

Derbyshire County Council

# DCC Amber Valley Home Care

## Inspection report

Bennerley Fields Centre  
22 Bennerley Avenue  
Ilkeston  
DE7 8PF

Tel: 01629531728

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## Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

DCC Amber Valley Home Care is a domiciliary care service providing personal care. The service is registered to provide support to older people, younger adults, people with a learning or physical disability, autistic people and people who have mental health needs. At the time of our inspection there were 39 people using the service.

### People's experience of the service and what we found:

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support

Risks to people and staff had been assessed and people's care plans were regularly reviewed and updated. Staff supported people to maintain their health and wellbeing by referring people to other professionals which supported their health and independence.

### Right Care

People were supported as individuals, in line with their needs and preferences, people were involved with creating their care plans and their communication needs were considered and met. People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.

### Right Culture

The service promoted a person-centred culture. The registered manager understood their responsibilities and had identified areas to improve the quality of the service through the audit systems in place. People's needs were assessed prior to them receiving care and support from the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 21 January 2020).

### Why we inspected

We undertook a focused inspection to review the key questions of responsive and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall

rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for DCC Amber Valley Home Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# DCC Amber Valley Home Care

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

We spoke with 7 people who used the service and 10 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, domiciliary service organisers and care workers. We reviewed a range of records. This included 3 people's care records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Following an assessment of people's needs, care plans were developed and agreed with the person or relatives if appropriate, in how they wanted to receive their care. Care plans provided staff with information and guidance about people's needs, choices and preferences.
- People told us they had been involved in creating their care plan. One person told us, "I sat down with [staff member], to do the care plan, we were very involved in the content of it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place and provided people with information about how to complain when they joined the service.
- People and their relatives told us they knew how to complain. One person told us, "We were given an information book with contact numbers and procedure for complaints."
- At the time of this inspection, the service had not received any complaints in the past 12 months, we discussed the complaints process with the management team who were knowledgeable on the policy and understood their responsibilities.

End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- At the time of the inspection, the service was not supporting anyone who required end of life care. Staff however, had received training in this area so were able to support people in partnership with external professionals if this need was identified.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People and their relatives consistently spoke positively about the service. One person told us, "They do an excellent job, we are satisfied." And a relative told us, "They are very helpful and encourage [person] to do what they can to be independent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider's quality assurance systems ensured all aspects of the service were regularly audited. Where issues had been identified, actions plans had been put in place. For example, where medication recording errors had been identified this had been promptly followed up with staff training and supervision.
- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use the service and other people acting lawfully on their behalf in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The provider sent out questionnaires to people and their relatives to gather feedback on the service. We reviewed the feedback received which was positive and complimentary of the care provided.
- The registered manager had a supervision schedule in place to ensure all staff had a regular one to one meeting. Staff told us they had regular supervisions and felt supported in their roles. One staff member told us "The management team are very supportive, they go above and beyond."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The service had an action plan in place which was regularly reviewed and updated by the registered



manager.

- Staff told us about the improvements they had seen since our last inspection this included improvements to training and the communication systems in place.

Working in partnership with others

- The provider worked as part of a wider multi-disciplinary team supporting people's reablement by providing short term care. The staff team frequently met to discuss and review people's progress towards their desired outcomes.
- We found when required staff shared information and made appropriate referrals to other professionals to ensure people received the support they required. For example, we saw referrals had been made for assistive technology to aid a person's independence.