

One Care DCS Fylde Limited

One Care DCS Fylde

Inspection report

Parkside House
7A Westby Street
Lytham St Annes
Lancashire
FY8 5JF

Tel: 01253732303

Date of inspection visit:
12 April 2018
13 April 2018
16 April 2018

Date of publication:
03 August 2018

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

We carried out this announced comprehensive inspection of One Care DCS Fylde Ltd on the 12th, 13th and 16th April 2018.

This service is a domiciliary care agency. One Care DCS Fylde Ltd provides personal care to people living in their own homes. It provides a service to older adults in the Blackpool, Fylde and Wyre area. At the time of our inspection the service was providing personal care to 63 people.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of this service; the service was previously registered under another provider.

At this inspection we found evidence to support the rating of Good.

The service had a registered manager, who had been in post since November 2017. 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.

A management team was in place who had designated areas of responsibility. Together with the registered manager, the senior management team provided a service that put people at the centre of what they do. The registered provider went to great lengths to make sure people and carers were well matched and able to build trusting relationships.

People and their relatives provided extremely positive feedback that demonstrated the service was exceptionally caring, in both approach and practice. Words used to describe staff included, 'wonderful', 'amazing', 'dedicated', 'passionate' and 'professional'.

People's care and support was planned proactively in partnership with them. There was an emphasis on continuous improvement.

The views of people using the service were taken into consideration and helped shape service delivery. People were asked to complete surveys stating their views on the service they received. In addition the registered manager carried out telephone monitoring and visited people in their home to ensure people were satisfied with care provided.

People knew how to complain. When complaints had been received these were appropriately investigated and responded to. The registered provider offered different ways for complaints to be raised, this included

pre-paid feedback cards and a telephone help line.

The service was committed at putting the person at the centre of everything they did. People received personalised care and support based on their assessed needs. People and others that mattered to them had been involved in identifying these needs and how these should be met.

People spoke highly of the service feedback included, "It is the best thing I have done, the staff are wonderful", And, "I don't where I would be without them, angels all of them". Staff were passionate about the role they played in supporting people to live meaningful lives.

The management team had introduced a new innovative on line system of record keeping. This was all live, on line and accessible through a smart phone or tablet that was provided to each staff member by the company. This provided carers with up to date and accurate information which could be changed in real time. This promoted effective and responsive care

The service had been awarded a number of externally accredited quality benchmarks for the information security management and quality systems. This showed us the registered provider was working to a high standard. This was evidenced by comments made by people who all stated how pleased they were with the service provided.

Accurate assessments of people's needs were carried and care plans were designed to meet these needs. Care plans were concise and contained accurate and important details about the care people required and wanted. Care workers demonstrated they had delivered care as planned through accurate recording.

People had consented to their care in line with the Mental Capacity Act 2005 (MCA). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

Suitable recruitment systems were operated by managers to make sure staff were suitable for their roles. Staff received sufficient training to meet peoples' needs.

Care workers told us they felt well supported by managers.

The provider worked with other health professionals to promote their service and to develop best practice into the wider community.

Systems were implemented to ensure peoples safety, staff were aware of how to appropriately respond to safeguarding concerns.

When people needed support suitable procedures were in place for the safe administration of medicines.

Infection prevention and control measures were considered and implemented by the provider throughout the service.

Further information is in the detailed findings below

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.

There were sufficient staff to keep people safe.

Suitable systems were in place for the safe management of medicines.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training and support to meet peoples' needs.

Staff told us they received effective support and communication from the management team.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the processes to follow.

Is the service caring?

Good ●

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff we spoke with told us they had developed strong relationships and spoke about those they visited with a warm, compassionate manner.

Is the service responsive?

Good ●

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would

be listened to and acted on effectively.

The registered manager made sure that people and carers were well matched and were able to build trusting relationships.

Is the service well-led?

Good ●

The service was well led.

The registered manager and provider had a variety of ways to capture people's and stakeholder's views and feedback about the service, including holding external events to engage with people and their relatives. In addition, the provider obtained people's opinions through their reviews, surveys and feedback cards.

Systems and procedures were in place to monitor and assess the quality of service people received.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

One Care DCS Fylde

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.

The inspection was carried out by an adult social care inspector.

The first day of inspection took place on 12, 13 and 16 April 2018 with the first day being announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the manager and provider would be available.

