Dove Home Care Agency

Dove Home Care Agency Limited

Inspection report

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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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. The inspection was announced.

The service provides personal care and support to adults with long-term illness, physical and learning disability or mental health needs, in their own homes, providing a live-in or daily care service. Eighty-five people were receiving the service at the time of our inspection. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At our previous inspection in December 2013, we found there was a breach in meeting the legal requirements for

Summary of findings

care and welfare. We found people's care plans did not always provide staff with sufficient information about the care and support people required to meet their health care needs and maintain their safety. The provider sent us a report explaining the actions they would take to improve.

During this inspection we found the necessary improvements had been made to meet the requirements for care and welfare. The provider had obtained advice from clinical health professionals, who were already involved in people's care. The health professionals had written detailed guidance for care staff to refer to when they undertook delegated health care tasks. We saw the guidance was included in the care plans appropriately.

People told us they felt safe with staff and that staff supported them according to their needs. Care staff we spoke with understood the importance of protecting people from harm and enabling and promoting their independence. Care staff told us they were supported to care for people safely because the provider made sure that appropriate care plans, training and equipment were provided. Staff were confident in their practice and told us they enjoyed their work.

People's care plans included risk assessments and actions for staff to take which minimised risks to their health and well-being. Care plans included how staff should support people with their personal hygiene and medicines and the actions staff should take to minimise the risks of harm or of infection.

People confirmed that staff supported and cared for them how and when they preferred. People told us they took comfort in knowing that staff recognised signs of ill health and made sure that other health professionals were involved in their care appropriately.

All the people we spoke with told us staff were kind and thoughtful and took time to get to know them. People told us staff treated them with respect and helped them to maintain their dignity. We found the provider assessed staff's attitudes and behaviours during their recruitment and probationary period to make sure they were suitable to deliver one to one personal care. Staff were trained and supported by senior staff, who were designated champions for dignity and dementia, in accordance with the Social Care Institute of Excellence (SCIE) guidance.

There were robust systems in place to monitor and improve the quality of the service. The provider conducted regular surveys and care reviews to make sure people were able to express their views. Senior staff checked that people received the service they needed by observing staff in practice. Senior staff checked daily records of care, medicines administration records and observed how staff prevented and controlled the risks of infection.

People who used the service knew the provider's complaints policy. Records showed that the manager took complaints seriously and responded to them effectively.

Everyone we spoke with was happy with their care, the staff and the quality of the service. The manager conducted regular quality monitoring one to one conversations and surveys to make sure they delivered a quality service. People and staff had confidence in the manager.

Summary of findings

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.

Good

Risks to people's health and well-being were identified. Where appropriate, equipment was obtained and actions staff should take to minimise the identified risks were clearly explained in people's care plans.

The provider's recruitment procedures made sure staff had the appropriate skills and behaviours to support people in their own homes. Staff understood their responsibilities for protecting people from harm and from the risks of harm.

The provider followed nationally recognised systems and procedures for managing medicines and for preventing and controlling infections to minimise risks to people's safety.

Is the service effective?
The service was effective.

Good

Staff received training that was appropriate to meet the needs of the people they supported and cared for. The manager checked that staff delivered care and support to people according to their expressed preferences.

People who needed advice or support with eating and drinking were referred to relevant experts in diet and nutrition. Staff followed the experts' advice to ensure people were offered food and drinks appropriate to their needs.

Is the service caring?
The service was caring.

Good

People's care plans included their preferences specific to their social and cultural needs. Everyone we spoke with told us staff understood them well. Staff were interested in their happiness and well-being.

People and their families or representatives were involved in discussing their needs and how staff should support them.

Staff understood how to respect people's privacy and dignity because the manager provided training and guidance to staff. The manager appointed designated lead staff to check that staff put their learning into practice when they supported people.

Is the service responsive?
The service was responsive.

Good

People's care plans were regularly reviewed and reflected their changing, individual needs. People and their families or representatives agreed with the changes in their care plans.

