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Care With Dignity Partnerships

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Care with Dignity Partnerships is a domiciliary care agency supporting people living in Oxfordshire. At the time of our inspection there were 37 people receiving support with personal care.

Not everyone who used the service received personal care. 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.

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

People continued to benefit from outstanding care, provided by staff who were exceptionally caring and compassionate. There was overwhelming evidence that staff consistently went the extra mile to support people. People and their relatives were involved as partners in their care and were in control of how their needs were met.

There was excellent leadership from the registered provider who promoted a strong person-centred culture that ensured everyone was treated as unique individuals. Everyone, without exception felt valued and listened to. There was a unique team ethos where staff supported each other to ensure people were at the forefront of all they did. The provider ensured there were effective systems in place to monitor and improve the service.

Staff understood their responsibilities to report any concerns of abuse or harm. Risks to people were assessed and there were plans in place to support people to manage risks. Medicines were managed safely, and people were supported, where needed, to ensure they received their medicines as prescribed. People received support from consistent staff who arrived on time. No one we spoke with had experienced a missed call.

There were detailed care plans that guided staff in how people wished their needs to be met. Staff supported people to engage in activities both within and outside their homes. People were confident to raise concerns. Any complaints were investigated and responded to.

Staff were highly skilled and were supported to develop and improve their skills and knowledge. People were supported to access support from professionals when needed. Where people required support with nutritional needs these were met, ensuring people had choice and control over what they ate.

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.

Rating at last inspection

The last rating for this service was Good (published 10 July 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 exceptionally caring.

Details are in our well-led findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Care With Dignity Partnerships

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

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 2 January 2020 and ended on 8 January 2020. We visited the office location on 2 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, area manager, area supervisor and care workers.

We reviewed a range of records. This included three people's care records medicine records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and quality assurance systems.

After the inspection

We spoke with two people who use the service about their experience of using the service.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when being supported by staff. One person told us, "I am definitely safe. They are always making sure I'm safe."
- Staff understood their responsibilities to identify and report concerns relating to harm and abuse. One member of staff said, "I would report straight away to management. They are always contactable."
- The provider had systems in place to ensure appropriate, effective action was taken when concerns were reported. The provider worked with external agencies to ensure people were protected from harm and abuse.

Assessing risk, safety monitoring and management

- Care plans included risk assessments and plans were in place to manage the risks. One person was at risk of falls, the care plan detailed the aids the person used to assist them to walk and reduce the risk of falls.
- There were systems in place to ensure equipment used by people was regularly checked to ensure it was safe to use.

Staffing and recruitment

- People told us they received care calls from consistent staff. No one we spoke with had experienced any missed visits. Care visits were rarely late and if staff were running late they contacted people to inform them.
- The provider had effective recruitment processes in place to ensure they made safe recruitment decisions.

Using medicines safely

- Medicines were managed safely. Staff had completed training in the management and administration of medicines. Staff competencies were assessed to ensure they were safe to administer medicines unsupervised.
- Medicines records were fully completed. There were monthly audits of medicines records to ensure they were fully and accurately completed.

Preventing and controlling infection

- Staff had completed training in infection control and understood their responsibilities to ensure they followed good infection control practice.
- The provider ensured staff had access to supplies of personal protective equipment (PPE)

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. Action was taken to reduce the risk of a reoccurrence.
- Any learning was discussed at team meetings to ensure staff understood any actions needed as a result of incidents.

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 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 prior to them using the service. Information provided by professionals was also used to inform the care plans to ensure they accurately reflected people's health and care needs.
- Care plans were completed in line with best practice guidance which included National Institute for Health and Care Excellence (NICE) guidance.

Staff support: induction, training, skills and experience

- Staff were supported through regular supervision. One member of staff told us, "I definitely feel supported. At supervision I am really listened to."
- Staff were extremely positive about the training they completed. New staff went through an induction period to ensure they were skilled and confident before working alone. One member of staff said, "Training is very good. I did my Care Certificate for first three months, it was very informative." The Care Certificate is a set of standards that all staff in health and social care need to work to.

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

- Where people required support to meet their dietary needs this was identified in their care plans.
- People were given choice and where they were able to shop for their own food, staff supported them to do this.

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

- People were supported to access health and social care professionals when needed. During the inspection staff spoke with an occupational therapist for one person who required equipment. The provider spoke with a person's GP at their request to clarify a concern regarding their diagnosed condition.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in MCA and understood how to support people within the principles of the act. One member of staff told us, "Any decisions made for them [people] must be in their best interests. We must always use the least restrictive options."
- People were involved in decisions about their care and staff understood how to promote choice. One person told us how staff always explain what is going to happen and make sure they are comfortable before providing support. The person told us, "It is very comforting."