As part of our inspection, we reviewed the information we already held about the provider, including notifications. Providers are required by law to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. The Provider sent us their Provider Information Return (PIR). A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. These help us to plan our inspection.

We contacted the local authority that commissions services and health professionals to seek their feedback. We received positive feedback.

During our inspection visit, we spent time in the office talking with the registered manager, registered provider and operational office staff. As part of the inspection we reviewed care records, systems and policies and procedures. In addition, we spoke with nine people who used the service, two relatives and six staff members. We did this to seek their opinions on how the service was run.

During our visit we also looked at people's care records, three staff files and a selection of records maintained by the registered manager, for example audits, competency assessments, minutes of staff meetings and documents regarding the quality and safety of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them and had no worries or concerns for their safety. People said, "I trust all the staff that come, they have become my friends". And, "I get the same girls, they brighten my day, of course I feel safe".

One member of staff told us, "It is my job to keep clients safe and make them feel comfortable, being able to have the same clients daily really helps you build relationships."

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures with regard to safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Staff told us, "Before you go to work with any clients you have two weeks of training and that includes safeguarding people." And, "I would not hesitate to tell someone if I thought someone was being abused or taken advantage of."

The service had a 24-hour hotline, dedicated confidential email address, freepost cards and online form, as well as safeguarding concerns report forms. These were available in public and private areas of the offices, supported by signage which encouraged feedback and concerns to be raised. Additionally the service had identified a staff member to be a safeguarding champion. The role of the safeguarding champion included holding confidential discussions with anyone with concerns.

During the inspection, we viewed in detail three care records. We did this to look how risks were identified and managed. We found individualised risk assessments were carried out, which identified areas of risk, such as mobility and falls. Plans of care contained guidance for staff to follow in order to minimise these risks. There were step-by-step guidelines for staff to follow at each visit. For example, there was a clear process for staff to follow to prevent people from falling.

We saw risk assessments and plans of care were regularly reviewed, involving the person or, where appropriate, others acting on their behalf. All the care records completed by the registered provider were online. This allowed any required changes to the care plan to be updated immediately when people's care needs changed. This helped to ensure plans to lessen risks were kept up to date and accurate.

We looked to see there were suitable numbers of staff on duty. The number of staff needed for each shift was calculated based on the number of people using the service and their presenting needs.

People and staff spoken with confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. People told us that they get the same staff and they know what they are doing. One person said, "In the main I do get the same carers but if for any reason they are not able to come or are going to be late the office always communicates with me." A staff member told us "I love my run, I go to the same clients each time and I really know what they like." Another staff member

told us, "I have had the same rota and clients since I started. The management team are brilliant I don't know how they do it but I love my job." The registered manager said if there was any shortages or an emergency a member of the management team would always make up the shortfall and provide the required support.

The agency had adopted modern technology to effectively monitor visits and to ensure people's visits were carried out as planned. The registered provider could track what time carers arrived and what time they left people's houses. The system also informed the office if carers were running late for their next visits or if there had been unforeseen circumstances that could affect the next visit. This was monitored and management could look at the information to confirm people were receiving care as agreed. People told us that a member of the office staff would ring them if their carer was delayed for any reason.

We looked at the recruitment records of three staff employed by the service. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character.

We spoke with the registered manager and registered provider about accident and incidents and what actions were taken to lessen the risk of accidents happening again. They explained they had a system to document and review incidents. At the time of our inspection there had not been any recent accidents or incidents which had required analysis. However, the registered manager explained they would carry out a root cause analysis after every incident to ensure that all avoidable harm is minimised.

When people required some support with their medicines we found medicines were safely managed by the registered provider. Everyone spoken with were satisfied that people received their medicines as prescribed. One relative said, "They have the medication nailed, [relative] has a complex medication regime and lots of changes but the carer deals with it and they knows exactly what they are doing."

People were supported to take their medicines as prescribed. Care and support plans gave staff guidance on how people preferred to take their medication. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated peoples medicines were being managed safely. The service operated an electronic and robust electronic MAR chart system that gave real-time monitoring of medication administration. A member of the management team checked every medication record daily to ensure that each person had received their medication as prescribed and it had been correctly recorded. Staff received training and completed a full and comprehensive competency assessment, before being able to give medication.

