

Dominic Care Limited

# Dominic Care Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was a comprehensive inspection which took place on 1 and 2 November 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office to assist us.

Dominic Care Ltd. is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults, people living with dementia and people with a learning disability. At the time of the inspection the service was providing personal care to 70 people.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during the inspection.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People received safe care from the service. Risk assessments were completed and enabled people to receive care with a minimum of risk to themselves or the care staff. Robust recruitment procedures were followed to ensure as far as possible only suitable staff were employed. Staff were trained to safeguard and protect people. They reported concerns promptly when necessary. People received their medicines safely when they required them.

People continued to receive effective care from staff who were trained and had the necessary skills to fulfil their role. Staff felt supported by the one to one meetings, appraisals and staff meetings which provided time to seek advice, discuss and review their work. They had opportunities to develop their skills and knowledge as well as gain relevant qualifications.

When required, people were supported with nutrition and hydration. People's healthcare needs were monitored and advice was sought from healthcare professionals when necessary. 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.

The service remained caring and people reported staff were kind and patient. People's privacy and dignity were protected, they told us staff treated them with respect. People and when appropriate relatives were involved in making decisions about their care.

The service remained responsive to people's individual needs. Staff knew people well and individual care plans were person-centred. They focused on the diverse needs and preferences of each person and their

desired outcomes. Complaints were responded to appropriately and people felt they were listened to when concerns were raised. The service was working to the accessible information standard.

At the previous inspection the service was rated as Requires Improvement in well-led. Improvements had been made resulting in it being rated Good at this inspection. Records were complete, accurate and reviewed regularly. They were updated promptly to reflect current information. The registered manager and the management team were experienced and skilled. They promoted an open, person centred culture with a strong emphasis on providing excellent care and led by example. They listened to feedback and worked toward making improvements in the service. People's views were sought and governance systems helped monitor the quality of the service.

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.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.  Records were accurate, reviewed regularly and provided current information.  There was an open and empowering culture in the service. Staff felt supported by the registered manager and the management team. The registered manager and management team were experienced and skilled, they led by example.  The quality of the service was monitored and the registered manager and provider sought to improve and develop.□	<b>Good</b> ●

# Dominic 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 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 which took place on 1 and 2 November 2017, it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we therefore needed to be sure that someone would be available in the office to assist with the inspection.

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. The expert who assisted with this inspection was experienced in caring for older people and had personal knowledge of using services. On the first day of the inspection we visited the service's office and conducted telephone interviews with people who use the service. On the second day we returned to the office and also visited four people with their agreement in their own homes.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and contacted six community professionals for feedback. We did not receive any feedback from professionals.

We reviewed the 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.

During the inspection we spoke with 14 people who use the service and nine relatives. We spoke with seven members of staff including the registered manager, operations manager, trainee manager, senior care administrator and three care staff. We received written feedback from a further eight staff following the inspection. We looked at records relating to the management of the service including eight people's care plans and associated records. We reviewed five staff files including the recruitment records. We looked at staff training records, the compliments/complaints log and accident/incident records.

## Is the service safe?

### Our findings

The service continued to provide safe care and support for people. People felt safe with the staff from Dominic Care Ltd. One person told us, "I feel very safe with them." Another told us, "We get a list, we do get different ones but I do feel safe with them," and a third commented, "I totally trust them, I'm very safe." Relatives also felt assured their family members were safe, one spoke about how their family member was as safe with the care staff as they were with them. Another told us they felt assured that the care staff knew how to use equipment to keep their family member safe. Staff were trained in protecting people from abuse. They knew their responsibilities with regard to reporting concerns to safeguard the people they cared for. The provider had a whistleblowing policy which staff confirmed they were aware of.

People were protected from risks associated with their health and the care they received. Risks were assessed and action was taken to mitigate them to keep people as safe as possible. Examples included, risks related to falls, poor nutrition and skin breakdown. Care plans provided guidance for staff on how to minimise the risk without restricting people or their independence. People's home environment was assessed to identify safety risks to both people using the service and the care staff visiting them. Risks were kept under review and staff reported any changes promptly.

