

Derbyshire Homecare Limited

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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 inspection took place on the 5 July 2016 and was announced.

Derbyshire Homecare Limited is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were six people using the service. People's packages of care varied dependent upon their needs. The provider employed eight members of staff who provided people's care and support.

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 were supported in their own homes, and representatives of people using the service told us they believed people were safe and comfortable and were happy with the service being provided. Systems were in place to ensure that people who used the service were protected from the risk of abuse. The registered manager and staff had received training in safeguarding adults from abuse and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People were supported by a small and consistent team of staff who had supported them for many years, and whom they felt confident with. Staff had very good knowledge and insight into the needs of the people they cared for and spoke passionately about the support they provided and about the professional working relationship that had developed over many years.

People, and in some instances family members were involved in the developing and reviewing of care plans, which had been signed by them. In addition people had been provided with information about the service, which included a contract with the provider that they had signed.

People were offered support in a way that upheld their dignity and promoted their independence. Care plans were written in a personalised way based on the needs of the person concerned to ensure the staff had information on people's preferences so that the care and support provided maintained people's independence and promoted their choices.

Staff were trained and supported people with their medicine as required. People were supported where required, to access external healthcare professionals and other agencies in order to ensure their healthcare needs were fully met.

Systems were in place to ensure that people were supported by staff that were of good character and able to carry out the work. Staff received on-going training, and met with the registered manager to discuss their work and talk about the health and welfare of those they supported.

A formal quality assurance and audit system was not in place; however the size of the service meant the registered manager was able to maintain a good oversight of the service. We found records to be in good order with regards to people using the service and the staff employed.

Staff, along with representatives of people using the service spoke positively about the registered manager and their management 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 is safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

People received support with their medicine which was managed safely.

Is the service effective?

Good ●

The service is effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

The registered manager had an understanding of the Mental Capacity Act 2005 and how it applied to people in their own homes.

People were provided with support, where required, to meet their dietary requirements, which included the shopping, preparation and cooking of meals.

People were supported to access and liaise with the health care professionals where needed.

Is the service caring?

Good ●

The service is caring.

People were supported by a small and consistent group of staff.

People or their representatives were involved in the development and reviewing of care plans, which recorded their involvement and decisions.

People were supported by staff that were committed to the promotion of people's rights and who listened too and respected people wishes.

Is the service responsive?

Good ●

The service is responsive.

People's needs were assessed prior to receiving a service and were regularly reviewed. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People had access to information advising them how they could raise concerns.

Is the service well-led?

Good ●

The service is well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on enabling people to remain in their own home.

The service was managed well as the registered manager had been in post for many years and had worked with the small and consistent group of staff.

The registered manager had a positive professional relationship with those who used the service, their family members and representatives, enabling and providing opportunity for them to comment on the service.

Derbyshire Homecare Limited

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 was 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 took place on the 5 July 2016 and was announced.

The provider was given 24 hours' notice because the location provides a domiciliary care service. The inspection was carried out by one inspector.

We reviewed the information that the provider is required to send us by law which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with a family member of someone who used the service and a social worker for a second person. We spoke with the registered manager and two care staff.

As part of the inspection we spoke with a member of staff from the Derby City council brokerage team.

We looked at the records of the three people who used the service, which included their plans of care, risk assessments, medicine administration records and records detailing the care provided. We also looked at the recruitment files of three staff and a range of policies and procedures.

Is the service safe?

Our findings

Staff we spoke with told us how they supported people individually to stay safe. They told us that where people's behaviour became challenging they had an agreed plan of care to support the person, which promoted the person's safety. Staff said they promoted people's safety when supporting them to prepare and cook meals, to undertake household tasks and with their personal care. People's records included assessments where potential risks had been identified. There was clear guidance provided to staff as to how those risks were to be managed to reduce the potential risks whilst promoting people's independence and choice.