The manager checked that people were happy with their care and the quality of the service by speaking with them on a one to one basis and through regular surveys.

People's needs and abilities were monitored by the staff and manager and they made sure that other health professionals were involved in people's health care appropriately.

Summary of findings

Is the service well-led?

Good

The service was well led.

There were appropriate arrangements in place to assess and monitor the quality of the service provided by the agency. The manager asked people and their families for feedback and acted on their comments and suggestions to improve the service.

The manager analysed accidents and complaints to identify patterns or themes and took action to minimise the risk of a re-occurrence. Senior staff checked people received care and support that matched their care plan through observation and checking records.

The manager and staff were clear about their roles and responsibilities. Senior staff took a lead role in observing and supporting care staff. Staff received feedback through regular meetings with the manager.

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Detailed findings

Background to this inspection

The inspection team comprised an inspector and an Expert-by-Experience in domiciliary and dementia care. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we sent a survey to 50 people who used the service asking for their views. The twenty people who responded to the survey all said they would recommend the service to other people. We reviewed the information we held about the service. We looked at information received from people who used the service, relatives and other agencies involved in people's care and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed information we received from the local authority commissioners and the provider's information return. This is information we have asked the provider to send us to explain how they are meeting the requirements of the five key questions: is the service safe, is the service caring, is the service effective, is the service responsive and is the service well-led?

During our inspection we spoke with the registered manager, the care co-ordinator, and one member of care staff. On the day after our inspection we spoke with four care staff, nine people who used the service and one relative by telephone.

We reviewed four people's care plans and checked the records of how they were cared for and supported. We reviewed the staff handbook and three staff files to check staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed records of the checks the registered manager made to assure themselves people received a quality service. These records included checks on the electronic call monitoring system, accident and incident records and a client survey.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with the carers and the service. One person told us, "I feel safe and well treated by the carer. A relative told us, "[Name] feels safe when the carer provides personal care" and "[Named carer] is capable, trustworthy and treats my relative as person."

We saw staff signed to say they had received a copy of the provider's handbook that included the policies and procedures, for issues such as, safeguarding, whistleblowing and treating people with dignity and respect. Care staff told us they knew what to do if they had any concerns about people because they had received training in safeguarding. Care staff told us, "We have a whistleblowing policy. I have reported under it in the past" and "I have no concerns for safeguarding. If I did I would tell the office." The manager told us they would share any concerns with the provider so they could investigate and report the details to the local safeguarding team and the CQC. This meant the provider had measures in place to protect people from harm.

Staff received training in the Mental Capacity Act (MCA) 2005. All the staff we spoke with understood their responsibilities under the MCA. For those people assessed as not having capacity, care staff knew the person had a representative who made decisions in their best interests. Care plans we looked at were signed by the person's representative. This meant the manager had suitable arrangements to ensure people consented to care and support.

The care plans we looked at included risk assessments for people's health and welfare. Care plans were relevant to the identified risks and described the equipment needed and how staff should care for and support people. A relative assured us that care staff, "Only do what my relative can't do and it has to be in the care plan too." Care staff told us, "I read the care plan because people vary" and "The care plans are very good, They tell me what I need to know." This meant appropriate arrangements were in place to minimise risks to people's health and welfare.

We saw the risk assessments included environmental risks to people and staff, such as whether the person had pets, and actions to minimise the risks. Care staff were instructed whether to use a key safe or knock at the door, according to the person's living arrangements. Care staff were confident they would be fully informed before going to a new person's house. Care staff told us, "The care plan tells about the environment, say, if there are steps down into the kitchen, fuse box or loose wires – it will all be on the care plan."

Care staff assured us they had the equipment they needed to support people effectively and the equipment was well maintained. One member of care staff told us, "I check it is in order and tell the office if there is a problem. The maintenance label explains what to do in the event of a problem, and the next service date." This meant risks were managed to protect people and respect their living arrangements.

