Care Quality Commission

D&J Care Services Ltd

76 Gilbert Road

Inspection report

76 Gilbert Road
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13 May 2019
28 May 2019

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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

About the service: 76 Gilbert Road is a domiciliary care agency that provides personal care to older adults living in their own homes. At the time of this inspection, 30 people were using the service.

People's experience of using this service:
People and their relatives spoke positively about the service and told us it was well managed. People received care and support which was safe and personalised to their needs. People were protected from the risk of abuse and avoidable harm and any lessons learnt from accidents and incidents were used to prevent reoccurrences. People were supported to take their medicines safely and staff followed appropriate infection control practices. The service followed safe recruitment checks and there were enough staff available to support people's needs.

Before people started using the service, their needs were assessed to ensure they could be met. 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. People received care and support from staff that had the knowledge and skills to meet their needs. People were supported to maintain good health; eat healthily and supported to access healthcare services when required.

People were supported by staff that were kind, caring, respectful of their privacy and dignity and promoted their independence. People and their relatives were involved in care planning and were provided with choice. Staff understood the Equality Act and supported people in a caring way. People's communication needs had been assessed and met. People were supported to participate in activities that interested them and knew how to complain if they were unhappy.

The management team demonstrated a commitment to ensure people experienced a meaningful, person centred and high-quality care. There were systems in place to assess and monitor the quality of the service and feedback was sought from people to make improvements where required. The service worked in partnership with key organisations to plan and deliver an effective service.

Rating at last inspection: Good (Report published 30 December 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service remained Good.

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

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?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Care Quality Commission

76 Gilbert Road

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: This inspection was completed 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-by-experience spoke on the telephone with people who used the service and their relatives.

Service and service type: This service 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.

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 because we needed to be sure that they would be in.

Inspection site visit activity started 13 May 2019 and ended on 28 May 2019. We visited the office location on both 13 and 28 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:
Before the inspection we looked at all the information we had about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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 the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgments in this report. We also sought feedback from the local authority that commissioned the service. We used all this information to help plan our inspection.

During the inspection we spoke with four people and four relatives to gather their views about the service. We spoke with five members of staff including the registered manager, operations manager, office manager and two care workers. We reviewed six people's care plans, risk assessments and four medicines records. We looked at three staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service including the provider's policies and procedures, accident and incident records, surveys, monitoring checks and minutes of meetings.

Good

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
● People and their relatives told us they or their loved ones were safe using the service and they did not have any concerns of abuse or discrimination. A relative told us, "I know that I can go out and I have full confidence in the knowledge that [my loved one] is safe."
● The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to the manager. Staff also knew of the provider's whistleblowing policy and told us they would escalate any concerns of poor practice.
● The registered manager understood their responsibility to protect people in their care from abuse and to report any concerns of abuse to the local authority safeguarding team and CQC. Where there were concerns of abuse, the registered manager cooperated with the investigations and took appropriate actions to ensure people remained safe.

Assessing risk, safety monitoring and management
● People were supported to reduce the risk of avoidable harm. A relative told us, "If anything happens [staff] will call an ambulance and then call us. They [staff] will always raise any concerns with regards [our loved ones] health and they [staff] make sure there's nothing in the house that might be insecure."
● Risks to people had been identified, assessed and had appropriate risk management plans in place. Risk assessments covered areas including communication, medicines, mobility and dexterity, moving and handling, personal and continence care and the risk in people's home environment. For each risk identified there was clear guidance for staff on how to reduce or prevent the risk from occurring.
● Staff understood individual risks to people and the level of support required to reduce the risk of avoidable harm.

Staffing and recruitment
●People and their relatives told us they had regular staff, who arrived on time and stayed for the agreed duration of the visit. Comments from people and their relatives included, "I have a regular carer [staff] 99% of the time,"; "They [staff] arrive on time and stay the duration; no missed calls" and "I have the same staff and they are all very good and very professional."
● The service had enough staff available that were well deployed to support people's needs and a staffing rota we reviewed confirmed this.
● The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed to work at the service.

Using medicines safely

● With the exception of one relative who told us that their loved one may require additional support from staff with their medicine, everyone else we spoke with was happy with the level of support they or their loved one received with their medicine. Comments from people and their relatives about medicines support included, "It's all done in a timely and safe manner" and "It's done perfectly."
● Some people managed their own medicines and others required support from staff. Where people required staff support, the provider had systems in place to ensure they received their medicines safely.
● A medicines administration record (MAR) was used to document the support people received. The MARs were completed adequately and without gaps.
● All staff had completed medicines training and staff told us they felt confident supporting people with their medicines.