Recruitment procedures were robust and helped to ensure suitable staff were employed. They included a Disclosure and Barring Service check to confirm that candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.

The number of staff required was determined by the needs of the people using the service. New care packages were not accepted unless there were sufficient staff to accommodate the person's assessed needs. The registered manager told us recruitment was ongoing and they were looking to extend the recruitment search into local colleges. They had recently successfully recruited two apprentices via this method. An on-call system was operated and staff told us they could contact the on-call manager for advice should they need to.

Staff received training in the safe management of medicines and there were systems available to check staff competency in managing medicines safely. Medicine audits were carried out monthly and issues identified were promptly dealt with. Staff were provided with and used personal protective equipment to prevent the spread of infection. People confirmed this and one said, "The (care worker) does my eye drops and puts cream on my back, that's all done properly and written down. They use their gloves and aprons."

There was a system for recording accidents and incidents. Appropriate actions had been taken when incidents happened and they were reviewed for trends. A monthly care team meeting was held where events and trends were discussed. These meetings provided opportunities for the service to learn from past events and look for improved ways of working. The provider had continuity plans to ensure the service could continue in the event of an emergency.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people. People and all but one relative we spoke with felt confident the care staff had the necessary skills and training to carry out their role effectively. Comments included, "They are very well trained and very professional." "They are most professional with [family member], they must pick their staff really carefully because they are all so good. I would say they were very well trained," and, "The extra training they did (for a specialist procedure) has helped them with others as well but the (care staff) are very well trained."

People benefitted from being cared for by staff who were supported in their job role. Staff had regular one to one meetings with their line manager. In addition, annual appraisals provided an opportunity to assess their work and plan their development needs. All staff were provided with induction to the service and training which followed the care certificate standards. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. New staff also completed a period shadowing more experienced staff before they worked independently with people. Training was provided by an appropriately qualified trainer employed by Dominic Care Ltd. Additionally, four of the senior staff had gained train the trainer or teaching qualifications while others were about to embark on training to gain these qualifications. The operations manager explained this was to facilitate more frequent and focused training for staff in the field.

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. Staff had received mental capacity training and understood their responsibilities. People told us staff asked their permission before completing any tasks and said they made their own choices which staff respected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection via the person's funding authority. No applications had been necessary at the time of the inspection.

Staff provided support with eating and drinking if this was part of the planned care. They discussed what type of food people prefer and helped them meet their diverse needs in relation to diet. Where there were concerns regarding a person's nutritional intake, this was monitored and if necessary advice sought. People were supported with healthcare appointments if necessary and staff acted promptly if medical attention was required, for example, a person told us, "My old carer saved my life one day." They explained the care worker had found them collapsed and had called the emergency services.

Care had been taken to provide important information about each individual should they need to move

between care services, for example, be admitted to hospital. A one page document along with a record of their current medicines would accompany them. This included details of allergies, communication needs and any particular advanced decisions such as do not attempt cardiopulmonary resuscitation. People had signed to agree to this information being shared.



## Is the service caring?

### Our findings

People continued to benefit from a caring service. It was evident from the comments we received from people that caring relationships had been developed. They included, "Well they are wonderful, my old carer went above and beyond what she ought to do but the new one is also very nice," "They always ask if I need any more help, so kind," "They have been so good to me and my family, above and beyond I would say," and, "They are very nice and very willing to do whatever I ask." Relatives also expressed praise for the care and kindness shown by the staff. They said, "The staff are so good, I would be ploughing away with the Hoover when they came, they would say 'leave that to us, you go out' and that's not on the care plan at all. I cannot praise them enough for their help and kindness," and, "They looked after (another family member) before he passed away and they were excellent, very professional and very caring, they did everything they could for us. They are very nice to (family member receiving care) very caring."

