Dignity Domiciliary Care Limited

Dignity Domiciliary Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on 18 April 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is located in the Stockwell area and covers south London.

There was a registered manager 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 and associated Regulations about how the service is run.

At the last inspection in January 2017 the overall rating was requires improvement and the key questions of safe and well-led required improvement. The key questions for effective, caring and responsive were rated good.

We asked the provider to take action to make improvements regarding the recording of medicine administered to people and this action has been completed. In addition we asked the provider to make improvements to the service quality audits and this action has been completed.

The two people receiving a service were satisfied with the care and support they received.

The records were up to date and covered all aspects of the care and support people received, the support choices they had made and identified that they were being met. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties.

Staff were aware of their responsibilities regarding the tasks they performed, the people they supported and the way they liked to be supported. Staff had appropriate skills and provided care and support in a professional, friendly and kind way that was focussed on people as individuals. Staff knew that they must treat people equally and respect their diversity and human rights.

Staff received appropriate training, were knowledgeable and made themselves accessible to the people and their relatives. They said the organisation was a good place to work; they enjoyed their work and had access to good training and support.

People were encouraged to discuss health and other needs with staff who passed on agreed information to GP's and other community based health professionals, if required.

Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure their likes, dislikes and preferences were met.

The agency were aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

The registered manager was approachable, responsive, encouraged feedback from the person and consistently monitored and assessed the quality of the service provided.

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.

People said they were safe. There were appropriate numbers of skilled staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt when things went wrong.

People's medicine was administered safely and records were up to date.

Is the service effective?

Good

'The service remains Good.'

Is the service caring?

Good

'The service remains Good.'

Is the service responsive?

Good

'The service remains Good.'

Is the service well-led?

Good

The service was well-led.

The registered manager was supportive with an open, person-centred culture. Staff enjoyed working for the provider, who had clear person-centred values that staff applied to their work.

The registered manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

Dignity Domiciliary Care

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 checked 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 was an announced inspection that took place on 18 April 2018. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Before the inspection, the provider completed 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. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

There were two people receiving a service and two staff. During the inspection, we contacted two people and one member of staff. We also spoke with the registered manager during the office visit.

We looked at one person's care plan and two staff files. We also checked records, policies and procedures and maintenance and quality assurance systems.

Good

Is the service safe?

Our findings

Staff safely prompted people to take medicine or administered it as required. Staff were trained in medicine management and the training was refreshed annually. They also had access to updated guidance. The agency checked and monitored people's medicine and records. At the last inspection the agency did not always keep robust records of medicine administered to people. At this inspection robust records were in place and people or their relatives had signed a consent form.

People said they felt safe receiving a service from the agency and enough staff were provided to meet their needs appropriately and when they were needed. The staff rota reflected this with people's needs being met flexibly and safely. One person said, "I feel safe with them."

Staff understood what abuse was and the action required if they should encounter it. The agency had policies and procedures and provided training that enabled staff to protect people from abuse and harm. This included situations where people may display behaviour that others could interpret as challenging and may put themselves and staff at risk. There was also a lone working policy.

Staff were aware of how to raise a safeguarding alert and when this should happen. The agency also provided them with safeguarding, disciplinary and whistle-blowing information. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The staff recruitment procedure included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills, experience and knowledge of domiciliary care. References were taken up and work history and disclosure and barring (DBS) security checks carried prior to people being employed. There was a six months probationary period with regular reviews. All stages of the process were recorded.

The agency carried out risk assessments to protect people and staff providing a service. The risks assessments were monitored, reviewed and updated when people's needs changed and people were encouraged to contribute to them. The risk assessments were carried out by the registered manager who was trained to do so. The staff told us they shared information regarding risks to people with the registered manager and staff. They told us they were familiar with the people they provided a service for and were able to identify situations where people may be at risk. This enabled them to take action to minimise the risk. The agency kept records of any accidents and incidents. Staff had also received infection control training and people said their working practices reflected this.

Good

Is the service effective?

Our findings

The agency encouraged and enabled people and their relatives to make decisions about the care and support they received, how it took place, when and who would provide it. People said staff understood their needs, met them well and were patient and supportive in their approach. They said the type of care and support staff provided was what they needed. Staff told us they regularly checked with people that the care and support was meeting their needs. This was also monitored by the agency quality assurance system. Staff were suitably trained to complete the tasks that were required. One person told us, "I am satisfied with the service I get."

Staff received induction and mandatory annual training. The training was based on the 'Care Certificate Common Standards' and included role of the carer, health and safety, moving and handling, food hygiene, recognising assessing and managing the deteriorating adult in the community, conflict management and dementia awareness. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. The agency also made use of training provided by the local authority.

