

Dome Community Care Services Ltd

# Dome Community Care Services Limited

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Dome Community Care Service Limited provide care and support to people in their own homes in the Barnstaple areas of North Devon. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Everyone who used the service at the time of inspection received personal care.

### People's experience of using this service and what we found

People were at the heart of Dome Care and the service was flexible to meet their personal needs. People gave extremely positive views and overwhelmingly praised the service. Comments included, "They are so flexible and fit in with what I want ... they provide an exceptional service" and "I will never find an agency as good as this one ... they are perfect."

The service was a small family run business. The registered manager and nominated individual treated people as their extended family and cared for them as such. There was an open and inclusive culture. Both visited people in the community, either to deliver care or just to 'drop in for a chat'. They knew each person well and effective communications had built up.

Staff were very kind, caring and compassionate to people. People told us how staff regularly 'went over and above' what was expected of them. Comments included, "Staff are always kind and caring to me, I am well and truly satisfied", "I can't praise them highly enough" and "Staff go above and beyond all the time."

Acts of kindness were embedded in staff practice and staff regularly undertook extra tasks for people. Staff always stayed the time allocated and always ensured people had everything they needed before leaving the visit.

People were treated with respect, dignity and empathy at all times. Staff were very knowledgeable about people's individual needs and choices. Close and meaningful relationships had been developed between staff and people and this was evident by all the positive comments received. Staff spoke about people with respect and kindness.

Staff were safely recruited, well trained and received supervision. There was a small staff team and a low turnover of staff. Most of the staff team had worked for the service for several years.

Staff involved people's families in the person's care which relatives appreciated and spoke of the positive impact this had had on their lives too. People were supported to attend GP or hospital appointments.

Dome care was extremely responsive to people's changing and short notice changes. They supported people at times of crisis and helped as much as possible.

People received their medicines safely, were supported to eat nutritious meals and kept safe by staff who had a good understanding of what abuse was.

People were protected from risks because these had been assessed and recorded. Staff undertook good infection control procedures.

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.

The registered manager maintained an oversight of the service and continually sought to improve practice. They wished to remain small. This allowed them to know each person and their families well. They delivered a quality-based service with had positive impacts and experiences for people.

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 good (published 1 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well led findings below.

Good ●

# Dome Community Care Services Limited

## **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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### 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. There were 17 people using the service at the time of inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28 July 2019 and ended on 6 September. We visited the office location on 30 July 2019 and 4 September 2019 to give feedback.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the last inspection report, statutory notifications received and other information we held.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what it does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

At inspection, we spoke with the nominated individual, the registered manager and one care senior care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Following the office visit, we spoke by telephone with all 17 people, or their relatives, receiving care and support to gain their experiences of the service. We spoke with a further 4 care workers.

Two people gave consent to us visiting them in their own homes which we did on 4 September 2019.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were safely assessed and managed. Any risks were reduced as much as possible for both people and staff.
- Risks which affected people's daily lives, such as mobility, environment and skin integrity were clearly documented. These were updated when people's needs changed.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures helped to protect people from the risk of harm and abuse.
- Staff had received training and were aware of what constituted abuse.
- Everyone we spoke with said the staff always checked if they needed anything else before they left the visit. People felt safe as a result. Comments included, "I am safe and I know they (providers) are on the end of the phone", "Staff are pleasant and kind and don't just whizz in and out" and "I feel safe with them (staff)."

### Staffing and recruitment

- People were protected because the provider followed robust staff recruitment procedures. This ensured staff had been recruited safely with all the necessary pre-employment checks completed.
- There was a low turnover of staff which demonstrated staff enjoyed their jobs and this had a positive impact on people receiving care and support by having the same staff.
- Changes in staffing levels were made when people's needs increased or decreased. For example, one person had improved so much since their discharge from hospital, their care visits were being reduced.