People, their relatives and staff spoke about how they shared jokes and were able to be comfortable in each other's company. For example, a person said, "The girls are lovely and chat to me and we have a laugh." A relative told us, "They are very nice with (family member) they have a laugh and that's all fine." While a staff member said, "We chat away, relax people and try to make them laugh. It helps to build trust, they have to be able to trust you." One person told us Dominic Care Ltd had, "Brought out the person that was hidden inside me." They described the care staff as dedicated and said there was a bond between them which made them feel like they were their "second family".

People were shown respect and said their privacy and dignity was protected. One person said, "The most important thing about it for me is that they respect my privacy and preserve my dignity when they work, it's such a personal thing having someone to help you." Another person told us, "They are polite and nice, they do ask before they do things." A relative commented, "They do look after (family member's) privacy and dignity very well." During visits to people's homes we observed staff knocked on doors or rang door bells then called out to ask if they could enter. We noted people were pleased to see them and greeted them in a relaxed manner with smiles.

People were supported to remain as independent as possible. One member of staff told us, "Independence is so very important, people need to feel they can still do things." Care plans contained information on what people were able to do as well as areas where they required assistance. Information relating to people's diverse needs was also recorded and included cultural preferences, hobbies and interests. Records included people's choice of gender of care staff and their preferred routines. People told us their care plans were reviewed regularly with them.

People's personal information was stored securely in the service's office in order to maintain confidentiality. Computer records were password protected and people's records kept in their own homes were stored in accordance with their individual wishes.

## Is the service responsive?

### Our findings

The service continued to be responsive. People had their individual needs assessed before they began using the service. The information obtained during assessment included personal likes and preferences, social interests, cultural and spiritual wishes as well as physical and emotional needs. People were also provided with an opportunity to discuss their wishes for care at the end of their lives. People told us their care was planned with them. For example, one said, "The chap came out at first to see us and I was really impressed by how much he took in because when the plan came back it was all in there." Another told us, "They came and sorted everything and were so helpful, we have a care plan."

People and where appropriate their relatives confirmed care plans were reviewed. This helped to ensure information was up to date and people's most current needs were reflected. Again, people and their relatives commented on this and told us, "They come sometimes and check with me about things." "We have a care plan and very frequent reviews. [Name] sometimes comes out and does a call with the carers and checks everything and talks to me and [family member] which is great. They do formal reviews but they don't just change things for the heck of it and everything is discussed properly." And, "We have had the service about 4 years and they come every 6 months to do a review."

The service ensured that people had access to the information they needed in a way they could understand it. They complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. For example, a sign language known as Makaton was used to help one person understand information.

People's needs were responded to extremely well and on occasion the service went over and above expectations. We were told of examples such as doing "a bit of Hoovering" and "having a five minute chat about my family". We also heard of home cooked Christmas lunches provided for people who were not spending the festive season with family and would otherwise have a microwaved meal. It was clear people appreciated these extra ways the service responded to their needs.

The service used technology to help provide responsive care. A more advanced system to enable live information to be visible in the office was in the process of being introduced and would be fully operational in January 2018. All staff were receiving training at the time of the inspection to provide them with the required skills to use the system effectively. The registered manager and provider believed this would enable the service to be more responsive, provide prompt care and reduce the risks of missed visits and other errors.

People and their relatives knew how to make a complaint if necessary and where they had raised a complaint or concern they told us it had been dealt with effectively. People's comments included, "We've no complaints," "I have not had anything to complain about really," and "I only had a complaint once and they sorted that out." A relative told us, "If I've have ever had a problem I have just emailed or rung them and it's sorted. They always say if there is a problem with the care let us know then we can deal with it, and they do."

## Is the service well-led?

### Our findings

At the previous inspection of Dominic Care Ltd. in October 2015 the service was rated Requires Improvement in the well-led domain. This was because records did not always demonstrate information had been reviewed or updated regularly or in accordance with the provider's policy. At this inspection we found improvements had been made and records were regularly reviewed and updated to reflect people's current care needs.

