

Dignity Homecare (Yorkshire) Ltd

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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

We inspected Dignity Homecare (Yorkshire) Ltd on 12 June 2018. The inspection was announced.

Dignity Homecare (Yorkshire) Ltd is a domiciliary care agency operating in the Barnsley area. The agency provides a range of support for people living in their own homes which includes personal care, social care and domestic assistance. At the time of our inspection 87 people were receiving regulated activity support from this provider.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. 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 told us they felt safe with the staff who supported them. Staff understood their role and responsibilities to keep people safe from harm.

There were robust risk-specific assessments in place which identified risks and the measures put in place to minimise these; these also covered the environment in which people were supported.

There were sufficient staff to meet people's needs. There was a high level of consistency in the staff who attended each person. People told us they knew the staff who were supporting them.

Staff recruitment pre-employment checks had thoroughly been carried out.

People who were supported with medication had this administered safely, three-monthly observations of staff were carried out and records were audited monthly.

Staff had undertaken training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were able to describe what this meant. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Care records showed people had consented to care and treatment. Staff told us how they would always ask for consent to care before assisting people.

New staff were supported in their role, which included training and shadowing a more experienced staff member until they felt confident. Staff undertook regular on-going training. Staff received regular supervisions, appraisals, observations and spot checks to assess their competency.

Staff gave examples of how they accessed and worked with relevant healthcare professionals when required.

People we spoke with told us staff were kind and caring. Staff treated them with respect and took appropriate steps to maintain people's dignity and privacy. People's private information was kept confidential.

People had a person-centred care plan in place which showed how they wished their care to be undertaken, their likes, dislikes, and preferences. This enabled staff to provide the care and support required by each individual.

There was a complaints process in place. People told us they felt confident of what to do if they had any concerns or complaints.

People told us the service was very well led and all talked about how well they knew the registered manager. They described how they were regularly asked for their input and feedback. Staff gave examples of how the registered manager responded positively to feedback. People spoke highly about the management of the service.

The manager described how the service worked in partnership with other organisations and healthcare professionals.

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 remains Good.

### 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 remains Good.

# Dignity Homecare (Yorkshire) 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 12 June 2018 and was announced. We gave the service 48-hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the registered manager would be available to meet with us. The inspection team was made up of one adult social care inspector.

Before our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. We contacted commissioners of the service, safeguarding and Healthwatch to find whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist the planning of our inspection and inform our judgements about the service.

During the inspection we met with the registered manager, two support workers, one senior carer and the office administrator. We looked at four care plans including risk assessments, four staff records and other records relating to the management of the service. Following the inspection we spoke on the telephone with three people who used the service and four relatives.

## Is the service safe?

### Our findings

People told us they felt very safe with the care provided by Dignity Homecare and were able to describe how the support workers made sure they were safe. One person said, "Yes, I do feel safe, I always have done." A relative said, "They [the support workers] keep the house tidy, clean and safe – it feels so much nicer." Another relative explained how the service had arranged a key safe and how this had put their mind at ease and said, "We can rely on them."

The service had a safeguarding policy in place and training records showed all staff had received safeguarding training. Staff were aware of how to spot signs of abuse and talked about how they would report any concerns. A staff member said, "People are 100% safe." One staff member gave an example of how they had recently reported a safeguarding concern where a person had disclosed they felt unsafe.

During this inspection we found evidence of detailed risk assessments in people's care plans. Risk assessments were individual to the person being supported and had been completed in relation to fire, the home environment, hot meals and drink preparation, personal care, and mobilisation. Risk assessments supported both people and staff.

The registered manager described how they produced the staffing rota every week. They explained how they would not accept new calls until they had checked with staff whether these could be accommodated in their shifts; they said, "If we can't meet their [people's] needs properly then we will turn it down." One person told us, "I get the same staff Monday to Friday and they alternate on the weekends." Another person said, "Staff turn up on time." A third person told us, "They ring to say if [they're] going to be late."

Staff confirmed they received their rota in a timely manner and they had enough time to complete people's calls. A staff member said, "The rotas are very consistent; it's nice for [people] to have consistency." Another said, "I have enough time to care and do my job. If things run on, all I have to do is ring and it all gets covered either by sending another carer or telling the next person I'm running late."

Recruitment practices were safe and appropriate background checks were in place. A staff member explained how all staff were trained to administer medicines and said, "There is a separate medicine competency check as well as the three-monthly observations. There are medicine checks when doing spot checks as well." We found evidence of these checks in staff files and in the medicine audit. No medicine errors had been identified.