The registered manager had ensured all staff received infection control and food hygiene training to support them to follow good practice in avoiding cross infection. The registered manager further explained that as soon as they suspected someone had a contagious infection they had an emergency box that was sent to the persons home which contained all the essential supplies to reduce the risk of cross contamination and to safeguard the person and the carer. Staff confirmed they were issued with protective equipment.

During this inspection we found that maintenance checks were completed on equipment. The service logged all equipment issued to people by outside agencies. This included wheelchairs and hoists. The service operated a tracking system which records equipment maintenance due dates and people were contacted and reminded about arranging the servicing. Additionally, the service operated an audit process where spot checks were completed of the equipment. This helped to ensure people were kept safe and free

from harm in their own home.

Is the service effective?

Our findings

People who used the service consistently told us the staff were excellent and did everything possible to support them to stay at home and be independent. They also said they were caring and knowledgeable. One person said "I am over the moon with my carer she does everything I need."

Relatives spoken to were keen to praise the staff. One relative said, "I don't know what I would do without them, they even had specialist training to deal with my [family member's] needs. It is truly amazing". Another relative said, "Staff go over and above, I am sure I would not be here without them." Several people told us that staff were competent in their work and attentive to the people they care for.

Once appointed and prior to providing care and support, staff received a comprehensive induction. The registered manager told us, new staff spent two weeks receiving training before they were allowed to work with people in their own homes. New staff then shadowed experienced staff during visits until they were competent and confident to work alone. Staff we spoke with confirmed they received a comprehensive induction and told us the induction gave them the relevant skills and knowledge to prepare them to carry out their role effectively. One staff member told us, "The training is fab, even when the induction is finished there are other courses you can do and we are all encouraged to do an NVQ."

The registered manager and the registered provider told us they wanted to provide an environment of continuous learning for their staff. They both said "Good training underpins good care". To support this ethos a sister company had been created as an academy for care excellence, this was in partnership with an awarding body for Qualifications and Credit Framework (QCF) qualifications. The academy ensured that staff had opportunity to progress their learning and career. In addition, this demonstrated the provider's commitment to support staff to maximise their potential.

All training was recorded on the staff members file using an on line system. This provided automatic reminders when refresher courses were due. This helped the registered manager to track what training is necessary and ensured staff had the skills and knowledge to carry out their role competently.

There was a proactive support and appraisal system for staff. The registered manager told us they conducted group supervisions following the monthly team meeting. In addition individual one to one sessions with each staff member were also conducted monthly. This was a large piece of work but the management team were keen to invest in their staff and provide this level of support knowing the benefits will be in the service delivery.

One staff member told us the programme of supervision was the best they had known. They confirmed their appraisal was reviewed each month to identify any training needs. In addition performance was formally reviewed and assessed annually.

A member of the management team carried out observational checks of staff performance in people's homes (with their consent) in the form of spot checks. People told us they thought it was good to see that

the management check to see "all is well." These spot checks were used as a learning process. Management provided feedback on performance whilst staff had the opportunity to discuss areas of concern. One staff member told us, "I think the spot checks are a good idea, it is nice to know the management 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. When people are receiving their care at home applications must be made to the court of protection. We were not made aware at this inspection of any applications to deprive people of their liberty.

We checked whether the service was working within the principles of the MCA.

People told us they were consistently offered choices during the support they received. One person told us, "They always, without fail, ask me what I want and how I would like it doing, they never make you feel like things are being done to you." A relative told us that the carers are so good and respectful they always ask before they do anything. People also told us their care plans were regularly reviewed and they had agreed to the support they received.

Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

We could see from the records that choice and consent was discussed with staff as part of the induction process. All staff demonstrated a commitment to promoting the rights and choices of people who used the service and ensured people's human and legal rights were respected. When people lacked capacity decisions were made following the processes set out in the MCA. This meant consent was achieved lawfully.

People told us that they were supported to remain as independent as possible.

When people required support with diet and nutrition we found people were supported to maintain a balanced diet of their choice. One person said, "The carers do my food and I have what I want. It's my choice. They always ask and try and suit me." Care plans contained information about the support people needed to eat and drink. Care workers recorded the support they gave people, for example preparing and serving meals, including drinks. People were supported to access health care as and when required. We saw evidence of Multi Agency professional, including the fall prevention team. This showed that best practice was considered and implemented into the care practice.

Is the service caring?

