District Home Care 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

District Home Care is a domiciliary care agency which provides care and support to people in their own homes. It provides a service to older people living with dementia, sensory impairment and physical disabilities. The agency had a total of 14 people who received the regulated activity of personal care.

The inspection took place on 31 May 2018 and was announced. This was the first inspection since the service registered with the Care Quality Commission in April 2017.

People and their relatives told us they felt safe with staff who attended to them because they were kind and caring. Staff were aware of the process to follow and external agencies to contact if they had witnessed any abuse. Robust recruitment processes were followed to help ensure that only suitable people were employed at the agency. Medicines were administered safely and people told us they always received them on time. Measures were in place to monitor and prevent the spread of infection that would affect people's health. Accidents and incidents were recorded in detail and reviewed by the registered manager to identify any measures that could reduce the risk of a recurrence. These were discussed with staff to make them aware. The registered manager was in the process of recruiting three new staff to add to the team.

People's needs and choices had been assessed and their care, treatment and support were delivered in line with the pre-admission assessment as discussed with them. People received effective care and support from staff who had received training appropriate to their roles. People were supported to have enough to eat and drink to keep them stay healthy and they had access to all healthcare professionals as and when required. People's rights under the mental capacity act (MCA) were respected.

People were treated with kindness and compassion in their day-to-day care from caring and supportive staff that had got to know them well. People were supported to express their views and were involved in making decisions about their care, support and treatment. People's privacy and dignity was respected by staff and they were encouraged to be as independent as they were able. The registered manager and staff told us that they treated all people as individuals and their individuality was respected.

People had person centred care plans that had been developed with them from the information provided in the pre-admissions assessment. People told us they had been involved with their care plans. People knew how to make a complaint and who to make a complaint to and complaints were taken seriously and used as an opportunity to improve the service. The provider would work with the appropriate agencies to ensure that end of life care was provided sensitively and in line with people's needs and preferences.

People, relatives and staff benefited from a well-managed service. The provider and staff worked together to ensure that all aspects of the service functioned effectively. Quality assurance systems were in place to ensure that the quality and of service provided to people was of a good sustained standard. People and those important to them had opportunities to feedback their views about the home. The provider and staff worked with other related agencies that ensured people received joined up care, treatment and support.

The service was supported with other healthcare professional services to ensure people's health needs were met.

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.

Risks to people had been identified and written guidance about how to manage risks was being followed by staff.

There were safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Robust recruitment processes were followed.

There were enough staff deployed to meet the needs of people currently using the service.

Accidents and incidents were recorded and monitored by staff to help minimise the risk of repeated events.

People's medicines were managed safely.

Staff followed appropriate infection control procedures when providing care.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they used the service to ensure that their care and support needs could be met.

Staff had training and support needed to provide effective care to people.

People's care was provided in accordance with the Mental Capacity Act 2005.

Staff prepared food that met people's dietary requirements.

Staff responded to people's healthcare needs appropriately if they became unwell.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring and respected their privacy, dignity and promoted their independence.

People had positive relationships with staff and enjoyed their company.

People and their relatives were involved in their care and support and information relating to the service was provided to people prior to commencing with a care package.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care plans were personalised and reflected their needs and preferences.

Care plans were reviewed regularly to ensure they continued to reflect people's care and support. People were able to make changes to their plans of care.

Complaints information was available to people.

People would receive support from the service when they received end of life care.

Is the service well-led?

Good

The service was well-led.

People said communication from the office team was good.

People and staff were encouraged to give their views about the service and these were listened to.

Staff had access to management support and advice when they needed it.

The service was monitored regularly, including staff practice.

Staff had good working relationships with other professionals involved in people's care.

