

Homecare Domiciliary and Domestic Limited

Homecare Domiciliary and Domestic Limited

Inspection report

Unit 22 The Bridge Business Centre
Beresford Way
Dunston Chesterfield
Derbyshire
S41 9FG

Tel: 01246269153

Website: www.chesterfieldhomecare.com

Date of inspection visit:
10 June 2019
21 June 2019

Date of publication:
22 July 2019

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

About the service: The Homecare domiciliary and domestic service provides personal care for people in their homes. They provide support for people across Chesterfield and the surrounding area. At the time of our inspection there were 120 people using the service.

People's experience of using this service:

Risks associated with people's care and support had been identified and actions taken to minimise risks. Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. The provider had a safe recruitment process in place and staff were recruited in line with this. Accidents and incidents were analysed, and trends and patterns were identified. Medicines were managed in a safe way; monthly audit of medication administration records were completed, and staff told us they received training in the safe handling of medicines.

People's needs were assessed, and care was delivered in line with their preferences and choices. Staff received support, induction and training to ensure they had the skills to do their role. Staff were complimentary about the management team and felt they were very supportive. People were supported to eat and drink enough to maintain a healthy and balanced diet in line with their dietary requirements. People had access to healthcare professionals.

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.

Staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. People were involved in the planning of their care and were able to make decisions about the care and support they received.

Care plans were organised and easy to follow detailing people's needs and how these were to be met. People who used the service had access to a complaints procedure and were encouraged to make complaints where required. Complaints were followed up and responded to in line with the providers policy.

The management team were committed in providing a high level of care to people who used the service. Care was planned in a way that promoted people's independence. People who used the service had the opportunity to express their views and actions were taken to address issues raised. The provider had a range of audits in place to monitor the service delivery and to ensure a high standard of care was maintained.

Rating at last inspection: Good (Published 6 December 2016)

Why we inspected: This scheduled inspection took place based on previous rating.

Follow up: Ongoing monitoring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective.

Details are in our Effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Homecare Domiciliary and Domestic 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Homecare Domiciliary and Domestic limited is a domiciliary care service providing care for people who need care at home. CQC regulates the care provided by the provider and this is what we looked at on our 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:

We gave the service 48 hours' notice of the inspection visit in line with our current methodology for inspecting domiciliary care agencies.

What we did:

Prior to the inspection visit we gathered information from several sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete 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 also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with ten people who used the service and two of their relatives. We tried to contact more people but some declined to speak with us and others did not answer the call. We spoke with nine staff including care workers, the registered manager, office manager and general manager. We looked at documentation relating to six people who used the service, three staff files and information relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from the risk of abuse. Systems we looked at showed referrals were appropriately dealt with.
- Staff we spoke with told us they had received training in safeguarding and knew what action to take if they suspected abuse. One care worker said, "I would report safeguarding to the manager as soon as possible, they would take appropriate action."
- We spoke with people who used the service and one person said, "I feel safe with the care staff and they are really very helpful. They are always on time and though some of the staff are very young, they do seem to know me. If there are new staff, which there are sometimes, then they are introduced to me before they come on their own." Another person said, "I have care four times a day and I have no worries or concerns at all. I feel very safe with them. They are respectful to me and to my property. They always attend the calls and are only occasionally late when it is unavoidable."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and managed appropriately. Care records we looked at contained risk assessments. For example, one person was at risk of developing pressure sores and staff were to ensure they dried the person thoroughly following a shower or washing.
- Care plans contained an environmental risk assessment which looked at any issues within the property such as ensuring escape routes were free from obstructions and there were no hazards.
- A personal handling risk assessment was in place where people required support with mobility equipment such as the use of a hoist for transfers.

Staffing and recruitment

- The provider had a safe recruitment system in place. A full and comprehensive employment history was sought on application form. Staff confirmed a Disclosure and Barring Service check and references had been obtained prior to them commencing work at the service. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at three staff recruitment files and found they contained relevant checks.
- Staff confirmed they had enough time to spend with people to carry out the required care and support.

Using medicines safely

- People's medicines were managed in a safe way.
- People who used the service had a medication risk assessment which stated whether the person had difficulty swallowing, any allergies, compliance issues, and where the medicine was stored.
- People had a medication care plan which stated what assistance people required with medicine

management.

- We spoke with people who used the service and their family members, and they felt their medicine was managed in a safe way. One person said, "I do my own medication, but they apply my cream to my legs each day and do so, reliably." One relative said, "We have no worries or concerns at all. I feel that [relative] is safe with the care and staff are always very respectful. They [staff] give [relative] medication and are reliable with it, I often check, and it is all recorded accurately."

Preventing and controlling infection

- People were protected from the risk and spread of infection. Staff had access to personal protective equipment (PPE).
- The provider had an infection control policy in place which requires staff to observe high standards of hygiene to protect themselves and people who used the service, from unnecessary spread of infections.

Learning lessons when things go wrong

- The provider analysed accidents and incidents to ensure any lessons learned to improve the service where required.

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

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 prior to them using the service, to ensure the provider could meet their needs in a person-centred way. One person we spoke with said, "They [staff] are very respectful and professional and I have all the support that I need from them [staff]."
- The provider took in to account the person's past medical history, mobility, medication, sleeping, continence, skin integrity and personal care requirements, prior to drawing up care plan documentation.
- Care plan documentation was developed to which ensure people's preferences and diverse needs were met in all areas of their support. Protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were recorded or taken into consideration.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to enable them to carry out the responsibilities of their role.
- All staff received a full and comprehensive induction and where needed staff complete the care certificate within the first three months of employment. New starters shadowed experienced staff until they felt confident to work alone.
- The provider ensured staff received regular supervision sessions. This gave staff the opportunity to discuss work related issues with their line manager.
- People we spoke with and their relatives felt staff were well trained and knew what they were doing. One relative said, "New staff shadow other staff before they start and in the main, they all seem well trained. There is very good communication with me which is ongoing and very helpful."