### Using medicines safely

- People received their medicines in a safe way. People were supported to manage their medicines safely by trained and competent staff.
- MAR charts were sent to the office each month and audited to ensure there were no discrepancies or gaps in recording.
- Staff regularly picked up prescribed medicines for people either from the GP or the pharmacy if there was a change in their prescribed medicines, so they could get them as soon as possible.

### Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training on infection control and knew how to reduce the risk of contamination and spread of infection.

- Staff were supplied with regular stocks of personal protective clothing such as aprons and gloves. People told us staff wore these when delivering personal care.

#### Learning lessons when things go wrong

- The provider had a system in place to learn from adverse incidents or accidents to prevent them happening again.
- All incidents had been recorded and investigated and appropriate action taken.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care delivered in line with their individual choices and preferences. People and their relatives confirmed their care needs were discussed with them prior to the service starting.
- Each person had a care plan which was regularly reviewed and changed when needed. These plans contained information about how to care for people in a consistent way. Care plans were very detailed and included personalised information.
- Best practice was sought and information communicated to staff, such as how best to support someone with increased needs.

Staff support: induction, training, skills and experience

- People and relatives unanimously spoke highly of the staff and their ability to do their jobs. Comments were very complimentary, such as "Perfect, couldn't ask for anything better" and "They are fantastic, very professional and capable of doing their jobs well."
- Staff confirmed they received regular training and received supervision. The staff team were very supportive of each other and the providers. They worked together to ensure the highest outcomes for the people they cared for.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain good nutrition and hydration.
- Staff knew people's food likes and dislikes very well and how they liked foods cooked.
- People told us staff always left snacks and drinks within reach before they left.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported people to make appointments with their GP and accompanied them to appointments if appropriate.
- Where necessary, the providers involved specialist professionals where necessary.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- No person using the service was subject to a deprivation of liberty requiring legal authority.
- People had signed forms to consent to care and support when they began to receive a service.
- People told us staff always ask for consent before carrying out any support.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were at the heart of this service and the providers treated people as their extended family. Their philosophy of care was that they supported and treated people in the same way they would their own family members. This was evidenced by the many overwhelming examples which showed positive outcomes for people. If it was possible to support a person, they would go out of their way to do this.
- People who used Dome Home Care were respected and treated as individuals. Without exception, people and their relatives gave us examples of how they always received a high level of service from both the management and care workers. Comments included, "Staff are always kind and caring to me, I am well and truly satisfied, more than satisfied" and "Staff are like a breath of fresh air, (care worker) spoils us and is the salt of the earth".
- The service promoted a strong person-centred culture which was shared by all the staff team. Staff were extremely motivated, kind and compassionate in their roles. Acts of kindness were embedded in staff member's practice. The providers led by example and only recruited staff who shared the same vision in the high standards of support given. Comments included, "They (staff) go above and beyond all the time" and "The staff always do what they are asked to do, and this one (pointing to the care worker) goes over the top."
- People appreciated receiving support from the same team of care workers. The service ensured staff focussed on building relationships. Only seven care staff worked for the service and, as a result, positive and meaningful relationships had developed over time. One person said, "They talk to me and they know me, I could not have anything better." Another person affectionately referred to one care worker as "the Duchess" which showed the close relationship they had formed. Two relatives said, "We get to know them (staff) and they are part of our family" and "They know my (family member) better than I know them."
- Staff cared for people's wellbeing but also that of their relatives. Comments included, "I couldn't do it without them (staff), I can't recommend them highly enough" and "(Staff) goes above and beyond with their general attitude towards my family member, they spoil us and they are a comfort."
- People's equality and diversity was respected which was achieved through the delivery of person-centred care. Staff ensured people's individuality was considered when delivering care. Staff tailor made visits to suit the person and made sure their every need was met. One person said, "It's their willingness to do anything that makes them special ... I don't think there is anyone better than Dome."
- The providers understood the importance of the Equality Act 2010 and ensured people were protected from discrimination due to any characteristics which are protected under the legislation.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and encouraged people to remain as independent as possible. Staff were aware of what people could do for themselves and help was required.
- Staff ensured people's privacy and dignity was always maintained and people gave examples of how this was achieved. One person said, "The girls are perfect ... they always keep me covered and I couldn't wish for anything better."
- A relative told us, "The girls talk with (family member). One thing I never hear is staff talking about other people ... my (family member) is their focus when they are here and they natter away together ... they go the extra mile."

