

Dream Home Care Ltd

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Inspection report

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Date of inspection visit:
30 May 2018

Date of publication:
22 June 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 undertook an announced inspection of Dream Home Care Ltd on 30 May 2018.

Dream Home Care Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of our inspection, the service told us that they were providing care to ten people. CQC only inspect the service 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.

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 2008 and associated Regulations about how the service is run.

The service was registered with the CQC in May 2017. This inspection on 30 May 2017 was the first inspection for the service.

During the inspection we spoke with one person who used the service and three relatives of people who used the service. They spoke positively about the service and said that care workers were caring and kind. Feedback from relatives indicated that positive relationships had developed between people using the service and their care worker and people were treated with dignity and respect.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risks to people were assessed and identified according to people's specific needs.

People and relatives told us that they were confident that care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service. They told us that they received continuous support from management and morale amongst staff was good. Spot checks were in place to assess care worker's competency.

We checked the arrangements in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that there were no unexplained gaps in these.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences.

There was consistency in the level of care people received. One person and relatives told us care workers

turned up on time and the same care worker provided care on a regular basis. The service had a system in place to monitor care workers punctuality and attendance.

A complaints procedure was in place and we noted that no formal complaints had been received. One person and relatives we spoke with told us they thought the service was well managed and raised no concerns.

Systems were in place to monitor and improve the quality of the service. The service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through regular reviews and telephone monitoring.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, staff files, medicines and training.

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. One person we spoke with and relatives raised no concerns in respect of people's safety and said people were treated with respect and dignity.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out to ensure the suitability of staff.

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supported appropriately by management.

People's health care needs and medical history were detailed in their care plans.

Arrangements were in place to monitor people's nutrition where necessary.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

Is the service caring?

Good ●

The service was caring. Care workers were aware of the importance of being respectful of people's privacy and dignity.

The service supported people to express their views and be involved in making decisions about their care, treatment and support where possible.

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had appropriate procedures in place for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. One person and relatives we spoke with spoke positively about management of the service.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Dream Home Care 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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 30 May 2018. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

The registered manager explained that the majority of people who used the service could not communicate with us verbally. We spoke with one person who used the service and three people's relatives. We also spoke with four care workers, the Human Resources officer and the registered manager.

Is the service safe?

Our findings

One person who used the service told us they felt safe around care workers. This person said, "They care about my safety." Relatives we spoke with told us they were confident their relatives were safe in the presence of care workers. One relative said, "I feel [my relative] is safe". Another relative told us, "[The care workers] are very respectful. [My relative] is safe definitely."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They were aware of what action to take if they had concerns about a person being abused. They said that they would report their concerns immediately to the registered manager. The service had a safeguarding policy and the contact details of the local safeguarding team were available in the office.

The service had a whistleblowing policy and contact numbers to report issues were available. We saw that these were clearly displayed in the office. The registered manager explained that safeguarding and whistleblowing were discussed at staff meetings to ensure staff were aware of the procedures and relevant updates. Care workers were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Risk assessments were in place and contained guidance for minimising potential risks. These covered areas such as the environment, medication, falls and use of bed rails. Risk assessments included details of the potential risk and details for staff on how to support people manage risks. Risk assessments were specific to each person and their needs and person centred. We saw evidence that risk assessments were reviewed quarterly by management and updated when there was a change in a person's condition.

Suitable arrangements were in place for the administration and recording of medicines. There was a policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines.

The registered manager explained that at the time of the inspection the service assisted one person with their medicines. We looked at this person's medicine administration records (MARs) from October 2017 to March 2018 and found that these were completed fully and there were no unexplained gaps in these. This indicated that medicines had been administered as prescribed. We noted that this person's medicines formed part of a blister pack, the names of the medicines contained in the pack were clearly listed in their care plan along with their MAR sheet. We noted that the registered manager checked MARs monthly to ensure they were completed correctly.

We discussed staffing levels with the registered manager. She confirmed that the service had sufficient numbers of care workers to manage the current workload. The registered manager also explained that when devising the staff rota she ensured that care workers had sufficient time to travel to people's homes. This was confirmed by care workers we spoke with.

People and relatives also told us that care workers were punctual and there were no issues with timekeeping. One person told us, "They are usually on time. No issues." One relative said, "They are always on time. Never late." Another relative told us, "There are no issues with punctuality." We discussed with the registered manager how the service monitored care worker's timekeeping and attendance. She explained that care workers completed timesheets and communication records which detailed what time they arrived and left people's homes and these were monitored by management. The registered manager explained that as the service expanded they would move towards an electronic telephone monitoring system. She said that at the time of the inspection, the current system was working effectively. A further way management monitored punctuality and attendance was through monthly telephone calls to people who used the service.