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

- People were supported to maintain a healthy diet and staff provided meal support to some people.
- Staff we spoke with were knowledgeable about people's food preferences and their individual dietary requirements.
- One person we spoke with said, "They [staff] help with meal preparation and I choose what to have myself. They [staff] make sure I have had something." A relative said, "They [staff] give a choice for meals and make sure it is a balanced diet. They [staff] will leave notes and respond to my notes."

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured that timely and consistent care was provided.
- The provider ensured that staff had enough time allocated to them to provide the care and support requested.

- Staff told us that where people's needs had changed, they held a discussion with the management team to ensure people's changing needs were accommodated.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals where required. We saw from care records that healthcare professionals such as physiotherapist and occupational therapist had been involved in people's care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We saw evidence that the service was working within the principles of the MCA.

- Staff we spoke with were knowledgeable the Mental Capacity Act and were committed in ensuring people were involved in their care and 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

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 we spoke with felt the staff supported them well. One person said, "I get on with all of them [staff]; they [staff] are polite and friendly. They seem to enjoy their jobs and will always make time for a chat." Another person said, "They're [staff] friendly. I look forward to them [staff] coming actually."

- Staff we spoke with clearly enjoyed their role and were passionate about the standard of care people received.

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

- People were involved in decisions about their care and played an active role in their care planning, made amendments where appropriate and these were updated by the provider.
- People we spoke with and their relatives felt involved in decisions about their care. One relative said, "[Relative] is very much a loner and likes their own company but has really taken to some of the care staff which is nice. Relative struggles to communicate but they [staff] are very good. The continuity of staffing is good which really helps [relative]. [Relative] likes their own independence and they [staff] are very respectful, they [staff] respect [relatives] wishes." One person said, "I feel that they [staff] involve me in my care and always ask my permission before they [staff] do anything."

Respecting and promoting people's privacy, dignity and independence

- People we spoke with felt their privacy and dignity were maintained. One person said, "I like the carers. They [staff] are never rude and they don't rush me at all. They [staff] respect my privacy." Another person said, "I like some [staff] more than others but that's natural; no one is ever rude. We have a chat about wildlife as it is one of my interests." Another person said, "Most of them [staff] will have a chat and talk about things. It makes my day when they talk to me. They [staff] access the key with the key safe, but they will still knock before they enter."

- Staff we spoke with could explain how they maintained people's privacy, dignity and independence. Staff told us they involved people in their care and ensured the care provided was in line with their current needs and preferences.

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person centred care which met their needs and considered their choices and preferences. For example, one person could respond to staff if they wrote what they were saying on a piece of paper, the person could then verbalise a response. Another person used a hoist to transfer position and required staff to assist them. The person was able to fully instruct staff and was completely involved in their care interventions.
- Care plans were regularly reviewed to ensure they were current and still meeting people's needs.
- Social activities and interests of people were included in their care planning documentation. This provided a talking point for staff and assisted them in developing a meaningful relationship with people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and took appropriate actions when people raised concerns.
- People were confident that concerns would be appropriately addressed and action taken to improve the service. One relative said, "The office staff are contactable and approachable and when anything is raised they deal with it very swiftly. We haven't needed to complain but we feel that if we did then they [staff] would listen and work to resolve it." Another relative said, "Whenever we contact the office, they are very helpful and always respond very quickly to sort things out."

End of life care and support

- The provider supported some people who were receiving end of life care.
- Staff we spoke with were passionate about ensuring people's needs and wishes were maintained at this time.
- Staff also supported family members and had received some positive comments about the care and support they had provided for their relatives. For example, one relative complimented the service for the special bond staff developed with their family member and for the loving care provided in the person's final days.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider planned care and support in line with people's personal preferences. The management team were committed in providing high quality care and understood their duty of candour.

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

- The service had a registered manager who was supported by a general manager, office manager and two care co-ordinators. This made up the management team.
- The management team were clear about their roles and had systems in place to save duplication of tasks. Staff felt supported by the management team and felt able to speak openly with them.

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

- People who used the service had opportunity to feedback about the care and support they received.
- A service user questionnaire was sent out to people each year. The last survey was completed in 2018. The service received positive comments and people felt their dignity was maintained, felt diets could be more balanced, staff communicate well with people and their relatives. People were aware of how to make a complaint if they needed to, people had seen improvements in the service as a result of raising concerns. People felt supported to make their own decisions and were able to take risks. Comments from the survey included, 'They do a brilliant job with [my relative],' 'All carers do a good job,' 'The care [my relative] receives is excellent.' Following the survey, the provider took actions and set goals to achieve.
- A staff survey was also completed annually this also had goals and actions which were followed up on appropriately.

Continuous learning and improving care

- The registered manager held a meeting with the management team each morning and at the end of the day, setting priorities and evaluating the work and actions completed.
- The management team conducted a range of audits to ensure the service maintained the standard expected from the provider.
- Unannounced spot visit checks were made to care workers. These gave the management team an opportunity to see how care workers responded to people.

Working in partnership with others

- The provider worked in partnership with others to ensure people received optimum care and support.
- Healthcare professionals were requested as required and staff followed the advice they gave to meet people's needs.