Our findings

People told us they were treated with respect and dignity and said care support staff were caring. One person told us, "Staff are respectful and polite. They really care about you. We get along really well." Another person said, "Staff have become my friends, everyone is really nice". Another person said, "Staff are very nice. They are caring and helpful."

People said staff were respectful and protected their privacy and dignity. One person said, "Staff give me my privacy." People told us staff always asked their permission before supporting them with personal care. Staff were required to complete privacy and dignity training as part of their induction and this was refreshed regularly so they knew how to support people appropriately.

Staff were motivated to try and meet people's individual choices and preferences. Without exception, people and relatives we spoke with found staff kind and caring. One person said, "They're pretty good. They are always professional, I am over the moon." Another person told us, "Staff are marvellous. They're like friends really. Everyone is so friendly." A third person commented, "Staff are excellent. They are doing a first class job." One relative commented, "Fantastic, amazing staff. They are so nice with people. Nothing is a problem at all. I cannot fault them."

During our inspection the management team and staff demonstrated a compassionate approach and a genuine interest and warmth for the people they supported. Staff told us they enjoyed working at One Care DCS Fylde Ltd and explained that as in the main they have the same clients they had developed relationships with people. One staff member told us, "I know it sounds corny but I really love my job, it is the best job I have had." Another staff member said, "I love it I am never bored I love talking with people."

People received care and support from a group of consistent care staff that understood people's individual needs and how they preferred their care to be delivered. Our discussions with staff demonstrated they involved people in decisions about their care and knew people well. For example, a relative told us about the routines their loved one liked to follow and said, "We seem to have a routine going and staff always accommodate how she likes things done."

People told us staff always ensured their needs were met and often went over and above. One person said "They always wash up for me, even though that is not their job." Another person said "They love my dog and if they have time will take him a walk so even he looks forward to them coming."

We looked at care plans and checked if people were involved in planning for their care. We asked people if they felt they were involved in how their care was planned and we received positive responses from them. One person said, "I know my care plan is electronic and the staff have it on their phone but I can access it and they always ask me or know when it needs to be changed." We found discussions had taken place and these had been documented.

Staff told us they worked well as a team and supported each other when there was an emergency situation

to ensure people's needs were met. One staff member told us, "I love the people that I work with and I love my job there is never any bickering, we all help each other."

Is the service responsive?

Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. Person centred care plans had then been developed outlining how these needs were to be met. One person told us "They know what I need, I don't have to tell them, and they come in and get on with it."

The registered manager advised us that staff were always introduced to service users, prior to any support being provided. This helped to ensure people received their care from staff they were familiar with. We were also advised the service was very careful to maintain a good level of continuity in respect of carers. This information was supported by our discussions with people who used the service.

We looked at care records of four people. The care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with the medication regime for those who required support in this area. People we spoke with during the inspection said the service had responded to their requests for support and they were satisfied with the service they received.

We found staff had access to up to-date care plans and rotas upon their mobile phones. . This meant carers had up to date information on individuals before they visited them and could access it easily if they needed to check anything.

Staff providing support understood people's individual needs. We were told by one member of staff, "Everything is about the person we are supporting." The registered provider said person centred care was central to the service they provided." This was confirmed by the people we spoke to. One person told us, "They come in and know what to do, everything is done around what I want, they go above and beyond to make sure I am satisfied, I don't want anything to change."

We looked at how complaints were managed. People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "We are quite happy with the service but know how to complain if we need to. I know if I rang the manager any concerns I raised would be dealt with quickly."

A member of staff told us, management always responded well to people's needs. "If we need to stay longer and care for people they are happy with that. They respond to our concerns and do whatever they can to support us."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. The service also provided feedback cards with a prepaid envelope in order that people can express their views. In addition, a 24hour free phone number was

provided which people could ring to express their concern. This information would then be relayed to the registered manager or registered provider to respond to. This enabled people to express their views at any time of the day or night. This showed us the registered provider understood the importance of receiving and acting upon complaints in a timely manner.

The registered manager told us when people were at the end of their life, they worked with families to ensure the wishes of the person were followed as far as possible. There was an, 'End of Life policy' which guided staff on how to ensure people received care in a 'competent, professional, dignified and sensitive manner'. We saw evidence of staff being thanked for their input when supporting people through this difficult period.

Is the service well-led?