People were supported by staff who understood how to provide safe care and reduce risks. A member of staff told us they supported a person to undertake shopping for clothing and how they provided guidance to the person when making choices to reduce their risks. For example; by encouraging them to buy slippers that fitted well, to reduce the risk of the person tripping within their home, especially when using the stairs. Whilst a second member of staff confirmed the information we had read in a person's care plan, which identified staff needed to ensure the person was safe within their own home when using equipment to assist with their breathing.

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. These were recorded in people's care plans. For example, some people were at risk due to their physical health. We saw clear guidance for staff which stated that they were to remain with the person at specific times to promote their safety. Staff we spoke with confirmed the action they took, in promoting the person's safety. Whilst for a second person there was information for staff in the person's care plan as to specific equipment to be used to promote safety when providing personal care. People's care plans provided clear information for staff on the security of people's homes, upon arrival and departure, which included a key safe where people were unable to answer their door. A key safe is a secure method of externally storing the keys to a person's property. This helped to ensure people's safety within their homes whilst enabling staff access to the person's home.

We saw environmental risk assessments of people's homes had been completed which ensured information was available for minimising risks and hazards when working in people's homes, which included information for staff as to the location of emergency cut-off switches for essential supplies such as water and gas.

The provider gave to people a copy of the 'Service User Guide', which included information as to how risks were assessed. The guide contained clear information as to the rationale for assessing risk and people's involvement in the process with a view to minimising risk for both themselves and staff. In addition the guide advised people that any concerns received involving alleged abuse or a suspicion that abuse has occurred would be reported as a matter of urgency to the local safeguarding manager at the local authority.

The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding and received

regular updates so they knew how to protect people. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies.

Staff in some instances supported people with financial transactions, which included the paying of utility bills, grocery shopping and general expenditures. Staff told us they accompanied a person to the bank to facilitate the paying of their utility bills. To reduce the risk of financial mismanagement, the registered manager told us that they and the person's social worker carried out audits of the person's finances; this was confirmed by a member of staff who supported the person. Where people required staff to undertake their grocery shopping on their behalf, people's care plans provided guidance for staff as to the financial arrangements. This included where the person's money was kept, the involvement of the person using the service and the keeping of receipts.

Records confirmed staff had received training on a range of topics linked to the promotion of health and safety of people they cared for and themselves. People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant checks had been completed before staff worked at the service. This meant people could be confident that staff had undergone a recruitment that ensured staff to be suitable to work with them. Staff were required to evidence they had the appropriate car insurance for business use where they used their car in connection with their work, to protect the welfare and rights of people when transporting them to appointments.

We found there to be sufficient staff to meet people's needs and keep them safe. The rota for staff was consistent each week, which meant people were supported by the same staff who they knew well. Where there was a gap in staffing through annual leave or sickness, this was met by using staff that were familiar with the people requiring care and support, which meant people continued to receive effective care and support. People in some instances received 24 hour support at the weekend, whilst others received support for an allocated number of hours each day dependent upon their needs. People were provided with the support as required by the person's assessment, which included support with personal care, daily living activities and accessing community resources.

People in some instances managed and administered their own medicines whilst staff supported others. We looked at the medication records of three people who used the service and found that the administration of their medicine had been signed by staff, confirming that the person had taken their medicine. Staff had received training on the management of medicines and staff told us there had regular updates to ensure their practice was up to date and safe. People's care plans provided clear information as to the medicine people were prescribed and their involvement in the ordering and administering of their medicine.

Is the service effective?

Our findings

A family member told us that staff kept them and other relatives informed about any changes to the person's health and were confident that the staff responded appropriately. Staff supported people to liaise with health care professionals by making and attending appointments with them when this had been identified as an area the person required support with. Staff told us in some instances they made appointments with health care professional on behalf of people they cared for and accompanied them to all health appointments. People's records contained information about their health which included a summary of the outcome of appointments that had been written by a member of staff and any information required in order that the person's health was monitored to ensure the care provided was effective.

People's care plans recorded specific areas of need and how staff were to support their physical health in times of crisis, which included ensuring people, had access to the appropriate medicine and treatment. Staff we spoke with were able to talk to us about their role and how they ensured they maintained links with health care professionals when required, showing that staff responded to people's needs.