New staff were introduced to people by the registered manager and fully familiarised with their tasks before working alone and spot checks took place to monitor progress. Shadowing was also included as part of the staff client handover process. Staff meetings, supervision and annual appraisals provided opportunities to identify training needs in addition to the informal day-to-day supervision and contact with the registered manager.

People's care plans included their health, nutrition and diet. If required, staff monitored people's food and drink intake. Staff advised and supported people to make healthy meal choices and said that if they had any concerns they raised and discussed them with the registered manager, who would pass them on to the appropriate social worker, person, their relatives and GP as appropriate. Records demonstrated that the agency made referrals to and regularly liaised with relevant community health services including hospital discharge teams and district nurses.

People's consent to receiving a service was recorded in their service contracts with the agency and care plans. The agency had an equality and diversity policy that staff were aware of and understood. Staff also received equality, diversity and human rights training that enabled them to treat everyone equally and fairly whilst recognizing and respecting people's differences. This was confirmed by people.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people using the service were subject to

any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

Good

Is the service caring?

Our findings

People thought staff treated them with dignity and respect and that they were listened to and their opinions valued. This was enabled by the training staff in respecting people's rights. People said this was reflected in the caring, compassionate and respectful support staff provided. It was delivered in a friendly, helpful and professional way and reflected the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

People were positive about having consistent care staff who understood their needs and preferences. This showed a person-centred approach to the care that was provided. Staff arrived on time, carried out required tasks and stayed the agreed time. They also recognised the importance of their roles in establishing relationships with people and enriching their lives, as for some people their visits maybe a large part of or the only point of contact for people. One person told us, "They [Staff] are very nice."

The registered manager and staff we spoke with were knowledgeable about the people they supported. They were able to give us information about people's needs and preferences that demonstrated they knew them well.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and on going training and contained in the staff information.

Good

Is the service responsive?

Our findings

People said the registered manager asked for their views, acted on what they said and they were fully consulted and involved in the decision-making process before the agency provided a service. One person said, "If there is a problem it is sorted out."

People were confident that they received personalised care that was responsive to their needs. People said that if there was a problem with staff or the timing of the support provided, that it was quickly resolved. They said staff enabled them to decide things for themselves. Staff told us about the importance of finding out the views of people and their relatives so that the support could be focused on their individual needs.

Having received an enquiry, the registered manager would carry out an assessment visit. During the visit they would establish the tasks required with people to make sure they met the person's needs. This would include risk assessments.

Decisions about people's care were made and agreed after the needs assessment was completed. This was to establish how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

People confirmed that the agency provided suitable information regarding the service that was easily understandable and helped them decide if they wanted to use it. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them.

People's care plans were individualised to them, person focused and people were encouraged to take ownership of the plans and contribute to them. People's needs were regularly reviewed, re-assessed with them and their relatives and care plans changed to meet their needs. The changes were recorded and updated in people's files. People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, their preferences, choices and respect them. The information gave staff the means to provide the care and support needed. Staff were matched to the people they supported according to their skills and the person's needs and preferences.

The agency did not provide end of life care.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

Good

Is the service well-led?

Our findings

At the last inspection the agency did not always carry out robust quality audits. At this inspection the agency carried out robust audits that included medicine recording, people's care plans, staff files and risk assessments. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

People and their relatives were equally comfortable speaking with the registered manager to raise any concerns as they were with staff providing a service directly. They told us they had frequent telephone communication with the registered manager and they liked that it was a small organisation that made the service more personal. Staff liked that they lived close to people as this meant they could get to their calls more easily and on time. One person told us, "The [registered] manager is easy to talk to."

During our visit the agency culture was open and supportive with clear, honest and enabling leadership. This was also reflected in the comments of staff. One staff member said, "She [the registered manager] is so nice."

The registered manager described the agency vision of how the service provided was to a standard that would be suitable for their own relatives. The agency vision and values was clearly set out and staff we spoke with understood them, agreed with them and said they were explained during induction training and regularly revisited at staff meetings.

Staff said the registered manager provided good support for them and was always available when needed. They were in frequent contact and this enabled staff to voice their opinions and exchange knowledge and information. This included regular minuted staff meetings. Staff felt their suggestions to improve the service were listened to and given serious consideration.

The staff files demonstrated that regular staff supervision and annual appraisals took place that included input from people and their relatives.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission (CQC) in a timely manner.

Records showed that frequent spot checks and service reviews took place. The reviews also confirmed what worked for people, what did not and what people considered the most important aspects of the service for them. The registered manager carried out spot checks in people's homes that included areas such as staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. Frequent phone contact quality checks took place with people and their relatives.

We saw that information was securely kept and confidentiality observed for digital and paper records.