People told us staff always came when they expected and stayed for the planned length of time. They said when their regular staff were on holiday or ill, then another care worker undertook the visit. People told us they were sent a rota every week so they knew who would call. We saw the provider's electronic call monitoring system enabled the manager to check that care staff arrived and left at the agreed times. Staff told us they had enough time to deliver care appropriate to people's needs and people told us they never felt rushed. The manager told us their emergency cover arrangements included an on-call rota for supervisors and care co-ordinators throughout the week and two retained staff each weekend. This meant there were enough staff to meet people's needs.

People told us that new staff seemed well trained. Care staff told us they followed an induction and training programme and they felt well prepared before they worked independently. The manager assessed staff's skills and, experience and checked their previous employment. Before staff started work, the manager obtained references from previous employers, proof of identity and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that holds information about criminal records. This meant The provider recruited staff in accordance with the regulations, to make sure they were suitable for the role.

Care plans we looked at showed the manager assessed whether people or their relatives were able to manage their own medicines. We saw that where people were assessed as needing support, their care plan explained how staff should support them. Everyone we spoke with told us they received the support they needed. Records we looked

Good

Is the service safe?

showed all staff received training in medicines administration during their induction and regular refresher training. Care staff told us they were confident they received appropriate instructions to support people.

The manager told us that only suitably qualified staff took the lead on medicines management and created medicines administration records (MAR), in accordance with the local authority commissioners' guidelines. Care staff told us the MAR sheets were easy to understand and use. They told us, "The meds are straightforward and they are double checked. They are not just spot checked but the sheets are checked at the office every month." We saw that the care co-ordinators checked that care staff administered medicines safely when they conducted unannounced checks at people's homes. This meant the provider had effective policies and procedures for managing medicines safely.

People we spoke with told us care staff took appropriate measures to minimise the risks of infection, such as wearing different aprons and gloves for different tasks. Care staff told us there was always a good supply of personal protective equipment and bags for waste. Records showed that staff received training and their practice was regularly checked by senior care staff. The care plans we looked at instructed staff in the infection prevention measures they should take, according to the person's needs. This meant the provider took appropriate measures to minimise the risks of infection.

Good

Is the service effective?

Our findings

People we spoke with told us that staff supported them according to their needs. People said they had discussed their needs before their care plans were created, so the manager knew what skills staff would need. People told us, "The carer is very capable" and "The carer is thorough in her work." A relative told us, "The carer will only do what my relative can't do and it has to be in the care plan too." This meant people received care and support appropriate to their needs.

The provider told us that all care staff had already achieved, or were working towards, qualifications in health and social care. Care staff told us they felt confident in their skills and ability to support people effectively because they received appropriate training. The manager recorded when staff attended training so they could check that staff's training was regularly updated.

Care staff told us that new staff had the opportunity to get to know people and their needs safely under supervision. Care staff told us, "In the induction we went through the policies and procedures, training and I shadowed another member of staff" and "When new staff are shadowing, they learn the tips and guidance about promoting dignity. I have a checklist when I am being shadowed. I have to say whether they are okay, confident or not, if they seem prepared." This meant that people were supported by staff who were appropriately skilled and trained.

Staff told us they were supervised, attended meetings and were sent memos to keep them informed of any changes. Care staff told us they found their one to one supervision meetings useful to discuss their practice, and consider their personal development. Care staff told us, "They always ask if I have any problems, but I wouldn't wait if I had. They are always approachable, and proactive." This meant staff were supported to carry out their duties effectively.

The manager told us, "At recruitment we ask for good cooking skills. People and their family usually plan the menu and the carers cook." People told us they were happy with the way staff prepared and cooked their meals and that staff always asked what they would like to eat. People said, "[Named carer] prepares my breakfast that I choose" and "She asks how I want it cooking and makes sure it's just like I want it." We saw that people's dietary preferences, needs and allergies were recorded in their care plans. The manager told us that although people were happy with staff's cooking skills, they had planned additional training enable care staff to improve their knowledge about healthy eating. This meant the provider managed risks to people's nutrition by ensuring staff had appropriate skills.