Preventing and controlling infection
● People were protected from the risk of infectious diseases. One person told us, "Carers wear gloves and aprons and wash their hands."
● All staff had completed infection control and food hygiene training. Staff told us they followed appropriate infection control protocols including the use of personal protective equipment and washing of hands to prevent cross contamination and the spread of infectious diseases.

Learning lessons when things go wrong
● The provider had policies and procedures on reporting and recording accidents and incidents.
● Accidents and incident forms were completed appropriately, checked and analysed to identify any trends. Where required the registered manager had taken actions to minimise risks and lessons learnt were discussed with staff and used to improve the standard of the service.

Good

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
- Before people started using the service, their needs were assessed by the registered manager and office manager to ensure they could be met. One person told us, "Somebody came to assess and there were three of them." A relative told us, "We have regular assessments, and everything is fine."
- These assessments contained people's physical, mental and social care needs; including personal care, communication, medicines, eating and drinking, mobility and continence care needs. People's medical conditions, their likes and dislikes and their preferred time of visit were covered in the assessments. The information acquired in addition to a referral information from the local authority were used to develop people's care and risk management plans.
- Where required, the provider involved healthcare professionals such as occupational therapists (OTs) and district nurses in these assessments to ensure staff adhered to best practice.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's rights were protected because staff sought their consent before supporting them. One person said, "Before I have a bath, [staff] asks whether I want a bath or not and also applies to whether I want to get dressed or not."
- All staff we spoke with understood and worked within the principles of MCA. They told us people could make day-to-day decisions about their food, clothing and how they would like to spend their day.
- Where people could not make specific decisions for themselves regarding aspects of their care and support needs, appropriate mental capacity assessments and best interest decisions were in place.
- Where people's consent forms had been signed by a relative, appropriate legal authorisations (power of attorney) was in place.

Staff support: induction, training, skills and experience
- Staff had the knowledge and skills to support people's needs. One person said, "They [staff] seem adequately trained and nothing concerns me."

● All new staff completed an induction programme which included the Care Certificate which is the bench mark set for the induction standard of new care workers.
● Staff were supported through mandatory training in areas including the role of the care worker, managing behaviours that challenge, effective communication, health and safety, fire safety, MCA 2005, diabetes and dementia awareness.
● Staff were supported through regular supervision and an annual appraisals in line with the provider's policy. All staff we spoke with told us they felt supported in their role.

Supporting people to eat and drink enough to maintain a balanced diet
● Where required, people were supported to have a balanced diet, keep hydrated and make choices about the kind of food they enjoyed. One person told us, " [Staff] prepare a ready meal for me, they cut up salad for me and always asks what I want to eat."
● Care plans included assessments of people's nutritional needs and the level of support required from staff to ensure each person's dietary needs were met.
● Staff knew the level of support each person required to eat and drink safely. They told us that if they had any concerns about a person's nutrition or hydration needs they would inform their relatives, report to the office or to a healthcare professional.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People and their relatives were responsible for booking and attending health care appointments. However, where needed staff provided the support required. A relative told us, "The carer [staff] has in the past ordered tablets, medicines and when [my love one] did have a fall the carer called the ambulance."
● Staff worked in partnership with health and social care professionals including OTs, district nurses and social workers to ensure people received effective care and support.
● Care plans included relevant information about people's healthcare needs including their GP's, allergies, communication and other important information relevant to ensure emergency and hospital teams were made aware to provide safe care and treatment.

Good

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 were supported by staff that were kind, caring and respectful towards them. Comments we received included, "They are amazing,"; "We have good chats" and "They talk to [my loved one] and make them feel at ease."
● People received care and support from staff that were attentive and understood their individual care needs. A relative told us, "[My love one is a bit difficult and the [staff] seems to understand their need."
● People's life histories, preferences, including their likes and dislikes were included in their care plans and staff who supported them knew them well and the level of care and support to provide.
● Staff referred to people respectfully by their preferred names or titles. One person told us, "They [staff] are respectful of me and my home."

Supporting people to express their views and be involved in making decisions about their care
● People and their relatives were consulted about the car needs and were involved in planning their care and support needs. One person said, "I was involved from the onset; the care plan was changed regarding timings."
● Care records included people's preferences and how they would like to be supported so staff knew how to support them.
●People were supported to make day-to-day decisions for themselves and were provided with choices and staff we spoke with told us they respected people's choices. A relative said, "They always ask what [my loved one] wants first, such as what food they want."
● People were provided with appropriate information about the service including a service user guide to ensure they knew the level of support to expect.