Supporting people to express their views and be involved in making decisions about their care

- Before the service began a new package of care, a senior staff member ensured they met with the person and discussed their needs and wishes to be included in the care plan.
- People and relatives had been involved in care planning and had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. This information helped to continue and develop the positive relationships that had formed between people and staff.
- People's care plans reflected what was written in their care records.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received care and support in a way that was truly flexible to their individual choices and needs. Two people said, "They are flexible and fit in with what I want – they don't do that with other agencies" and "They are so reliable and flexible. They provide an exceptional service."
- Dome Care was responsive to people's changing needs, emergencies and short notice changes. For example, staff rearranged a visit if someone needed assistance or required extra support due to ill health.
- People were not left alone if they needed a visit from the GP or an emergency service. For example, one care worker found the person they were visiting had sustained a fall. The providers covered the care worker's remaining care calls, so they could stay with the person until help arrived. On another occasion, the GP could not get to one person until later in the day. The care worker stayed with them until the GP visited.
- One relative had requested extra support for their family member, but this was not able to be planned immediately due to a lack of resources. The provider looked at the staff and time available and instigated an extra visit within a short timeframe. The relative was extremely grateful for this and said, "I knew they would get it sorted as soon as they can, it's a really good caring service".
- One person returned home unexpectedly from hospital with no planned care visit that day. A care worker went shopping for the person to ensure they had food to eat when they got home. Unfortunately, they had to be readmitted to hospital almost immediately. The care worker stayed with the person until they went to hospital and then cleaned the house, emptied the fridge and locked the house securely. The person wrote on a thank you card, "Thank you for all you did for me ... it was a magnificent performance ... I do appreciate it very much."
- One relative spoke of when they were stuck in traffic and late returning home to their family member who was living with dementia. They called the providers at short notice and asked them if they could make a care visit to their family member (no planned visit). They requested the providers take fish and chips in to their family member. The provider called in on their way home. The relative said, "Such a relief!"
- On another occasion one of the providers spent the whole day at a person's home after the ceiling had collapsed. When they had been made aware of the situation, they immediately went to the person's home and organised emergency repairs. They called plumbers, electricians and builders to repair the damage and kept the relative aware of the situation. They also provided support to the person who was anxious and worried. There was no additional cost to the person for the time spent at their home. The providers organised for a care worker to take the person out for a drive and have lunch whilst the repairs were going on. The provider said, "We do whatever we have to do for our clients".

- One person who suffered from anxiety rang the service several times a day. They had one planned care visit every morning. The providers told us they contacted them when they were hungry or needed help getting off the commode. These unexpected visits were not charged for and the providers undertook the visits on an ad hoc basis. They said, "It is only down the hill and takes nothing to make a sandwich or a cup of tea."
- Staff responded to people's requests for help. One person said how they would ring the office and request items, such as bread or milk, on occasions. The providers then passed the message on the care worker who picked up supplies up their way to the care visit. One person told us, "They do extra jobs for me ... different little things and I know (the providers) are only ever a phone call away ... perfect." A relative said, "They are always on the end of a phone, I can't praise them highly enough." One relative phoned the service at 10pm as they needed guidance. The providers got in touch with a care worker who made an unplanned visit from their home to help and support the relative. These thoughtful gestures showed a highly personalised approach to care delivery for people using the service.
- Care and support were provided where other agencies had failed or refused to support people, such as the location or type of care needed. One relative gave us an example of how their family member's discharge from hospital had been delayed for six months. This was due to the commissioners not being able to find a service to provide the package of care the person needed. The relative said, "As soon as I spoke to the providers, I knew this was the right service. I can't recommend them enough ... staff always go above and beyond all the time." They went on to explain that they "just knew" Dome would sort out any problem and respond in the right way, such as when their family member needed their medicines adjusting which Dome handled and "sorted it all out". They went on to say that because the service is so responsive, "I couldn't do without them, I have peace of mind, it means such a lot."