The registered manager was one of the directors of the service. They were dedicated to providing good quality care and spoke passionately about the service telling us, "We strive to do the best for people, always." During the inspection we observed them negotiating and advocating on behalf of people with commissioners and other agencies. It was clear they wanted the best possible outcome for the people who used the service and were willing to challenge other agencies in order to achieve this. They were clear about the vision and purpose of Dominic Care Ltd. They had a set of values which staff told us were kept clearly in focus and demonstrated by example.

The registered manager had extensive experience in the health and social care profession. They were supported in leading the service by a team of management staff. The team included a trainee manager who was being mentored and supported to train in order to become the registered manager in the future. Other members of this team included a senior care administrator, an operations manager, two field supervisors, a training manager, a care co-ordinator and a human resources (HR) manager. In addition a second director managed the four members of the business and finance team. The care management team met weekly which enabled information to be shared regularly and ensured actions were followed up with each member of the team knowing what they were responsible for.

Staff were valued and encouraged to develop. Staff in all roles were supported to gain qualifications relevant to their job role. For example, the HR manager was undertaking professional training while others were completing train the trainer or leadership courses. The registered manager attended conferences and other events to update and refresh their own knowledge and keep abreast of current best practice. For example, they had recently attended a safeguarding and mental capacity conference. They had begun to discuss improvements that could be made to make procedures more robust as a result of the learning they gained at this conference.

Staff told us they were supported and they felt listened to. One said, "There is an open door to the office, I am always made to feel welcome and support is always available." Another told us, "I have worked for this company for [number] years and hope to work with them for many more as it is a joy and I know that when I have a problem ... they have been there for me. The door is always open and they have listened and adjusted my working pattern to my needs. Now things are different I am very happy to go the extra mile for them to assist with giving the excellent service we pride in giving to our clients." A number of rewards systems were used to acknowledge the good work staff did and showed the provider valued their contribution.

The registered manager was aware of their responsibilities. They notified the Care Quality Commission of significant events within the required time scales. The quality of the service was monitored and audits were carried out to identify shortfalls or areas for development. Examples of audits included those carried out on medicine records, care files and direct observation of care practice. Any identified concerns were addressed in order to improve the service and action was taken promptly to discuss any issues relating to poor practice. In addition, an independent audit had recently been conducted which gave the service some suggested areas of improvement. An action plan had been discussed and drawn up clearly indicating individual and group responsibilities for taking the plan forward.

Regular meetings were held quarterly enabling the staff to gather as a team and discuss their work. In order to make them accessible to as many staff as possible meetings were repeated at two different times of the day. When staff were unable to attend minutes were available for them to read.

People received a service that was person centred, inclusive and empowering. People's opinions were sought, analysed and acted upon. A quality survey carried out in 2017 had a good response and illustrated people were satisfied and pleased with the service they received. Further feedback was sought in a variety of ways including, social media, a comments page on the company website, telephone monitoring calls and face to face conversations. The provider took feedback seriously and discussed this with the staff team to find ways to improve and progress.

The service kept people informed about any changes such as staff joining the company and fundraising efforts via a quarterly newsletter. The newsletter also contained articles about specific events available via other organisations which people may like to attend. When a change was going to have a direct impact on a person or people they were written to individually. For example, a long term member of staff had recently left the service. The people who had this member of staff as their regular care worker all received an individualised letter explaining they were leaving and who would be visiting them regularly in future.

People felt the service was well led and the office team were helpful when they contacted them. Comments from people and their relatives included, "I have to say this is an excellent service I can't praise them enough, we moved over from another company two years ago which we had such problems with and this is so much better," "The office is really helpful, I have found them very professional and very on the ball. I can't tell you how relieved I am to have them, we both are," "If you ring the office they are very helpful, you get the odd one who isn't so good but not often," and "Well I have to say we've been very fortunate to have this agency. The office is very helpful if you ring and I find them very professional in all their dealings."