Respecting and promoting people's privacy, dignity and independence
● People's privacy and dignity was respected and their right to confidentiality upheld. One person told us, "They [staff] shut the door when I'm being dressed and being bathed."
● Staff said they promoted privacy and dignity by communicating with people, seeking their permission before supporting them and shutting doors and curtains during personal care.
● Information about people were kept confidential; records were kept in lockable cabinets in the provider's office. Staff told us information about people must only be shared on need to know basis.
● People's independence was promoted, and people were encouraged to do things they could do for themselves. A relative told us, "[Staff] will encourage [my loved one] to do things for themselves and their wishes are respected."
● Staff knew the importance of promoting independence and told us about encouraging people to maintain

their skills and continue living in their own homes.

Good

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
● Each person had a care plan which provided staff with guidance on how their assessed needs should be met. Care plans included information on people's medical conditions, personal care needs, preferences and the level of support they required from staff.
● Staff we spoke with knew people well and told us of how they supported them, and this was in line with information in their care plans.
● Care plans were kept under review and updated when people's needs, and preferences changed.
● The service worked within the principles of the Equality Act and staff understood people's needs regarding their disability, gender, religion and cultural backgrounds and supported them in a caring way. For example, staff said they had to remove their shoes in on person's home due to their religious beliefs.
● Care records included information about people's communication needs to ensure they were met. The Accessible Information Standard 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 they are given. The registered manager told us that people understood information in the current standard format and that they would present information in other formats to support individual needs where required.
● People were supported to participate in activities that interested them. A relative told us, "Staff have a chat with my loved one and get them ready when we take them out."
● Care plans included information on people's life histories to help staff build a relationship with them. Staff told us they got people ready for the day centre, they had chats with them and turn on their television and radios and sung with people who loved music to keep them stimulated.

Improving care quality in response to complaints or concerns
● The service had a complaints policy and procedure which provided guidance on actions the service would take when a complaint was received including the timescales for responding.
● People and their relatives told us they knew how to make a complaint if they were unhappy and were confident their concerns would be listened to and acted on. One person said, "If I am not happy, I will call the agency, I have complained before and it was dealt with."
● The service maintained a complaint log and had received four complaints in the year 2018/2019 and these had been dealt with satisfactorily.

End of life care and support
● At the time of this inspection, no one using the service required end of life support. The registered manager told us where required, they would ensure they worked with the person, their relatives and health and social care professionals to ensure they were supported, and their end of life wishes met.

Good

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;

- Managers demonstrated a commitment and willingness to provide meaningful, high quality person-centred service and they had systems in place to monitor this.
- The registered manager shared clear set of values including promoting dignity and respect, independence, punctuality, ensuring safety and providing compassionate care.
- Managers encouraged people to be actively involved in planning their care and support needs to ensure they were met.
- Managers understood their responsibility under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

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

- There was a registered manager in post who knew of their responsibility to work within the requirements of the Health and Social Care Act 2014 and had notified CQC of significant events at the service and had displayed on their website the last CQC inspection rating.
- There was an organisational structure in place and staff understood their individual roles and responsibility. Staff knew of the provider's values and upheld these values when performing their duties. Staff said they felt supported by their managers and were happy working at the service.
- There were systems in place to assess and monitor the quality of the service including unannounced staff checks, home visits and telephone monitoring checks. Information gathered during these checks were analysed and used to improve the quality of the service. The service also carried out checks on care files, MARs and staff files to ensure they were up to date.
- The provider had an out-of-hours system which people, their relatives and staff used to contact the management team in the event of an emergency.
- There were systems in place to promote continuous learning and improve the quality of the service. For example, the service had imposed a self-embargo for admittance due to a safeguarding concern and to ensure the standard of care was improved and maintained.
- The service was proactively working towards establishing an eco-friendly environment and was transitioning from paper to electronic records.

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

- People and their relatives' views were sought to develop the service.

● A survey carried out between January and April 2019 showed 19 people and relatives responded. The results were positive and people said they were happy with time keeping, staff understood their needs and respected their privacy and dignity. One person told us, "When I call the office they deal with any situation straight away and keep me updated."
● Staff views were sought through regular staff meetings.. Staff used these meetings to question practice and share best practices.

Working in partnership with others
● The provider worked in partnership with key organisations such as the local authority to plan and deliver an effective service. The local authority had carried out monitoring checks at the service and where they had given recommendations in areas such as care planning, this had been actioned at the time of our inspection. The local authority commissioners provided positive feedback about the service.