#### Improving care quality in response to complaints or concerns

- People and their relatives had confidence the agency was responsive and listened to their views. They were confident any concerns raised would be looked at and action taken if necessary. One person said, "I would just ring the office ... (providers) are so understanding and helpful, they handle everything."
- The providers 'dropped in' to see people each month whilst hand delivering invoices or timesheets. This helped to address any issues before they become a problem. People spoke favourably of these visits and enjoyed seeing the providers. One person said, "They check everything is alright over a cup of tea."
- There had been one complaint in the last 12 months which had been dealt with appropriately.
- There were many compliments received which demonstrated satisfaction with the service. Comments included, "Thank you so much for all you do for (family member). Your carers are just amazing" and "Many thanks for everything over the last 12 years, we couldn't have possibly coped without you."
- There was a formal complaints policy and procedure in place. However, any niggles were resolved by people telephoning the office and their concerns being dealt with immediately.

#### End of life care and support

- Where people's end of life wishes, choices and plans were known, staff ensured these were followed.
- Where possible, the service continued to care for people at the end of their lives. They involved the multi-disciplinary team and worked closely with them to ensure people's last days were free from pain and as peaceful as possible.
- Thank-you cards demonstrated how well the service delivered end of life care. Comments included, "Thank you for all the care you have given ... you have a lovely team of ladies who do an excellent job", "We could not have kept (family member) at home without you, you have been wonderful in every way" and "Thank you so much for all the loving care and attention you and your team showed (family member)."
- There was nobody receiving end of life care at the time of our visit.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and information provided in the appropriate formats. Where people wore hearing aids or glasses, staff ensured these were in place, clean and working effectively.

## 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; 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

- There was a registered manager in post who was also one of the two directors of the service. They shared their time between visiting people in the community and in the office. They offered guidance, advice and support to care staff. They were supported by the nominated individual (NI) who was also the second director.
- Both the registered manager and NI worked hard to ensure the service had an open, inclusive and positive 'can do' attitude. This was shared by staff who worked for them, most of them for several years. Both the management team and staff put people and their families at the heart of the service. People and relatives told us unanimously they would recommend the service wholeheartedly to others needing care. The registered manager and NI kept the service small and local as they wanted to continue to deliver a quality-based service.
- Staff were also part of the caring culture and had a sense of pride, respect and motivation in their work. They felt included in the running of the service and were valued and listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager undertook a variety of quality audits to ensure the service was safe, responsive to people's needs and met the Care Quality Commission regulations. However, the registered manager was aware that they were slightly behind in their auditing process due to their recent illness. They confirmed they were in the process of catching up with this and ensuring the recent audits were recorded appropriately.
- People and relatives were complimentary the registered manager and held them in high regard. Comments, compliments, thank-you cards and quality questionnaires were testament to this.
- The registered manager was aware of their responsibilities to provide important information to the Care Quality Commission.

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

- The registered manager and NI used a variety of communication tools to keep in contact with people, relatives and staff. This included face to face meetings, informal get togethers, surveys, one to one



supervision, telephone calls, emails and texting. Any negative information, no matter how small, was acted upon which was demonstrated in the most recent quality survey sent out in January 2019.

Continuous learning and improving care; Working in partnership with others

- The service worked with other organisations and care professionals to achieve the best outcomes for people.
- The registered manager and NI ensured staff had ongoing and continuous learning to keep up to date in their care practice.