District 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 31 May 2018 and was announced. The inspection was carried out by two inspectors.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 31 May 2018 and ended on the same day having discussions with the registered manager and one member of staff and to review care records and policies and procedures.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people and six relatives as part of our inspection. We spoke with the provider who is also the registered manager and two members of staff during our visit. We also spoke with the local authority safeguarding team and the quality assurance managers. We read care plans for two people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments. We received 11 completed questionnaires from people at the service, six from relatives and three from staff. We looked at two staff recruitment files and training records. We saw records of quality assurance audits. We looked at a selection of policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives felt safe with staff who attended to them because they were treated with kindness. One person told us, "Absolutely I feel safe, they do their job very well." A relative told us, "We are very happy and feel safe with staff."

People were protected from abuse because staff understood their roles in keeping people safe. The provider told us in their PIR that policies and procedures were in place about safeguarding adults and staff had received training in regard to this. We found this to be the case. Staff were knowledgeable about types of abuse and the reporting procedures to follow when they suspected or witnessed abuse. Information was available to staff about the local safeguarding team including the contact details. Staff told us that they had not needed to raise any concerns to date but they would not hesitate to report bad practice if they saw it.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. People told us that the staff never rushed their care with them; however, they were not always punctual with their timing. One person told us, "They are not very good at time keeping. They don't arrive when they say they will." A relative told us, "Not all that reliable on time but once they're here they are ok." Other people and relatives told us that staff were usually on time. The registered manager told us that staff were allowed up to thirty minutes delay of the agreed times for visits and all people were aware of this. If staff were later than this then people would receive a telephone call and would not be charged for that particular visit. The registered manager told us that they had been covering a lot of the calls especially when staff had been unwell. They told us that they had just recruited a further two members of staff who were to start the week following our inspection and were recruiting a field work supervisor as the previous one had recently left the service. This would ensure that the current people would receive their visits in a timely manner. There was an automated system that showed when staff arrive at a visit and when they finish the call. The registered manager told us that staff were allowed 15 minutes at either time of the visits. We will follow up on the impact of this improvement at our next inspection.

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The provider had obtained appropriate records as required to check prospective staff were of good character. These included a full employment history with explanations for any gaps in employment, two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS).

People were kept as safe as possible because potential risks had been identified and assessed. The provider told us in their PIR that each person had full risk assessments undertaken that included dehydration, pressure sores, nutrition and skin integrity. We found this to be the case. Each person had risk assessments in place to help them maintain their independence. For example, falls, behaviour, personal hygiene, manual handling, and kitchen appliances and cross infection. Risk assessments also included the person's home environment and these were regularly reviewed. We noted on the day of the inspection that the risk assessments used were not person centred However, since our inspection the registered manager had implemented person centred risk assessments for each risk pertaining to each person.

Medicines were administered and recorded safely. People told us that they always received their medicines on time and at the time they needed them. Records showed the registered manager monitored the medicines through the monthly audits. Missing signatures on the medicine administration records (MARs) had been followed up by the registered manager with the members of staff concerned. None of the people or relatives raised any concerns in relation to medicines. Relatives and family members are responsible for the ordering of medicines.

Lessons had been learned when things had gone wrong. For example, registered manager showed a new type of MAR sheet that was to be introduced as of 1 June 2018. This used colour coded graphs to show which medicines were for breakfast, lunch, tea time and the evenings. This was done because the registered manager had learned from auditing previous MARs sheets that staff had not always recognised the time of day on the MARs, therefore this new format would reduce a repeat of these errors. No person had gone without their medicines.

People were protected against the spread of infection within the service. Staff maintained appropriate standards of hygiene which protected people from the risk of infection. Staff told us that they used personal protection equipment (PPE) that they changed for each person they visited. For example, gloves, overshoes and where appropriate, face masks. Staff had been supplied with hand sanitizer gels and were aware of good hand hygiene practices. All staff had received training in regard to infection control and were aware of the requirement to use PPE

There was evidence of learning when adverse events occurred. Accident and Incident forms had been completed when an accident occurred. The forms record the date and time of the accident, where the accident took place, who was involved, was an ambulance called, was the person's family contacted, the outcome and who reported the accident, date the incident form was sent to CQC and any follow up.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care, treatment and support was delivered in line with the pre-admission assessment. Pre admission assessments were carried out before people commenced using the service. This was to ensure the service could meet their needs. The registered manager told us that all people and their families were involved with their assessments and care planning. This was confirmed during discussions with staff.