People received effective care from staff that were knowledgeable about their individual needs as the staff had provided care to them over a period of many years, which meant they knew them well. The registered manager told us they had not recruited staff for a long period of time as the eight staff they did employ had worked at the service for many years.

Staff spoke about the supervision and support they received from the registered manager, they told us this ensured that the care and support they provided was reviewed. Records showed that staff received regular supervision, which in the main was observational supervision which took place whilst staff provided care to people. This enabled the registered manager to continually review staff attitude and approach to people. Supervision records showed staff were given the opportunity to talk about their training and share their views as to the needs of the person they were supporting and if there were any changes in the person's care needs.

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 and applications must be made to the Court of Protection. We found there to be no restrictions in place

We checked whether the service was working within the principles of the MCA and found the registered manager had undertaken training and was aware of their responsibilities. People's records evidenced where people had the capacity to make decisions for themselves, and staff recorded decisions made by people

about their day to day lives. For example; where people had chosen to remain in bed, or had declined a meal. The registered manager was aware of the involvement of an advocate who was supporting individuals to be involved in decisions about their future needs and where these were best met, which evidenced their understanding of the need to act in people's best interests by liaising with people's representatives.

People were supported with their daily nutritional needs when this was needed. We saw the preferences of the person were clearly set out in the care plan. Some people needed support with the preparation of meals and for some staff helped with grocery shopping and cooking. A member of staff told us that they supported the person to undertake their grocery shopping, which included encouraging them to eat healthily. Daily notes were completed by staff, which included information about people's dietary intake and any concerns, such as a reduced appetite which may mean the person was unwell, so that action could be taken if required.

Is the service caring?

Our findings

We spoke with a family member of a person who used the service, they told us their relative spoke very positively about the service they received, saying, "Very happy indeed, nothing but praise." They said their relative knew the staff that supported them and they viewed them as friends. The family member told us staff demonstrated their knowledge and commitment to care by promoting independence, enabling the person to remain within their own home. This included encouraging them to walk as they had lost confidence and by staff leaving notes advising the person of the day of the week, which helped with their orientation of time and place.

People were supported by a consistent group of staff made up of eight employees, some of whom had provided care to the same people, in excess of ten years. We found staff to be confident in the support they provided and their involvement in the promotion of people's independence. Staff spoke with commitment about their role in working with people and how the longevity of their support meant they knew people well. Staff told us how this enabled them to provide tailored care. One staff member said, "I know [person's name], this means when I go shopping I can support their interests by buying football magazines." Staff were able to provide information as to how people's needs had changed over the period of time they had supported and cared for them, which for some meant that the support and care they needed had increased. Staff approach had therefore evolved to meet the changing needs of people.

A social worker shared with us their views about the service a person received; they told us that the registered manager and staff met the person's needs. They said, "They're ultimately about the customer (person using the service), everything is done in [person's name] best interests."

People's care plans contained information that was important to the person receiving care, which included their preferences and wishes. All aspects of people's care was evidenced, one person's care plan identified it was important for staff to encourage them to wear their hearing aid, whilst in another person's records the importance of helping a person to keep their home clean was emphasised. A member of staff told us how they always cleaned up the person's kitchen after preparing a meal. "We need to be respectful of other people's homes." This was evident as information was made available for staff, which included for one person making sure that any washing was placed on the airer in the hallway, as per the person's wishes. This meant staff provided person centred care and they respected people's preferences.

People's privacy and dignity was respected by staff who understood that they were supporting people within their own homes and that their role was to provide support whilst respecting their lifestyle choices. Staff told us they encouraged people to maintain their independence by encouraging them to take part in everyday tasks and social activities.

Is the service responsive?

Our findings

A family member told us how they and their relative had the opportunity to review the package of care being provided. They told us, "We have talked through the package of care being provided, discussed what [relative] likes to eat, as they do their shopping." People's packages of care, which included the care to be provided and the hours involved, were dependent upon people's needs, which included where people funded their own care and support. Each person had a contract detailing the service to be provided, the fees payable, along with contact details should people wish to make changes to their support requirements to respond to changes in their circumstances. This evidenced an open and transparent commitment by the registered manager in providing information, which enabled people to make decisions and choices and understand their rights.