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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People continued to be supported by outstandingly caring staff. Staff had built extremely meaningful relationships with people which led to staff willingly giving up their own time to support people.
- Without exception people and relatives were extremely complimentary about the kindness and compassion shown to them by staff. One person told us, "Just them being here and giving me support is wonderful. I can't fault them, they are always here for a chat. They go above and beyond to make sure I am safe and happy." One relative told us they were "Utterly thrilled" with the service and said, "For any family to have the service we get, it's phenomenal."
- We heard many examples of staff being exceedingly thoughtful and caring. One person had been discharged from a long stay in hospital. When they returned home they had no food, bedding or kitchen equipment. Staff took immediate action and provided items from their own homes to enable the person to remain at home and prevent them being readmitted to hospital. Staff also provided food, which they funded and continued to do so until the person's finances were organised for them.
- Staff offered up their free time to support people and relatives at difficult times. One person and their family had made the decision for the person to move to a care home. They were nervous about going to look at homes. The person's key worker offered to go with them and took both the person and their relative to see homes in their own time.
- Staff understood the impact their visits had on people's emotional well-being and how difficult it could be for people when support was no longer needed. One person had received support following a stay in hospital. When the person was physically recovered the care calls were no longer required. However, staff knew how important the social contact was for the person and continued to call in, in their own time and spend time with the person.
- People developed open and honest relationships with staff and felt they were partners in their care. Staff knew people extremely well which enabled them to support people effectively. This had a significant impact on people's well-being. One person told us, "They're [staff] excellent, I couldn't cope without them. The emotional support is wonderful. They seem to know before I do that I'm a bit down and need a chat."
- Staff used their exceptional skills to support people in a person-centred and empowering way. One relative told us how staff supported their loved one, who was living with dementia. They said, "They're entering [person's] reality and what makes a difference for [person]. [Staff] know exactly what words to say to reassure [person]."
- Staff showed true empathy and compassion when speaking about people. They clearly enjoyed their role and valued their relationships with people. One member of staff said, "I love the job, I like to make them [people] feel special, make them feel safe. It's about the relationship. We make a difference to their life, but

they make a difference to ours. They are amazing, they want to get to know you. They see us as friends."

- Staff understood the importance of equality. One member of staff told us, "We are all unique, so we can't treat everyone the same."

Respecting and promoting people's privacy, dignity and independence

- The service was exceptional at ensuring people were treated with dignity and respect. One health professional told us how the service had understood the need to support a person in a way that did not increase dependence on the staff, whilst recognising the requirement to form a bounded relationship that was built on trust, respect and dignity. The health professional told us how successful the support had been, and the positive outcomes achieved for the person, that had not been achieved with any previous care provider.
- Staff understood the importance of promoting people's independence and the impact it had on people's well-being. One relative told us how staff encouraged their loved one to be involved in all aspects of their daily living. This included going for walks, baking and involving them in household chores. The relative said, "The carers [staff] support [person] enabling him to be independent."

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

- Everyone felt involved and in control of their care. One person told us, "They [staff] make you feel like you're part of what's going on and they're interested. Inform you of what's going on."
- Staff supported people in the way they chose, valuing people's preferences. One person told us how staff supported them to go shopping. They told us how staff made sure the person was able to shop where and when they wanted and at their own pace. They said, "It's about me, it's what I want."
- Where relatives were involved in people's support, they were included and felt involved. One relative described the service as developing "a partnership" between the family and the service.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were involved at every stage of the planning and delivery of their care. Where relatives were included in supporting people they were kept informed and involved.
- Where people's needs changed the service responded to ensure needs were met. During the inspection the management team discussed the changing needs of one person and the amendments in support the person needed.

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.

- Assessments included a communication needs assessment to ensure information was made available in a suitable format and that care plans clearly reflected people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where social activities formed part of people's care needs, staff ensured people spent time enjoying activities of their choice. One person told us they were supported to go shopping. A relative told us how a person was supported to make a cake and water their plants.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which was made available to people in their homes. Records showed that complaints were investigated and responded to in line with the provider's policy.
- People and relatives knew how to raise concerns and were confident issues would be resolved. One person told us, "I see [provider] regularly and can always call her if I need anything."

