

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Dove Home Care Agency Limited

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dove Home Care Agency
Registered Manager	Mrs. Jennifer Anne Oughton
Overview of the service	Dove Home Care provides personal care for mainly elderly clients although services can and are provided for adults with long-term illness, physical and learning disability, mental health needs, end of life and respite care. Dove is based in Hampton-in-Arden providing a live-in or domiciliary care service and employs approximately 85 staff caring for approximately 100 people. Domiciliary care mainly covers Knowle, Dorridge, Solihull and Coventry. The live-in service covers the whole West Midlands.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 19 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

What people told us and what we found

We found the provider to be compliant in the areas of involvement and information, personalised care, safeguarding and safety, staffing and quality management. We spoke to staff, observed policies and processes, reviewed ten sets of notes, visited one person and contacted seven people using the service or their families to gain further insight of the care provided.

People using the service were very happy with the care provided. Most of the people we talked to had used the provider for a number of years and felt the service was "good all round". One person new to the service said they were "much better than than she had hoped for". Another told us "all the staff fit in extremely well".

There are processes in place to recruit staff and support their training. All the staff we spoke to enjoyed their job and felt the provider supported them.

We saw evidence of quality management processes to audit the quality of care and deal with incidents and complaints.

We saw evidence that people who use the service were consulted about their care and felt the care was of a high standard.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We were told that people access the service through social services, hospital discharge or direct payments. A large proportion are self-funding especially those using the live-in service.

We were told that dignity and respect are a core part of the service and the agency mission statement supports this. The patient review asks people who use the service if they have been treated with dignity and respect. The results for 2012 identified that 98% people felt they were. There is a privacy and dignity policy in place which includes consideration of cultural issues.

We found that people who use the service were given appropriate information and support regarding their care or treatment. Each person accessing the service receives an information pack with details of the complaints process, services provided and contact numbers for emergencies. There is an initial assessment process in place that identifies needs and details the level of care and support required. This care is detailed in the file left at the persons home.

We saw evidence in the complaints log that people using the service have the ability to comment on their care and that appropriate action is taken. There was evidence that care plans are reviewed and adapted in relation to changes in a persons circumstances.

The information provided is in English. There is access to an interpreter and information in easy read, picture format and other languages if required. The agency information leaflet is in the process of being updated to make it more informative.

On review of persons using the service records we found evidence of preferred name and individual preferences. On the day of inspection we were able to visit a person using the service in her own home. We were told that her live-in carer treats her extremely well. "I like to get up late and go to bed late and I am always accommodated, the care is wonderful". All the staff we spoke to said that had their own caseload so they got to know

them really well.

There was opportunity for people to express their views and be involved in making decisions about their care and treatment. There was evidence in the records of persons using the service or their family being involved in the planning of care and their wishes followed through.

The maintenance of independence was mentioned throughout the care planning process and the agency mission statement. One person told us that she loved to go out and her carer takes her out regularly, "even on the bus".

There was opportunity for people to request a specific carer by gender, age and belief. We were also told that the agency will change carers if needed. This meant that the service respected people's diversity, values and human rights.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare because there was evidence of risk assessment and review in planning care.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

On review of ten peoples care records we found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There was evidence of an initial needs and risk assessment used to develop a package of care. We saw a risk assessment policy and evidence that risk assessments are reviewed annually or more frequently if required. The risk assessment template had also been changed to make it more effective.

We viewed risk assessments for manual handling and saw evidence that staff training supported the delivery of the care plan. One person told us that she had recently had a hip operation and was "very reassured" by how carefully the carers moved her.

The agency does not have an on-line call monitoring system. Instead the person using the service signs the carers timesheet. These timesheets are then monitored by the manager and care plan times altered or spot checks conducted as required. Each carer has a mobile phone for emergencies and the service user guide advises calling the office if the carer is more than 20 minutes late.

We found that people's care and treatment reflected relevant research and guidance because there is evidence of multidisciplinary working and continuing professional development of staff.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination because there is a safeguarding and whistleblowing policy in place. There is evidence in the documentation that disability, ethnicity and individual beliefs or requirements are documented. There are no clients requiring restraint or Deprivation of Liberty Safeguards.

We found that there were arrangements in place to deal with foreseeable emergencies because there is an appropriate business continuity plan in place. All carers are first-aid trained. There is procedure for dealing with emergencies in the staff induction pack and

there is a 24 hour on-call in place. In the event of deterioration of a persons condition the carer will call the GP or ambulance and if required will remain with the person using the service until an ambulance attends. The office will inform next-of-kin and manage the carers subsequent calls.

There is a fire policy in place. The computer system is backed up daily with off site storage and all computers are password protected. There is fire proof storage for all critical documentation and metal shutters on windows for added security.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider has a safeguarding policy and a vulnerable person policy in place. Mandatory and induction training in adult abuse is provided. Also the staff receive specialist training in dementia and guidance on the mental capacity act.