People who used the service had their care plans reviewed regularly by the registered manager, with the involvement of themselves and the staff who provided their care and support. People had signed their care plans, evidencing their involvement and agreement. People's plans were person centred and had sufficient detail to give a good account as to their preferences and needs. Staff we spoke with had a good understanding of people's preferences with regards to their daily routine, hobbies and interests, likes and dislikes and they supported people to take part in activities as part of people's package of care, which included attending disco's, eating out and shopping, showing how people received tailored support and care.

A social worker advised how the service had overseen the provision of specialist equipment following an incident involving someone who used the service, they said the registered manager had been pro-active in ensuring staff would be able to respond should a similar situation arise.

Records completed by staff on a daily basis included information where people had made decisions about their care, or where staff had noticed any changes in the person's health or welfare. Examples of information we read included where a person had chosen to remain in bed and a member of staff had written, 'not as bright as she was at this time yesterday'. Subsequent records over the following days recorded staff had noted a return to the person's usual self and that they were now getting up out of bed. This showed how staff responded to people's requests whilst taking note of any changes. Staff told us that they completed daily notes as to the support and care provided, which included any concerns, this provided staff with up to date information, enabling them to provide responsive care reflective of people's well-being.

A copy of the 'Service User Guide', a copy of which was given to each person contained information as to the providers policy and procedure for raising a concern or complaint, which included information as to how the complaint would be handled and would be used as the provider as a project in 'lessons learnt', so that changes to policy and practice would be made if necessary in order to bring about improvement. The guide in addition provided contact details for external agencies which people may wish to contact. The registered manager told us they had not received any complaints within the last 12 months and we found no records of complaints being made. A family member told us any issues of concern they did have would be actioned by the registered manager.

Is the service well-led?

Our findings

A family member told us they had confidence in the management of the service and that they exchanged texts with the registered manager where required. They went on to say that the registered manager kept them updated about any changes.

We found that opportunities were given to people to influence the service they received through their participation in reviews of their care enabling any changes to be made, for example an increase in the package of care provided. The provider periodically sent out a questionnaire to people who use the service, seeking their views, the most recent information available were the results collated in December 2014. The results gathered by the provider highlighted people were very satisfied with the service, stating they were treated with dignity and respect by a consistent group of staff. The questionnaire asked people as to their confidence in the managerial staff and the management of the service, which again reported positive feedback and comment.

There was no formal quality assurance and audit system in place; however the size of the service meant the registered manager was able to maintain a good oversight of the service. The registered manager regularly spoke with or met those who used the service and gained their views when undertaking staff supervision, which included reviewing people's care plans. We found records to be in good order with regards to those using the service and the staff employed.

Staff told us they had worked alongside the registered manager for many years and were confident in their management of the service. They told us the registered manager was always available should they have any concerns about people's welfare and they were proactive in providing guidance when needed. The registered manager has held their position at the service since its registration in December 2010, which meant the service has had continued managerial oversight, which contributed to the continuity of care people have received.

A social worker and a member of staff from the brokerage team of Derby City council told us they were confident in the management of the service and its ability to deliver the care and support people needed. We were told, "The registered manager is up to date and pro-active." The service had received thank you cards and letters of compliment from a family member of a person who had used the service.

The registered manager was able to demonstrate how they ensured the service provided met people's needs, through their ability to communicate effectively with stakeholders, people using the service and staff, through telephone discussions and the sharing of documentation. They shared with us the results of a medication audit, carried out on behalf of Derby City local authority in May 2013, which evidenced 96% compliance in relation to medicine management. The audit had considered policies and procedures, systems for medicine administration, the provider's internal monitoring practices and competency.

The registered manager focused on packages of care which facilitate the promotion of people's independence, enabling them to remain in their own home. They told us they were a small provider, which

meant they along with staff worked closely together for the benefit of people whose care and support they were commissioned to provide.