Staff had received training appropriate to their roles that enabled them to deliver effective care and support to people. People and their relatives told us that they believe staff received the appropriate training they need. A relative told us, "They do a pretty good job." Feedback received from the questionnaire we sent to people and their relatives was positive. Responses showed that they thought the staff had the right skills and knowledge needed to provide support and care to people.

The registered manager told us that all staff attend an induction and have to complete the Care Certificate before they commenced working with people. This was confirmed during discussion with staff and the viewing of records. The Care Certificate is a set of nationally agreed standards that care staff should demonstrate in their daily working lives. Staff told us that they had received all the mandatory training and that this was undertaken on an annual basis. Records of training were maintained in staff files. Other training undertaken included caring for people with Parkinson's, skin conditions, preventing pressure ulcers, management complications and medications, Learning disabilities, dementia and the principles of working with individuals in a person-centred way.

Community nurses have trained staff on how to administer insulin to one person. There was a letter in the person's file from the Community nurses about what they have taught staff and how it was done. This training included hand hygiene, gaining consent from the person and how and where to give the injections. They had also observed staff checking blood sugar and administering insulin competently before being signed off as competent to undertake these procedures.

People were supported by staff who had regular supervisions (one-to-ones) with their line manager. Staff told us that they received supervision regularly and records confirmed this. Staff told us that they discuss their roles, the people they worked with and identified their training needs.

People were supported to ensure they had enough to eat and drink to keep them healthy. People and their relatives told us that staff either helped to or did the cooking for them. One person told us, "I manage to cook my own meals." Another person told us, "They cook food with me; some are better cooks than others." A relative told us, "The carers cook for (family member) and also shop and order meals from the local farm shop."

Staff told us that they would cook for those who require this and that they had received training in food hygiene. They told us that they monitored people's food and fluid intake and if there were any identified concerns then this would be reported to the registered manager and the person's family member so

appointments could be made with the appropriate healthcare professionals. We noted that daily records of food and fluids were maintained in people's care plans. Staff told us that currently no person has an issue with their eating or drinking.

Staff at the agency worked with other organisations to ensure the continuity of care. For example, the service had worked with local hospital nutrition and dietetics department about healthy eating and diabetes. The community nurse was involved with training staff in regard to supporting people who were diabetics.

People had access to all healthcare professionals that supported them to live healthier lives. People's changing needs were monitored to make sure their health needs were responded to promptly. Information in relation to people's healthcare needs were recorded in care plans and included the contact details of the GP and other healthcare professionals. For example, care plans included information in regard to healthcare professionals involved in their care such as community and district nurses, GPs and the Pharmacy. Carers would take people to healthcare appointments when required.

People's rights under the Mental Capacity Act 2005 (MCA) were respected. The 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. We saw signed consent forms in people's care records and people or their advocate had signed before commencing with the service. For example, a contract of care and medicine consent forms which had been completed and signed by people and the registered manager. Staff told us they had received training in the MCA and the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of supporting people to make decisions about their care and enabling their choices. A staff member told us, "We assume that people have the capacity to make their own decisions unless it has been proved otherwise." Staff told us that they always sought consent from people before undertaking any activity with them. For example, dressing and attending to the personal care needs of people.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives told us that staff were very caring and supportive. One person told us, "I have a pleasant relationship with staff." A relative told us, "Staff are very kind and considerate." Questionnaires received from people stated that staff were caring and kind and that people were happy with the care and support they received from the service. Relatives had informed that they were happy with the care and support their family received and that staff were caring.

People received care and support from staff who had got to know them well. Staff told us that they got to know people through reading their care plans and talking and building relationships with them and their families. Staff were able to describe people's life histories and how they preferred their needs to be attended to. For example, one member of staff was able to convey information in regard to a person's needs and the progress the person had made. This was also recorded in the person's care plan. The registered provider told us, "They (people) are like our family. We do everything including their shopping, cooking, and appointments and taking their dogs for a walk."