A member of care staff told us, "If we are concerned about people's weight, we refer them to the nutritionist and they may be prescribed fortified drinks." Records showed other health professionals, such as GPs and dieticians, had been asked to visit appropriately. Their advice, and the actions staff should take, were recorded in the care plans. We saw staff kept charts of how much people ate and drank when they were at risk of poor nutrition. This meant the manager and other health professionals could monitor whether their advice and staff's support were effective.

Care staff told us if they had any concerns about people's health they contacted the office to make sure an appropriate health professional was involved in the person's care. Staff were confident that the manager and care co-ordinator would make appropriate arrangements. They told us, "I will tell the office about any changes. I just tell the office and they call the family or other health professional." Records we looked at showed that people were referred to other health professionals promptly to make sure risks to their health were minimised.

Good

Is the service caring?

Our findings

We asked people whether staff were caring and whether they understood their needs. People and relatives told us their care staff were, “Excellent” and “Polite and well mannered” and “Capable and trustworthy.”

People told us the manager came to visit them to discuss their needs before they started with the service. They told us they were asked about their preferences, likes and dislikes. People and relatives told us, “Before I had my care people came to see me to find out what I needed, they were very good and patient and I felt listened to” and “They returned a few days later with a care plan which was what we wanted.” This meant people were supported and involved as much as possible in their care and support.

People told us the care staff understood them well and were patient. People told us, “I really enjoy the time when my carer comes to see me, a bit of company and a chat” and “[Care staff] goes at my pace and always tells me what she wants to do and checks that is ok with me.” All the care staff we spoke with told us they enjoyed their work. They told us, “I like supporting people to be independent. I like to think I add something to their day, to their lives” and “I like making a difference.”

The care plans we looked at were detailed and explained the person’s physical and emotional needs, their religion and cultural preferences, as well as their abilities and method of communicating. Care staff told us the care plans helped them to understand people as well as their support needs. Care staff told us, “For new clients we are given a care plan. It explains everything” and “The care plans are very good.” A relative told us, “and The carer will only do what my relative can’t do and it has to be in the care plan too.” This meant care was centred on people’s individual needs and staff knew and understood their history.

The manager told us, “We phone the person after a week to check it’s working out, and we review at six months and then twelve months.” One person told us, “The manager sometimes calls me and asks if everything is alright.” People told us their comments and suggestions were listened to and acted on.

Three senior staff had been appointed as dignity and dementia champions to lead staff to improve their understanding and practice. The manager told us they observed staff’s behaviour during their regular checks at people’s homes to check that people were treated with dignity and respect. They told us if they had any concerns they would talk to staff straight away to make sure staff understood any changes they needed to make.

Staff told us they had training in dignity and respect, which helped them to understand how to put policies into practice. Staff explained the practices they followed to help people maintain their dignity. A member of care staff told us, “I sit myself in another space while they do something independently, to allow privacy, I say, shout me when you are ready”. One person we spoke with told us, “The [named] carer covers the part of my body that she isn’t providing care for so that I’m kept warm and respects my privacy.” This meant staff promoted people’s dignity and treated them with respect.

Good

Is the service responsive?

Our findings

Some people who used the service were supported to regain their independence after a period in hospital and some people were supported because of their ongoing health care needs, which meant people's needs might change. Staff told us they kept daily records of how people were and the care and support they delivered at each visit. Care staff told us, "We make lots of notes. The other carers' notes are good. They tell me what I want to know" and "We regularly tweak the care plans. I ring the office and advise if things change. It's a learning thing and the person might want to change it." We saw people's care plans were changed when their needs or preferences changed.

Records we looked at showed that care co-ordinators checked the daily records when they were brought into the office each month. Care co-ordinators told us they checked whether any changes should be made to care plans to match any changes in people's preferences, needs or abilities. People we spoke with told us they received the care and support they needed. This meant people received care that was responsive to their needs.

