Derbyshire County Council

DCC Erewash Home Care

Inspection report

Skeavingtons Lane
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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
DCC Erewash Home Care is a domiciliary care agency providing personal care to people in their own homes. The service supports younger and older people, including people with dementia. At the time of our inspection there were 57 people using the service. Many people using the service received a short-term care package which provided reablement support following a hospital stay or illness.

People's experience of using this service and what we found
People felt safe using the service. Staff were trained in recognising and reporting abuse and understood the provider's safeguarding policy. There were enough staff to meet the needs of the people using the service. People told us they received their care calls on time. People received their prescribed medicines safely and staff adhered to safe infection prevention and control (IPC) practice.

Comprehensive assessments of people's needs were completed and risks to people were identified and assessed. This information helped to inform personalised support plans which were regularly reviewed with people. Staff were suitably trained to carry out their role. The service had established internal and external networks which supported people to access a range of healthcare services. Professional recommendations were followed by staff.

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 were kind and caring and advocated for people they supported. People were involved in care planning and identifying goals which were important to them. Staff understood the importance of promoting independence.

People and staff were positive about the leadership and support provided. There were opportunities for people and staff to provide feedback. There were quality assurance systems in place which ensured effective oversight of the service. Technology was utilised to monitor key service information, including risk and areas for improvement.

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

Rating at last inspection
This service was registered with us on 17 March 2021 and this is the first inspection.

Why we inspected
This was a planned inspection following registration.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

DCC Erewash Home Care

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 Health and Social Care Act 2008.

Inspection team
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection
We reviewed information we held about the service. We sought feedback from professionals who work with the service. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 four people who used the service and two relatives of people who used the service. We spoke with six staff members, including the registered manager, domiciliary service organisers (DSO's) and care workers. We reviewed a range of records, including seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- The provider had effective systems to help protect people from the risk of harm or abuse.
- Staff understood how to identify the signs of abuse and could explain the process for reporting concerns. One professional told us, "My experience is that [service] will escalate concerns appropriately."
- People felt safe using the service. People and relatives we spoke with knew who to contact if at any point they felt unsafe.

Assessing risk, safety monitoring and management
- Risks to people were identified and assessed. DSO's were proactive in obtaining additional information where required to ensure a full picture of people's risks. Staff told us they had enough guidance to support people safely.
- People's risk assessments were regularly reviewed and updated. For example, DSO's completed a 72-hour review of the care package when a person started with the service.
- There were effective systems in place to share information about risks. Technology was utilised to communicate important information about risks with staff. Staff told us they received notifications on their phones whenever changes to people's needs were identified.
- Regular reviews of care were held for people who behaved in a way that may challenge others. We saw how the service worked with others, such as mental health professionals, to help understand behaviour which put people and staff at risk of harm. This ensured risk was managed in a safe and dignified way.
- Environmental risk assessments were completed. These reviewed potential risks within people's homes to ensure people and staff were safe.

Staffing and recruitment
- There were enough staff to meet the needs of people using the service. People told us care staff were reliable and did not rush them.
- There was an effective call monitoring system in place which alerted schedulers to any late or missed care calls. Records showed prompt action was taken when alerts were raised. One professional told us, "I also feel confident that any gaps in provision are identified quickly and escalated appropriately to ensure a safe service."
- The service had an out of hours arrangement in place which ensured people and staff were able to access support at any time.
- The provider had a robust process for ensuring staff were recruited safely. Records showed pre-employment checks and a Disclosure and Barring Service (DBS) were undertaken prior to staff commencing employment. DBS checks provide information including details about convictions and cautions held on the

Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● People received their prescribed medicines safely. Staff had received medicines training and regular competency checks.

● Staff understood their responsibilities and roles in relation to medicines as outlined in the providers medicines policy. For example, staff ensured they only followed the guidance as written on medicine administration records (MAR) and reported any discrepancies quickly to DSO's.

● The provider completed a range of checks in relation to medicines. For example, MAR's were routinely checked to ensure they were completed correctly. When errors were identified, appropriate action was taken to prevent re-occurrence, such as additional training for staff.

Preventing and controlling infection

● Training data we reviewed showed some IPC training was out of date. The provider assured us this was due to an updated training course awaiting sign off to reflect changes in recent guidance. We saw how this was communicated to staff who were encouraged to complete the training as soon as it was launched.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● There were systems in place to record and review any safety concerns and incidents. Accidents and incidents were appropriately reported by staff. We saw how the registered manager oversaw these reports and followed up where necessary to ensure action was taken to mitigate risk and prevent re-occurrence.

● The provider ensured learning from accidents and incidents was identified and shared. For example, the providers quality and compliance colleagues met regularly to discuss themes and trends. We saw how learning was shared with staff at team meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received a comprehensive assessment of their needs. Alongside discussions with people, we saw how this assessment was used to develop personalised support plans and identified goals to promote people's independence. People's care was reviewed regularly.

Staff support: induction, training, skills and experience

- Staff were suitably trained to carry out their roles safely. Staff completed the care certificate as part of the essential training modules. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Training compliance was monitored by DSO's to ensure people's training remained up to date.
- People and professionals felt staff were well trained. Staff told us if there was any training they felt they needed that this would be made available for them. One member of staff said, "We are always learning and adapting, if I think I need extra [provider] will always accommodate."
- Staff received a comprehensive induction. New starters shadowed experienced staff before working independently. Staff told us this prepared them for the role.
- We saw staff skills were reviewed through supervision and onsite observations. Staff told us they found both useful.