End of life care and support

- The service supported people when they required care at the end of their life. Staff spoke with compassion when they spoke about supporting people at this time. Staff had completed training and felt supported by the management team when providing end of life care.
- There were letters of thanks from relatives whose loved one had been supported by the service and they spoke of the support for the whole family. One member of staff had been awarded 'care worker of the

month' as a result of the positive feedback from one family regarding the end of life care provided.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service continued to be led by the provider who was passionate about ensuring people received high-quality, person-centred care. The provider had continued to drive a service that was exceptionally caring, this was achieved by the provider working side by side with staff to support people. This ensured everyone was engaged in the progress the service made and everyone felt valued and involved in achieving the extremely positive outcomes for people and staff.
- The provider knew everyone using the service and told us how important it was that the service did not grow to a size where they would not have these positive relationships with people and relatives.
- There was an extremely positive culture that ensured people who used the service were central to everything the service did. This was demonstrated in the many examples of the provider and staff going the extra mile to ensure people were supported and valued.
- The provider went to great lengths to ensure people felt valued and cared for. On Christmas day the provider had cooked and delivered a Christmas lunch to people who were on their own at Christmas. It was clear from speaking with a person who had received a Christmas lunch how much this had meant to them.
- Without exception everyone we spoke with felt the service was extremely well led. One relative told us, "[Provider] is so efficient, she is there for families, delivering the ethos of the service." One health professional told us, "The manager is very focussed on personalised care."
- Staff were enthusiastic about working for the provider and shared their commitment to providing high quality person-centred care. One member of staff told us, "[Provider] is amazing, so understanding. Very flexible. I couldn't find a better manager. She is very efficient, always just a phone call away for all of us and the clients." Another member of staff said, "This company has a real personal touch, you can tell that staff really care."
- There was a strong team culture and staff were extremely supportive of each other. One member of staff told us, "The team is amazing, we love spending time together, we are always there to support each other."

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

- There was a clear management structure in place. The provider told us how the structure had changed since the last inspection and provided a clearer line of accountability which had resulted in improved staff retention.
- The provider was committed to developing the leadership skills of staff. One member of the management team told us, "[Provider] has taught me to do anything. I have completed level five [diploma in leadership

and management]. [Provider] has supported to me complete it."

- The provider had created 'champion' roles which enabled staff to develop their skills and knowledge in specialist topics and to support the development of other staff knowledge in these areas. This ensured that people received support from extremely skilled and knowledgeable staff. 'Champions' had attended additional specialist training in topics that included, dementia and safeguarding. One champion told us how they were developing a booklet of information for staff. Staff were able to go to champions for advice in relation to this specialist knowledge.
- There were effective systems in place to monitor and improve the quality of the service. This included a range of audits. The provider and area manager reviewed the outcomes of all audits and took action to address all issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider ensured there were effective methods to engage with people and their relatives. This included regular quality checks by people's allocated worker, visits by the area manager and provider and quality assurance surveys. All the feedback seen was extremely positive. Comments included, 'unhurried', 'excellent care' 'wonderful, kind and helpful. I always feel better emotionally when they leave', 'Definitely the best care we could get.'
- People were involved in celebrating the successes of the service. People and relatives had enjoyed a Christmas party organised by the provider. The provider took this opportunity to present annual staff awards to the staff people had voted for. One member of staff, who had won an award, told us how wonderful it was to share the celebrations with the people who had voted for them. One person said, "The Christmas party was lovely. [Provider] put on a lovely spread and it was all free. It's nice to see other clients and also to see how happy other clients are to see their carers. It was a relaxed happy party. They picked me up and dropped me back."
- Staff felt truly valued and listened to. The provider held quarterly staff forums. These were held at a time all staff could attend. Staff were extremely positive about the value of the staff forums in improving their knowledge and the quality of care. One member of staff told us, "We all get together and discuss all clients. It makes sure we all know everyone well. [Provider] absolutely listens to everything we have to say."

Working in partnership with others

- The service worked closely with health and social care professionals to ensure people achieved good outcomes. One professional told us how the provider approached them as they felt staff needed more training relating to the support a person required. The professional told us, "The manager has been transparent about the potential deficit in skills and knowledge needed to work with people who live with mental illness and has asked for support and guidance with this."
- The provider was a member of the Oxfordshire Association of Care Providers and attended events and training.

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

- The provider understood their responsibilities to notify the Care Quality Commission about any significant events. Notifications contain information about events that providers are required by law to tell us about.
- The provider was clear as to their responsibilities under the duty of candour. They informed relevant parties such as people, their relatives, local authority safeguarding teams and CQC should anything go wrong.