All of the staff were involved in making sure people who received the service were able to express their views. One person told us, "The carer sometimes sits and chats to me making sure that I'm ok and is there anything else that I need" and a relative told us, "The manager sometimes calls me and asks if everything is alright."

The manager also surveyed people and their relatives to make sure they could express their views anonymously if they preferred. After the survey in March the manager had sent letters to everyone explaining the results of the survey and the actions they planned to take. For example, they had re-issued the complaints policy because some people had been unsure about how to make a complaint. We found the manager's actions were effective. For example, 90% of people who responded to our survey, at a later date, told us they knew how to make a complaint.

We saw the manager's record of complaints, which included the outcomes of their investigations. We saw the manager had taken appropriate and proportionate actions to resolve each complaint. The manager had written to each complainant detailing the actions they had taken in response to all the issues raised. This meant complaints were dealt with effectively.

One person told us, "If I felt poorly my carer would call the office and take advice on what to do, probably tell my relatives so they can come and see me." In the care plans we looked at, we saw people had named the people and agencies the provider should share information with in the event of their ill health. Daily records of care showed that other health professionals, such as district nurses and speech and language therapists, were asked to visit people to re-assess their health care. For example, for one person who had become more frail, a nurse and GP had visited them to discuss and agree how they should be cared for. This meant people were supported to access other service providers when they needed them.

Good

Is the service well-led?

Our findings

Everyone we spoke with had confidence in the manager and staff and said they received a good service. People told us, “The staff mainly arrive on time if she is going to be late she calls me to let me know what time she will arrive” and “She arrives on time and stays for the time she is supposed to be here.”

The provider’s quality assurance system involved people who used the service and relatives. We saw the provider took action to improve the service where people identified any issues. One hundred per cent of the people who responded to a survey we conducted said they would recommend the service to other people. Care staff told us, “Most people praise us. They are happy with the service” and “I feel work for a good company.” This meant people and staff were happy with the quality of the service.

Senior staff conducted regular checks that people received the care they needed by observing staff’s practice. Care staff told us they knew what to do because they had job descriptions, and were regularly observed and assessed by the manager. Care staff told us, “We have supervision and spot checks. They check the time, our appearance, if we are wearing our badge, and observe us and give us feedback” and “The manager turns up unannounced. They can pop in anytime.” Care staff told us they had no concerns about the spot checks because it was a good opportunity to know what they did well and where they could improve.

The provider’s quality assurance system included regular checks that care staff kept accurate records of the care they delivered. Care staff told us, “Any tasks that are done or not done are written down” and “Meds are double checked. They are not just spot checked but the sheets are checked at the office.” This meant staff understood how their actions supported the organisation to demonstrate the quality of the service.

The manager used an electronic call monitoring system so they could check that staff arrived at each call when they were expected. They told us that if staff did not log in within 15 minutes of the planned start time, an email or text was automatically sent to them or the duty co-ordinator to alert them. This system enabled the manager to take prompt action, such as, advising the person or re-arranging the care staff’s rotas. The manager told us when they analysed the data, the reasons were usually physical, such as, they may be delayed in traffic or the phone may have been in use when they arrived. We saw that the staff exceeded the local authority commissioners’ contact requirements for timing and duration of calls.

We saw the manager recorded and analysed accidents and incidents and complaints. The manager had identified the causes, the outcome and the actions taken to minimise risks of a reoccurrence. No issues had needed to be referred to the local authority safeguarding team.

The manager told us staff were not always available to attend team meetings because they worked different hours. They told us they were able to share information with staff when they came to the office with their report sheets and to collect their weekly timesheets. The manager told us they also included memos with payslips and sent out newsletters which promoted best practice. Care staff told us they felt well informed about the organisation and knew when they had received compliments or complaints. This meant the manager had systems in place to enable open and transparent communication.