There is a whistle blowing policy in place to allow staff to highlight inappropriate or poor practice. Further procedures on confidentiality, professional boundaries, handling money, financial investigations and gifts and gratuities are also in place to protect people using the service. We found reference in records we viewed of arrangements made to safeguard client finances.

There is a process of unannounced spot checks in place and regular quality assurance audits so that care can be checked without prior warning. There was evidence in the complaints log of reporting of safeguarding concerns.

The recruitment of staff involves enhanced CRB checks and checking of references. All staff must have this in place prior to commencing employment.

There is evidence that persons using the service can make complaints or comments about their care. There was evidence that these were followed up.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. There are no persons using the service listed for DOLS or requiring restraint.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

Reasons for our judgement

We reviewed nine sets of staff records, spoke to three care staff and four senior managers.

The agency has a recruitment and selection policy in place. There was evidence in all the records we viewed of appropriate recruitment checks including health questionnaires, CRB, job description and references. We were told that being able to communicate effectively is an essential requirement. No records we viewed required a work permit. We noted that the reference documentation does not always clearly state the authority of the referee.

We saw evidence of an induction programme, involving training and supervised practice. We were told that new staff must have CRB checked before delivering care. We were advised that the supervision period can be extended for carers with no previous care experience. All staff we spoke to had received induction and supervision and said that the agency was very supportive of mandatory training and professional development.

Staff we spoke to had all worked for the agency for several years and enjoyed working for the provider. We were advised that 50% of staff had worked for the agency for five years or more. There is a higher turn-over of staff in the live-in part of the service although some have been in post for eight years or more.

Each new member of staff is provided with a staff handbook which summarises key policies, the code of conduct and emergency procedures. Staff are required to sign a declaration regarding viewing policies and we saw evidence of this in staff files.

We saw an investors in people report dated October 2012 which ranked training, induction and support for staff as areas of good practice. People we spoke to felt that staff were very proficient.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The provider employs approximately 85 staff of which half work on the domiciliary care side of the agency and the remainder on the live-in service. Annual leave requests are made a month in advance. Rotas for domiciliary care are completed fortnightly and sent by email or collected from the office. The live-in rota is usually for a fortnight at a time.

In the event of staff sickness or emergencies the other staff will change shift to accommodate. In the event of a person using the service deteriorating staff can ring the office for assistance. There is a 24 hour on-call process in place and the agency uses a secure online roster system which they can access at home to provide support. Staff we spoke to said there is always someone available and the managers are very supportive.

There was evidence of a recruitment and induction process for staff with CRB recorded and a policy in place. Staff have relevant HR and occupational health checks and attend regular training linked to their areas of expertise. Staff told us that they are very happy working here.

Staff leaving the agency have an exit interview where possible so that issues can be addressed if required.

People we spoke were very complimentary about the staff. The agency has a staff supervision and appraisal process and we saw evidence that this takes place. Staff we spoke to said that they had regular supervision and appraisal and were confident that any concerns raised would be dealt with.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

Reasons for our judgement

The provider has a training room on site and a mandatory training plan in place. Some training is also accessed from external providers such as risk assessment for senior carers and NVQ training. Carers are encouraged to study for NVQ Care Level 2 or higher. We were told that 40% of staff has NVQ level 2 and 15% level 3.

There is a comprehensive induction and mandatory training programme in place. During the inspection we spoke to staff who told us that the agency is very supportive of training, encourages personal development and provides them with time to attend. One person said "the training I receive is really good and helps me do my job".

All staff attend induction and there is a supervision process in place which is moderated to carers previous experience. There is a staff handbook in place with information regarding key policies and procedures. All staff have regular supervision and an annual appraisal with a personal development plan.

We saw evidence of recruitment involving CRB checks and occupational health checks. We spoke to people who use the service and their families who told us that the carers always seemed very competent and they were very satisfied with the level of care they received.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Reasons for our judgement

There are a variety of systems, checks and audits in place to gather information. There is a risk assessment and quality assurance policy in place.

We were told that spot checks are conducted randomly and in response to a complaint or concern. There was evidence of annual quality assurance audits, six monthly care reviews and unannounced visits. People who use the service confirmed that they had been consulted about their care. The 2012 annual patient survey identified that 98% of respondents felt their needs were met and 76% were very satisfied with their care.

There was evidence of audits of care and medication records and these audits were used for staff development and appraisal.

There is a whistle blowing policy in place to allow staff to highlight inappropriate or poor practice. We saw evidence that staff files are audited and that staff sign to say they have received appropriate information.

There is a Central Alerting System (CAS) process in place which involves alerts received by the registered manager and action taken if appropriate. The CAS is a web-based cascading system for issuing safety critical information and guidance to the NHS and others, including independent providers of health and social care. This includes patient safety alerts, important public health messages and other information.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw an incident policy and evidence of reported incidents. No notifiable incidents have been reported.

We found evidence that the provider took account of complaints and comments to improve the service and took appropriate action. The provider has not been subject to any formal complaints.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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