A person said, "I'm very particular about washing my hands and the carers are." Staff had regular training on Infection Control Prevention. Staff were able to describe how they used gloves and aprons when providing care. A staff member said, "I have a pocketful of aprons and gloves and these are changed for each separate task."

The registered manager and a staff member explained how improvements had been identified during a medication audit and how the system was changed as a result. This provided clarity about when medicines

were administered.

The registered manager described how team meetings were used to suggest and discuss improvements and consider any lessons learnt. We saw from meeting minutes how the missed calls monitoring system had been discussed and improvements put in place. Another discussion had been held about log sheets and minutes showed how staff had agreed to the suggested improvement. Staff confirmed they discussed and learnt from issues and each other.

## Is the service effective?

### Our findings

The registered manager explained how they read National Institute for Health and Care Excellence (NICE) guidance and updates from other professional bodies and organisations, they said they checked them "three to four times per week" and communicated new information to staff at supervisions and staff meetings. The manager explained they also received Skills for Care updates, this gave them updates to legislation and good practice guidance. We saw from staff meeting minutes how changes to policies as a result of new guidance had been discussed. This showed how staff were kept up to date with legislation.

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. We checked whether the service was working within the principles of the MCA. We found evidence in care plans we looked at that people had consented to care and our discussions with staff and management showed up they understood the requirements of the MCA.

A senior carer said, "I do spot checks on calls and observations of staff every three months, or more regularly if there were any concerns." Support workers described how they were supported to learn and develop the skills they needed.

Training was provided by a local company who tailored sessions to meet the needs of the workers. The registered manager explained how they have a contract with a local training provider; and this gave them constant access to training.

The registered manager explained how staff had supervisions every three months and an appraisal every year, and staff and records confirmed this. One staff member said, "For my new role I had to do the induction and basic training again." A staff member explained about part of their induction, "I shadowed a senior carer and was then asked how I felt: did I feel confident or did I want more shadowing. Then the senior carer watched me and I could ask questions. I found this really helpful."

A person said, "I discuss my menu and tell them what I'm having for lunch and they [the support workers] help me with what I want doing." This showed people's freedom is respected. We saw how each support plan had a nutrition and hydration record although this had not always been completed. The registered manager explained this was used only where dieticians or a GP had said people's intake needed monitoring. The registered manager said support workers had received training and knew when to report if they identified a person's diet was poor. We saw evidence this had been done and where appropriate referrals for additional support had been made by the service.

The registered manager explained how the service worked with other organisations, "We do all our own referrals, for example, for District Nurses to prevent sores, for chiropodists, GPs, continence services and occupational therapists. We check consent and follow-up all referrals and check outcomes." Support plans



we looked at showed people had been asked for their consent for the service to make referrals. These also showed how support workers kept everyone informed in a person's care by detailed record keeping, including communication with relatives. A staff member said, "The office sends everything that needs to be done, we also get a folder with everything in and we read through everything."

People were supported to access healthcare services. A person said, "On one occasion I was telling them I was alright and [the support worker] said I wasn't and asked if [they] could call the paramedics and I was taken to hospital." This person also explained how the registered manager had liaised with the hospital about their discharge and made sure someone was waiting for them at home.

The support plans we looked at included a schedule for making sure people had regular opticians and dental appointments where they had consented to this.

A staff member explained, "If someone's unwell I write it in their notes, and if I thought they needed a GP I would contact a family member or if [there were] none ring the office," and gave an example where they noticed a person had not been eating and rang the GP who visited a diagnosed a throat infection.

## Is the service caring?

### Our findings

People and relatives spoke with genuine warmth about their support workers. A person said, "[We] always have a good chat, they show an interest in me and my family. I feel they are friends as well as helpers." Another person said, "I enjoy the visits from [the support workers] – they bring the outside world to me... They really have a caring nature." A relative said, "They're lovely, I can't fault any of them, they've been really good... They chat about our holidays and things and what we've done in the past." A staff member said, "I love my job. We're here to provide a good service and care for [people]." Another staff member said, "We're often the only person people see, it's important that you engage with that person."

People's likes and dislikes, their preferences, their hobbies and life history were recorded in a booklet called 'I Am'. A staff member said, "I speak to the person to find out all the little things. I always presume people have capacity because this can change from call to call." It was evident from discussions with the registered manager they knew all the people the service supported very well and ensured the service offered was personalised.

Information about advocacy was given to people with their care plans and information about people's advocates was also kept in their care plan. This showed people's choices were in line with current legislation.

The registered manager knew about the Accessible Information Standard and had made sure people had information in their care plans, included in the 'I Am' booklet about their communication needs, hearing, eyesight and communication. We discussed with the registered manager about this information being extended to relatives and this was put in place by the end of the inspection visit.