People were supported to express their views and be actively involved in making decisions about their care, support and treatment. The provider told us in their PIR that they involved people and their relatives in the care planning process and we found this to be the case. People had signed their consent to receive the care as recorded in their care plans. People told us through their questionnaire that they were involved in making decisions about their care and support needs and that they received consistent support from staff in accordance with their care plans. Staff told us that they always discussed people's care needs with them and if they had requested any changes to their care and support they would inform the registered manager. Another member of staff told us that they always asked people if they were happy with the way they were being supported. If they said no then discussions would take place with the person and the registered manager in regard to any changes they would like to make.

One relative told us that the registered manager had involved them with the care and support needs of their family member. They told us, "[Registered manager] had worked with her to get (family member) walking again after a fall. They were helpful to (family member) and supportive."

People's privacy and dignity was respected by staff. The provider told us in their PIR that they expected and demanded that all staff treat every person with dignity and respect and we found this to be the case. People told us that staff always respected their privacy and dignity when attending to their personal care needs. Staff told us that they would always attend to personal care needs in the privacy of people's bedrooms and bathrooms with the doors closed. One member of staff told us, "I always make sure that curtains and doors are closed when I help people with their personal care. I cover any exposed parts of the body to preserve people's dignity."

People's independence was promoted and respected by staff. Staff told us that they encouraged people to do as much as they were able to for themselves. For example, washing themselves, dressing and cooking

with support. People told us that staff always helped them to be as independent as possible with their care and support needs.

The registered manager told us that no person receiving the service was from the lesbian, gay, bisexual or transgender (LGBT) communities. They told us that this was explored during the pre-admission assessment so people had an opportunity to inform them. The registered manager and staff told us that they treated all people as individuals and respected their individuality.

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs. The provider told us in their PIR that people had care plans that include their personal history, individual preferences, interests and aspirations and we found this to be the case. People had person centred care plans that had been developed with them from the information provided in the pre-admissions assessment. People told us they had been involved with their care plans.

Care plans and care was person centred. Care plans provided a very detailed introduction to the person, their life history, preferences and key support needs. Staff would be able to very quickly get to know the important points about people from reading the care plans. For example, where a person was type 2 diabetic, daily insulin injections were administered by the district nurse (DN) and two District Home Care staff who had been trained in this procedure. Personal care needs were clearly written in a person centred way with the person. For example, any assistance they required with hair washing, bathing or showering.

Staff told us that they read the care plans regularly to ensure that they were familiar with people's needs. Staff told us that they discussed people's care plans with them during their visits and if people requested anything to be changed or added to the care plan then staff would report this to the office. They told us that care plans were reviewed with people and their relatives. Staff were able to describe the needs of people who they attended and how they ensured they were met at each visit. One member of staff told us, "I read the care plan on every visit. One person I visit needs assistance with their personal care when we arrive in the morning." They were able to describe what this entailed. Another member of staff was able to describe a person's mobility needs and how they ensured this was attended to safely for the person.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There were appropriate procedures for managing complaints. People told us that they knew how to make a complaint and felt that complaints would be listened to and addressed. People we spoke with told us they had not had the need to make any formal written complaints. One relative told us, "I had a minor issue with the toilet not being cleaned very well. I raised this with manager and she got onto it straight away and resolved it."

The registered manager told us that they had not received any complaints since the service started operating. They told us that they made regular telephone calls to people and always if there are any concerns or anything they think they could do to improve the service. The provider had a clear complaints policy in place that included the contact details and the timescales for responding to complaints.

The provider had received many letters complimenting staff and the service. For example, one relative had written, "Thank you for all your care and attention you provided to [family member]. We appreciate all your help." Another relative had written, "Thank you so much for all your effort. Without you my [family member] would not be able to live on their own."

