the many opportunities they had to provide feedback. Those opportunities occurred on a daily basis when care workers talked to

people about their experience of the service and when the registered manager spoke with people as part of their monitoring activity.

People using the service had access to a complaints procedure. Information about the procedure was in an 'easy to read' format in people's care plans. People we spoke with told us they had never had cause to complain about the service. However, they told us they knew how to make a complaint or raise a concern. Relatives we spoke with told us they felt comfortable about raising concerns if they had any. One told us, "I would feel comfortable to bring issues up. I know the manager and director and would speak to them".

The provider's complaints procedure made clear that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. The procedure also referred people to organisations they could approach if they felt their complaint was not satisfactorily dealt with, for example the local government ombudsman.

## Is the service well-led?

### Our findings

The registered manager was very knowledgeable about the needs of the people using the service. They carried out an assessment of every person's needs before they began to use the service and were involved in monthly reviews of people's care plans. They had a clear vision about what person centred support meant for each person using the service and they ensured that staff were supported to develop skills to be able to meet people's needs. This was through training, supervision and observation of staff. A social care professional we spoke with told us, "The staff appear well trained and skilled. I'm confident about service, it stands out from others".

The service had an open and transparent culture. This was communicated through policies and procedures that included incident reporting procedures and a whistle-blowing procedure through which staff could raise concerns with the registered manager or a director. Those procedures encouraged staff to raise concerns about what they believed to be poor practice. A care worker told us that when they had raised a concern it was taken seriously and they received feedback about the investigation.

The aims and values of the service were promoted through a staff handbook, supervision meetings, weekly staff meetings. A care worker told us, "The supervision meetings and staff meetings are really helpful. We are kept informed about what is happening". Weekly staff meetings were used to reinforce the aims of the service and to discuss a selected policy for discussion by staff. This was a supportive way of helping staff understand policies and how to put them into practice. Care workers we spoke with told us that they felt confident about proposing ideas and suggestions about the service, including any improvements if they had any. One told us that small changes they had proposed to improve a person's schedule of care was implemented. This showed that staff had opportunities to be involved in the development of the service.

The provider set out expectations of staff in a staff handbook which included a code of conduct. This included values about respecting people and treating them with dignity. The provider had procedures for monitoring that staff practised those values. We saw that disciplinary procedures were invoked on an occasion a care worker acted contrary to those values.

Care workers we spoke with told us they felt motivated by the support they received. One said, "I absolutely adore and love working for D & H. The staff are motivated and we work as a team". Others told us they enjoyed working for the service because they felt they made a positive difference to people's lives.

The provider had effective arrangements for monitoring the quality of the service. This included seeking the views of people using the service, their relatives and staff and a variety of audits. People's views were sought at reviews of their care plans and during visits the registered manager made to people's homes to observe the care provided by care workers. People's views were also sought through six-monthly questionnaire surveys. People were asked about their experience of the service and anything they were not happy about. People's feedback was positive. At the time of our inspection the registered manager was reviewing the questionnaire survey with a view to adding more specific questions about the quality of care people experienced.



Other monitoring and quality assurance activity included of audits of care plans and care records, audits of care worker's daily records, evaluation of staff training and monitoring of care worker's practice. The registered manager discussed the audit outcomes with a director. Although the results of audits were consistently positive the registered manager and director strove for continuous improvement.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

We found that the service was well led and focused on providing care and supported that added quality to the lives of people using the service. A number of improvements were being planned at the time of our inspection. These included a wider range of information for people in an easy to read and a drive to get more staff to take further qualifications in social care.