Our findings

Everyone we spoke with, expressed how consistently well led the service was. Feedback included, "I don't want anything to change," "They brighten my day". And, "They communicate really well, a first class service".

We found a positive culture prevailed throughout the company with everyone making positive comments about the service, how it was run and the attitude of the staff and management. The service had been awarded a Best Employers in Care 2018 award (four stars). This award is externally assessed and is an independent process based on confidential staff surveys, and benchmarked against other community care services.

A registered manager was in post. 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.

We asked people who used the service if they knew who the registered manager was. Comments we received included, "I know who the bosses are. They come and talk to me and ask about my care. I am very happy with everything" and, "The management and carers are very nice, very professional and always reliable."

The registered manager and provider were committed to providing a quality service. They were very much in control of the day to day running of the service and personally oversaw every aspect of service delivery.

Staff we spoke with described management as, "Brilliant", "Approachable", "open" and "Transparent". One member of staff told us, "They're striving to do their best and make sure we provide the best service, as you would expect for yourself."

The registered manager and provider worked in partnership with other professionals, to achieve the best outcomes for the people who used the service. This included working with health professionals to pilot studies using good practice guidance. The registered manager told us that she was currently working closely with the 'NHS Falls Team'. One Care DCS Fylde is the only care provider in the area to pilot a project that, if successful, will enable managers of social care establishments to refer people directly. This will firstly be for advice and then if necessary for intervention. This showed us that the provider is keen to work with other professionals in order to offer the best possible service to people.

Further initiatives included holding public events with guest speakers to speak on specialist subjects, for example, Stroke care. In total three of these events have been held in community settings for no cost and had been well attended by people who use the service and other stakeholders. This showed us that the registered provider was committed to supporting the wider community to become more knowledgeable about their health and welfare.

The company's ethos was to appoint and retain staff who were able to effectively demonstrate that people who used the service were placed at the centre of all aspects of their care. To achieve this staff received support and guidance to deliver care.

Regular staff meetings were held in which a specific standard of care was discussed and explored. These took the form of a mock inspection to ensure their regulatory responsibilities are being fulfilled. The registered provider was supported by an external company to provide and personalise all the necessary paperwork and policies. We looked at this information and found it to be comprehensive and detailed.

One Care DCS Fylde had systems and technology in place which tracked all aspects of service delivery. The service had received numerous external accreditation as quality benchmarks. This included Investors in People, ISO 9001 and ISO 27,001. All of these awards are subject to regular external assessment. The service had been awarded the ISO 27,001 which is the highest information security system that can be awarded in this country and are only one of four care providers to receive this award. In addition the company also have awarded, Investors in people, ISO 9001 and OHSAS 18001 all of which are externally accredited and subject to regular assessment. This means that people using the service can be assured that the provider had quality management systems in place. These were structured comprehensive and ensured a detailed approach was adopted for the assessing and monitoring of the service provided.

The registered manager and Provider understood their responsibilities in relation to the legal requirements of The Health and Social Care Act 2008 and informed CQC about notifiable incidents, as is the law.

The registered provider had a number of audits in place to monitor the safety and effectiveness of the service. These were routinely carried out by the senior management team. The audit programme included a rolling programme of service-wide mock-inspection, surveys, supervisions and competency assessments. The outputs from these activities were fed into a continuous improvement plan. This resulted in any highlighted issues being quickly addressed by management.

People who use the service were able to give direct feedback through a number of routes, including through feedback forms, complaints forms, and regular surveys. A sample of surveys were looked at and all contained positive comments.

The registered manager and provider are passionate about training. Each member of staff had a training programme which started at induction and continues throughout their employment. Mandatory training included Food Hygiene, Health and Safety, 1st Aid, Safeguarding, Infection Control, Lone Working, Moving and Handling, Medication, Behaviours that Challenge, Data protection, Deprivation of Liberty and Dignity. Each member of staff has to have achieved the Care Certificate prior to working with clients. In addition NVQ is offered and currently a mentoring course is running. To ensure the training is robust and up to date the provider has developed a sister company that is an academy for care excellence and is partnered with Highfield College. This provided consistency and opportunity for staff to develop and maximise their potential.

It was evident the company invested in their staff, knowing this investment creates a culture of professionalism and a staff group that enjoy job satisfaction. A number of staff commented about how well supported they feel and the registered manager and provider were the best employers they had worked for. This culture supports the staff to build positive relationships with the people who use the service.