Comprehensive recruitment processes were in place to ensure required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for five members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Written references had been obtained for care workers. The registered manager explained that the service were selective when employing care workers as they wanted to ensure care workers were suitable to work with vulnerable people.

Relates we spoke with told us that care workers observed hygienic practices when providing care. One relative said, "They leave the home nice and clean." Care workers were aware of infection control measures and said they had access to gloves, aprons and other protective clothing. We noted during the inspection that these were available in the office and was also confirmed by care workers we spoke with.

Is the service effective?

Our findings

Feedback from relatives indicated that they had confidence in the skills and knowledge of care workers and the service. One relative said, "They use a hoist and they know how to use it. They had training." Another relative told us, "They are great. Very very good care. They know how to care for [my relative]."

During our inspection, we looked at how staff were supported by management to fulfil their role and responsibilities. The training matrix indicated that care workers were provided with appropriate training. We saw copies of their training certificates which set out areas of training they had received. Topics included equality and diversity, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role and spoke positively about the training they received. One member of staff told us, "The training was very helpful. It was practical and relevant." Another member of staff said, "The training has been helpful and good."

New care workers had undergone a period of induction to prepare them for their responsibilities. The topics covered were similar to those of the Care Certificate and included information on health and safety, administration of medicines, communication and equality and diversity. Newly recruited care workers spent time shadowing more experienced staff as part of their induction before providing care on their own. The registered manager explained that this helped people who used the service become familiar with new care workers whilst accompanied by care workers they were familiar with. It also enabled care workers build their confidence and obtain practical experience whilst being supported by an experienced care worker.

Care workers said they worked well as a team and received the support they needed from their colleagues and management. The registered manager explained that she monitored care workers progress through a combination of spot checks and supervision sessions and we saw documented evidence of this. She explained that management focused on regular spot checks so that they could "monitor care workers in action" and ensure that they were carrying out their role effectively. She explained that after this session, she or the care coordinator would provide feedback to the care workers so that they could make any improvements immediately.

The service used an electronic system to record supervisions and spot checks so that they could monitor this effectively and ensure these were carried out consistently. We noted that care workers had not worked at the service for a year and therefore were not yet due an appraisal.

People's had received a comprehensive initial assessment of their needs with their involvement and where necessary their family prior to receiving care from the service. The initial assessment included information about people's health and care needs. These were person-centred and included information about people's preferences and interests. Individualised care support plans were then prepared using the detail from pre-admission assessments and plans identified people's preferences and needs.

The registered manager explained that the majority of people did not receive support in respect of their nutrition as this was carried out by their family. People were supported with their nutritional and hydration

needs where their care plans detailed this. Care plans included information about each person's dietary needs and requirements, personal likes and dislikes and allergies. One person who received assistance with meal preparation told us, "They ask me what I would like to eat. They listen to me."

The registered manager explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. The registered manager provided us with an example of how the service had acted swiftly when they had concerns about a person's appetite and weight. The service acted appropriately and contacted relevant stakeholders. The registered manager explained that as a result of their concerns, they had implemented a nutrition intake chart to ensure the person has a balanced diet.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in the MCA and records confirmed this. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans detailed information about people's mental state and levels of comprehension. Care plans contained 'Consent to care' section which people using the service signed to state that they agreed and consented to care as outlined. Areas in which a person was unable to give consent, records showed the person's next of kin were involved in making decisions in the person's best interests.

Is the service caring?

Our findings

Feedback from one person and relatives indicated positive caring relationships had developed between people and care workers. One person we spoke with told us, "They look after me well." Another relative said, "The care is excellent. Staff are friendly and my [relative] seems happy with them." Another relative told us, "I am perfectly happy with the care. Personal attention is their focus. The care worker is very respectful. They treat [my relative] like he is their dad."

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included information about cultural and spiritual values. The service had a policy on ensuring equality and valuing diversity. The registered manager explained to us that the service celebrated differences between individuals. She said the service always tried to meet people's individual cultural and spiritual needs. For example, they helped some people with their spiritual wash before their prayers and accommodated people's preferred visit times to respect their praying times.