All staff signed a confidentiality statement. People's confidential information was securely stored. We saw confidential information and care plans were kept in locked filing cabinets. Staff spoke about not discussing the people they supported with anyone else.

People felt their privacy and dignity were respected. A person said, "Oh, yes, [the support workers] respect my privacy, I don't feel any discomfort with [them]." Another person said, "We have a joke and a giggle but [the support workers] are very professional when washing and dressing."

We saw from the support plans we looked at how support workers encouraged people to maintain their independence. One support worker said "If it's safe [for the person] we stand outside the [toilet] door and ask them to call. We always cover what we can, shut blinds, curtains and doors."

## Is the service responsive?

### Our findings

We spoke with people and their relatives to find out how the service responded to their needs. A person explained how the support workers helped to support their interests and said, "I knit to keep my hands supple and [the support workers] often chat to me and bring their knitting and crocheting to show me." Another person told us about the complicated personalised equipment they needed and how the carers had learnt to use this to provide support. A relative explained how the person's needs sometimes changed daily and how the support workers responded to this, "We agree how to do things."

The 'I Am' booklet contained details of people's likes, dislikes, preferences, hobbies and interests and people explained how support workers supported them as individuals. In one support plan we looked at it showed how a person liked to get a bath before they watched their favourite TV soap. A senior carer said, "Care plans are reviewed every 12 months, or earlier if there are any concerns." Staff made a detailed record of the care they provided at each call.

The registered manager explained how they monitored compliments and complaints and we saw how these were audited regularly. There had been one complaint since the last inspection, this had been dealt with the same day and despite the registered manager undertaking an investigation and finding the complaint unsubstantiated the registered manager provided a goodwill gesture. A relative said, "They're fine at listening to concerns, one issue got sorted straight away." A staff member said, "We are here to provide the best standard of care we can, if [people] have any problems then we in the office want to resolve these as quickly as we can, we want to provide the best we can. [The registered manager] is open to any suggestions, [they] want to improve as much as we can."

Support plans we looked at included people's end of life care preferences and the service had an end of life policy. Staff explained how they got involved in end of life care and how they worked with health professionals to facilitate this and said, "We liaise with District Nurses or McMillan Nurses." This showed people's wishes regarding their end of life care would be respected.

## Is the service well-led?

### Our findings

At the time of the inspection 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.

We asked people if they thought the service was well led. A relative said, "I've developed a relationship with [the registered manager]. . .we work things out together." Another said, "We wouldn't want any changes." All staff members we spoke with explained passionately about the importance of the quality of the care and service. We discussed with suggested to the registered manager them developing a vision for the service based on these staff comments. A staff member said, "The manager is easy to talk to and very supportive." Another staff member said, "If something can be changed immediately then we tell [registered manager]. . .it makes things better for ourselves and [people]."

There were established processes in place to audit the service's systems and monitor the quality of all aspects of the service being delivered. We saw how staff files were checked every six months to ensure all the paperwork was up-to-date.

An office administrator audited support plans every six months. An improvement book was completed if any trends were identified from these audits. Monthly audit checks took place for medicine administration. Key safe number audits and lifeline checks took place every six months.

People explained how they were contacted every six months by the office staff to ask them about the service they received. One person said, "Yes, the office contact me. I completed a questionnaire recently but I've nothing to complain about." The office administrator explained how the registered manager visited all the people who used the service every year and people received a call and a questionnaire every six months.

We saw from staff meeting minutes that the outcomes from these reviews were discussed and improvements suggested and implemented. Staff explained how team meetings took place every three months. One staff member said, "I enjoy team meetings, it's a way of getting to know others. We all discuss together and try and find a solution." Minutes showed items discussed included updates on best practice guidance. A staff member said, "We can request team meetings if we think there's things to discuss."

Staff morale was very high across the service with one staff member saying, "I love my job." Another said, "We're always trying to improve on the care that we give, for example, when doing care plan reviews we always ask if we can do things better, if they'd like things doing differently. These get shared at our team meetings."

The service records and regularly reviews accidents, incidents and near misses. The registered manager explained how they "look and learn to improve the service".

The service demonstrated they worked in partnership with other organisations, such as health professionals. Staff and the registered manager explained how they worked closely with local authority social workers and commissioners to understand people's needs. Staff also explained the relationships they had built with local pharmacies to ensure people received their medication on time.

The registered manager explained the links they had made with a local training provider to ensure the service received the most up to date and responsive training as soon as it was available. This helped to ensure people were supported in the best possible way.

There is a requirement for the registered provider to display the rating of their most recent inspection. We saw this was displayed in the office reception and on the registered provider's website.