End of life care was provided sensitively and in line with people's needs and preferences. The registered

manager told us that did not have any person who was receiving end of life care. They told us, "We would speak to the GP, have multi agency team involvement, for example, the Macmillan Trust, whether they are coming from or going to a hospice. We would make sure there was sufficient equipment to support people's care at these times. We would be part of their care if it is viable. However, we don't provide live in care but we would support the carer who attended people at these times."

Good

Is the service well-led?

Our findings

People, relatives and staff benefited from a well-managed service. The provider and staff worked together to ensure that all aspects of the service functioned effectively. People and their relatives told us that the service was led well by the registered manager and they had regular contact with her. One relative told us, "I have regular contact with the manager who owns the business." Another relative told us, "The manager is very accommodating and we have a good relationship with her. She is always available and even answers our emails late at night."

Staff told us that the registered manager was very supportive and always available to them. One member of staff told us, "The service is very well led by the owner. We can go into the office at any time and talk to her." Another member of staff told us, "The manager is very supportive to all staff and covers calls whenever the need arises."

The service promoted a positive culture. The provider had a clear vision that staff told us was important to remember in their daily work. The ethos of the service was to ensure that their staff were empowered, truthful, helpful, individual, confidential and sincere in their roles. Staff were knowledgeable about these values and told us that they tried to ensure that people were happy and received a great service in a trustworthy manner. They also told us that the culture was friendly and supportive and that people were their first priority. The registered manager told us, "This year is a steep learning curve. I am really proud of what we have achieved."

Quality assurance systems were in place to monitor the quality and of service provided to people. We reviewed the audits for February, March and April 2018. Monthly personal care reference sheets were completed to record tasks completed on a daily basis. Health and Safety checks were documented. Other audits completed included MAR records, care plans and daily notes. Monthly audits were carried out on the records of care and communication. Any errors or improvements were highlighted and discussed. For example, it was identified on two entries there were no staff signatures. The registered manager addressed this with the staff concerned. Regular spot checks were also undertaken to ensure staff were delivering the right care to people. For example, observing practice and auditing MAR records.

People and those important to them had opportunities to feedback their views about the service. The provider told us in their PIR that they obtained feedback from people and their relatives about the care they provide through regular telephone contact and surveys. We found this to be the case. People and their relatives told us in the questionnaires that the service asks them about the care provided to them. One person told us that they had recently completed a questionnaire for the service. One relative told us, "I have regular contact with the manager who also owns the business." We saw the replies to the most recent survey undertaken from people. Comments in this were positive and included, "Carer always treats me courteously," and "Staff respects my privacy and dignity." The registered manager told us that they needed to create and send out a survey to the professionals who are involved with the service. They told us, "We definitely want to build up the service but I think twelve months is still in its infancy. I would be looking at 18 months to gather their views."

Staff told us that they had opportunities to put forward their ideas about the service. For example, apps were suggested and implemented for mobile telephones so staff could access the electronic care plans, write their daily notes and report when they arrive and leave people's homes. Staff told us that they are a very small team and at the moment staff meetings did not take place. They told us that they were happy with the current arrangements for keeping staff informed about service by the manager and they had opportunities to discuss their training needs and people they looked after during their supervisions.

The registered manager told us how they continuously learned to improve the service. For example, they had identified that they had a lot of people who lived at a sheltered housing site who required care and support. They told us that one member of staff stayed at the premises to attend to all the people they provided care to which reduced the need for travelling time and continuity for those people.

The provider and staff worked with other related agencies that ensured people received joined up care, treatment and support. The service was supported with other professionals. For example, Age Concern, the GP, Podiatry and community and district nurses. The service was also a member of a training group that provided workshops and regular training to staff. The registered manager is also a 'train the trainer' for manual handling and medicines which meant that they could provide training to staff in-house. The registered manager told us, "Without the support of other professionals we would not have been able to provide the service during the last twelve months."

The registered manager ensured that the needs of staff were also met throughout their roles. For example, where staff found certain activities difficult the registered manager would support them on a one to one basis or provide any extra training they required.

The provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.