The service did not provide home visits of less than 30 minutes. The registered manager explained that it was important for care workers to spend time speaking and interacting with people and doing things at people's own pace, not rushing them. She also explained that she tried to ensure that care workers were allocated to people who spoke the same language. She told us, "It is about talking to people. Communication breaks down barriers. It is important to have an understanding of people's culture."

Staff were aware that people should be treated with respect and dignity regardless of their background and personal circumstances. When speaking with care workers, they had an understanding of the importance of caring, respectful and compassionate behaviour towards the people using the service. Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. One care worker told us, "I always ask them how they are and what they would like. I respect their privacy. I always ask them what they want and have conversations with them. I always involve them." Another care worker said, "I always greet people politely."

The service had a comprehensive service user guide which was provided to people who used the service. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the mission of the service which includes, "To provide a high quality care service that is consistent, reliable and puts the needs of the individual first."

Relatives we spoke with told us that they had good communication with the registered manager. They said that they were able to contact management if they had any queries. The registered manager explained that they ensured that staff discussed people's care with them and tailored their care according to what their individual needs were.

Is the service responsive?

Our findings

One person we spoke with and relatives spoke positively about the care they received. They said that they were satisfied with the care provided by the service. One relative said, "My [relative] is pleased. The care is ten out of ten. The carers do listen. They have listened to [my relative] when he has made suggestions." Another relative told us, "I am 100% happy."

People's care plans included information about people's life history, interests and medical background. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs. Care plans were person-centred, detailed and specific to each person and their needs. We saw that care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. Care plans clearly detailed what tasks needed to be done each day, time of visits, people's needs and the necessary action to take to meet their aims in respect of their care.

People's care support plans included a hospital admission form which detailed important information about the person and their healthcare needs for use if the person was admitted to hospital. The registered manager explained that these had been devised with the involvement of people and their relatives. The aim of the document was to ensure other care professionals would have important information relating to the person in the event of an emergency.

As part of the monitoring process, the service monitored people's progress through daily communication records. These recorded visit notes, daily outcomes achieved, meal log and medication support.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. The service carried out reviews of people's care plans quarterly. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

There were clear procedures for receiving, handling and responding to comments and complaints. One person and relatives told us that they knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed by management. We noted that no formal complaints had been documented and discussed this with the registered manager. The registered manager confirmed that no formal complaints had been received.

The registered manager explained that the service had not yet carried out a formal satisfaction survey as the service had been operating fully for less than a year. However, she confirmed that they would carry out a survey in September 2018. She also explained that in the meantime, management were continuously reviewing people's care through their quality assurance process.

Is the service well-led?

Our findings

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

One person and relatives we spoke with told us they thought the service was well managed. One relative said, "I have no worries. I am confident in the service. The manager knows what to do. She is doing a good job." Another relative said, "I am confident in the management so far. They are looking after [my relative] very well. [My relative] is happy."

There was a management structure in place with a team of care workers and the registered manager. Care workers spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. All care workers told us they felt supported by their colleagues and management. They spoke positively about working at the service and said that communication within the service was effective. One care worker told us, "Communication is good. I am kept aware of things. The manager sends messages and keeps us up to date." Another care worker said, "Management are great. The manager is nice." Another care worker told us, "I am very happy here. Management is very strong and supportive. The manager is always available and is very involved."

Care workers were informed of changes occurring within the service through quarterly staff meetings. Care workers told us that they received up to date information and felt able to raise issues without hesitation during these meetings.

During the inspection, we discussed with the registered manager the future aims of the service. She explained that she wanted to expand the service at a slow pace and become familiar with people who use the service. She said that the focus of the service was to ensure people were provided care with a "personal touch" and they did not want to lose sight of this as the service expanded.

The service had effective systems in place to monitor and improve the quality of the service where necessary. They had a comprehensive system in place to obtain feedback from people about the quality of the service they received through monthly telephone monitoring. Management contacted people and their relatives to check whether they were satisfied with the care and to discuss any concerns they had. The registered manager explained that these regular calls enabled her to deal with any issues raised immediately. She said that she was in regular contact with people who used the service and their relatives so that she was able to build close relationships with people and ensure people felt comfortable raising issues with management.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care support plans, risk assessments, staff files and staff training. The service had an audit in place to check MARs and we noted that the registered manager

checks MARs monthly to ensure they were completed correctly. The registered manager however explained that she was in the process of implementing a comprehensive medicines audit and provided us with evidence of this.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a system for recording accidents and incidents. People's care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.