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

- People were supported to eat and drink enough. We reviewed records for a person identified as at risk of malnutrition. The service took action to increase support which included increased food and fluid monitoring which resulted in the person gaining weight.

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

- The service worked collaboratively with both internal and external colleagues to understand and meet people's needs. Staff attended weekly multi-disciplinary team (MDT) meetings with health and social care professionals. This provided them with opportunity to feedback or seek advice where appropriate.
- People were supported to access a range of healthcare services and support. Records showed the service communicated with various professionals, such as mental health services, district nursing and GPs. We saw recommendations were followed.
- The service made appropriate and timely referrals to relevant professionals. For example, one person told us how staff had referred them to an occupational therapist for specialist equipment to help them get in and out of the bath.

● The service advocated for people using the service with other professionals where appropriate. For example, we saw how the service professionally challenged the outcome of an OT assessment and pushed for a second opinion where it was not felt to be reflective of a person's needs.

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 MCA 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.

● The service worked within the principles of the MCA. People were involved in decisions about their care and consent was sought before care was delivered.
● The service worked collaboratively with the right professionals to assess capacity as soon as practicable. Staff understood how to make sure decisions were taken in people's best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness. We received positive feedback from people about the staff supporting them. One person said, "They are excellent, everyone is so nice and kind."
- People's diverse needs were considered in their care planning. Staff understood the importance of respecting equality and diversity and took time to get to know the people they supported.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in making decisions about their care. People and relatives told us they were consulted with. When discussing 72-hour reviews, a DSO told us "We talk with them about how it works best for them. For example, we have a gentleman who has lunchtime medicines, but he wasn't getting a lunch call, so we agreed to swap the tea call as this worked better for him."
- People's independence was promoted. One professional said "[Staff] go above and beyond to support clients to regain their independence as much as possible." For example, we saw how one member of staff suggested getting raised buttons for a person's microwave to help them make their own meals.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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's care was personalised to help them achieve the goals that were important to them. Personalised support plans were developed around what people said they wanted to achieve whilst using the service. For example, being able to shower independently.

● Ongoing monitoring and reviews of people's care were held regularly. This helped to ensure people were receiving the right support to meet their goals. For example, this meant sometimes care calls were reduced due to a person regaining independence or increased to help them achieve their goals.

● People told us they had choice and control about their care. For example, one person told us they had a hospital appointment that morning, so they arranged for carers to come earlier to help them get ready for the appointment.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● The service followed the Accessible Information Standard. Care records showed people's communication needs were identified. Adjustments were made to ensure people could access information in a way they could understand. For example, staff used pen and paper to support one person who had a hearing impairment.

● The provider was able to produce key service information in a range of different formats, such as alternate languages, to ensure it was accessible for all people using the service.

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

● People were supported to avoid social isolation if this was identified as a risk. We saw how staff raised any concerns within MDT's. For example, staff recommended a befriending service for a person using the service.

Improving care quality in response to complaints or concerns

● At the time of the inspection the service had not received any complaints. The provider had a complaints policy in place which was shared with people.

● People and their relatives were happy with the support received and told us they felt confident any

concerns raised would be listened to.

End of life care and support

● The service supported people reaching the end of their lives. Records showed staff worked with health care professionals to enable people to die comfortably and with dignity. For example, we saw how DSO's arranged specialist equipment to be in place for one person receiving end of life care at short notice.

● People's wishes and views for how they wanted to be supported at the end of their lives was recorded within their care records. This included details of any advanced decisions, or information about not receiving life-saving treatment.

● Staff understood what good end of life care looked like. One member of staff told us, "it's about working together, with NHS colleagues and with family. Sometimes we take a step back, sometimes we become much more involved; it depends on the individual situation."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us they felt confident in the management. One person said, "It is a well-led service, they are very good at what they do."
- The service promoted a positive culture that achieved good outcomes for people. This included people no longer needing support due to regaining their independence.
- Staff told us they enjoyed their jobs and were positive about the leadership within the service. When explaining why they felt the service was well-led, one staff member said, "The communication, how thorough [managers] are with everything." Another said, "[Managers] listen and help you, you feel appreciated, it's a team effort."

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

- There were clear governance systems in place which were used to monitor the service, identify risk and areas for improvement. For example, the registered manager completed a bi-monthly audit which reviewed care records, staff files and medicines. Action was taken to address any areas for improvement identified.
- The provider's quality and compliance team worked closely with the service. They completed their own audits and met regularly with senior leaders to discuss the service. This meant the provider had clear oversight and was able to drive improvement within the service.
- The provider demonstrated a commitment to continuous learning. New technology was in place to support oversight of key service information. The registered manager identified the system was not working effectively to oversee medicines within the service. The provider listened to and acted on this feedback, making changes to the system.

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 registered manager understood the regulatory responsibility to report relevant incidents that occur at the service to the CQC.
- The provider understood requirements of the duty of candour. One professional working with the service told us, "Communication is always open."

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

● The provider actively sought feedback. Questionnaires were regularly sent out to people using the service. Feedback was then analysed to understand what was working well, or not working well, within the service.
● Staff felt listened to. Staff told us they felt engaged with the service and had opportunities to feedback, for example in team meetings or supervisions.
● Support and resources were available for staff, for example a provider bulletin was issued regularly with organisational updates and contacts to share any feedback.

Working in partnership with others
● The service worked in partnership with a range of professionals. This ensured a smooth experience for people. For example, we saw how the service worked alongside discharge teams at the hospital and OT's to ensure specialist equipment was in place before a person returned home after a hospital admission.