

Dove Home Care Agency Limited

# 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 ●

# Summary of findings

## Overall summary

Dove Home Care is a domiciliary care service providing personal care to approximately 100 people aged 65 and over at the time of the inspection.

People felt safe around staff they knew and were familiar with. Staff understood how to keep people safe and felt assured the registered manager would take action when needed. Risks to people's health were known to staff and staff underwent background checks before commencing work at the service to ensure they were suitable to support people using the service. People's support with their medicines was checked and staff understood how to prevent the spread of infection. The registered manager reviewed staff practices to identify improvements where necessary.

People's needs were assessed so that care was delivered by staff that had the necessary skills to meet their needs. Staff training was regularly reviewed and updated. Staff understood how to seek help and guidance from healthcare professionals and escalate concerns if needed. 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.

People liked the care staff supporting them and were positive about the support they received. People felt involved in decisions about their day and felt supported to maintain their independence and dignity.

People were involved in reviewing and updating their care so that it still met their needs. People were supported to communicate in ways that enabled them to voice their needs. People understood how to complain, and systems were in place to review and respond to people's complaints.

People were satisfied with the management of their care and felt the service they received was good. Systems were in place to review people's care and update it to reflect people's feedback. The registered manager understood their obligations to notify the Care Quality Commission [CQC] where necessary and undertake investigations of concerns when they were made aware of them. The registered manager worked with local district nurses to ensure people received the care they needed.

### Why we inspected

This was a planned inspection based on the previous rating.

### Rating at last inspection

The last rating for this service was Good (published 18 July 2017).

### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Dove Home Care Agency Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

There was one inspector in the inspection team. An expert by experience supported the inspection by making some of the phone calls prior to the visit to the office. An expert by experience is someone who has experience of care and may have supported a family member.

#### Service and service type

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

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 November 2019 and ended on 18 December 2019. We visited the office location on 4 December 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with 11 people who used the service and four relatives about their experience of the care provided.

After the inspection we spoke with seven members of staff including the provider, registered manager, care manager and care staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff in their home supporting them. One person told us, they felt, "Very safe. We both have them [staff] now .... Feel very safe when they [staff] are handling [person] and me also as I am unsteady." Another person told us, "Feel really safe knowing they [staff] are coming to check on me."
- Staff had received training on safeguarding and felt assured the registered manager would act on any concerns. The registered manager understood how to raise a safeguarding.

Assessing risk, safety monitoring and management

- One relative told us, "If I am out they [staff] will get [family member's] food. [Family member] is prone to choking so they [staff] make sure [family member's] food is cut up to small pieces and watch [family member] carefully as [family member] swallows."
- Risks to people's health and wellbeing had been documented in care plans for staff to refer to. Staff understood the risks to people's health and understood the action to take to keep them safe.

Staffing and recruitment

- The registered provider had processes in place to assure themselves of the suitability of potential staff. Recruitment checks included a criminal background check and references.

Using medicines safely

- People told us they received support with their medicines. One person told us, "They [staff] give me my pills in the morning and at night before bed with a drink of water and then write down what they [staff] have done. I get it on time and they [staff] always have gloves on when handling them."
- A relative told us, "This is the main reason I have them [staff], to do [family member's] meds. [Family member] has three calls and they [staff] give them [medicines] to [family member] with a drink and watch as [family member] takes them safely."
- Systems were in place to ensure people had been supported as required.

Preventing and controlling infection

- People told us staff wore gloves and aprons when providing care. Staff had received training on reducing

the spread of infection.

#### Learning lessons when things go wrong

- The registered manager told us they were moving to an electronic system for recording people's medicines. They told us they were moving to this system to provide a safer service and to reduce the likelihood of mistakes.
- The medicine administration charts we reviewed identified a few anomalies although there was no impact on people. When we raised these with the registered manager, they told us this further highlighted their commitment to changing their systems.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed to ensure people's needs were understood and the registered manager had the appropriate staff in place.
- People, relatives and healthcare professionals contributed to the process. The registered manager told us they needed this feedback to ensure care was based on best practice.

Staff support: induction, training, skills and experience

- People were confident staff had the skills and training to meet their needs. One person told us, "All of them [staff] are excellent and have displayed full skills required and are very caring and knowledgeable."
- Staff training was monitored by the registered manager.
- Staff told us they could access training when they needed. Staff received support and guidance through regular supervision and annual appraisals.

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

- People told us they were confident staff would access help for them if they needed it.
- Staff worked with district nurses and other healthcare professionals where appropriate.
- Staff understood how to escalate concerns about a person's health and seek the appropriate help. For example, one person told us staff contacted the ambulance service for them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.



We checked whether the service was working within the principles of the MCA.

- Staff had received training on the Mental Capacity Act and understood the importance of obtaining a person's consent before they commenced care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 told us they were happy with the support they received from care staff. One person told us, "Girls [staff] are all caring, kind, nice and friendly." Another person told us, "Lovely all of them [staff], cannot fault their attitude."
- Staff had received training on promoting and supporting people with their human rights and understood the importance of doing this.

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

- People told us staff always asked them about the care they needed. People felt happy to speak with staff and share their feedback. One person told us, "Yes [staff] always ask how I am and what I would like to have done first."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were mindful of their need for privacy and helped maintain their independence. People gave us lots of examples of staff supporting them. For example, one person told us about the support they received for their personal care and about how the support was appropriate for them.
- Staff told us they had received training on supporting people to maintain their dignity and independence and this helped them to support people appropriately.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People felt in control of their care planning. They told us they met with the care manager to discuss their needs and regular reviews took place to ensure the care still met people's needs.
- Where people's needs had changed, people told us their care was adjusted. Where people requested changes in times to make personal commitments, they told us this was accommodated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us each person's ability to communicate formed part of the assessment process. Where appropriate large print literature could be provided. Staff also told us where people had difficulty hearing they ensured the person could see their faces so that it was easy to communicate with them. They also showed people visual prompts to help make it easier for them to communicate.

Improving care quality in response to complaints or concerns

- People told us they understood how to complain if they needed to. The registered manager had a complaints process in place and understood the importance of investigating and responding to complaints.

End of life care and support

- Where appropriate, discussions had taken place about people's end of life wishes and were documented in care plans for staff to refer to. Where people had had discussions with their family and GP and; had chosen not to be resuscitated in the event of a medical emergency, this was also known to staff.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 were positive about the service they received as well as how their care needs were managed. One person told us, "It runs [service] well for me and appears to be well managed with most things." Another person told us, "Any changes they [management and staff team] see to right away and I have no issues at all."
  - Staff told us they were happy working at the service. One staff member told us, "Its brilliant. I enjoy it."
- 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 provider understood their legal responsibility and understood the need to investigate complaints and take appropriate action where necessary.
  - Staff understood there was a whistleblowing policy and felt able to raise concerns if they needed to.

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

- People and staff knew who to contact in the event of a query. Systems were in place to review and check the care people received. The registered manager was supported by a management team who reviewed people's care regularly. The care manager also explained they regularly undertook care shifts in order to review the care people received as well as staff practices.
- One staff member told us, "Any problems we have. They [the registered manager] sort them out."
- The registered manager understood their obligations to promptly complete and submit notifications to the Care Quality Commission [CQC] where appropriate.

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

- People felt able to share their feedback of the service. People told us they spoke with the office- based staff who called them about their care and or completed an annual questionnaire. Results of the questionnaire demonstrated people were positive about the care and support they received from both the care staff and office based staff.

Continuous learning and improving care

- The registered manager explained they were still developing their system for electronic care plans. They told us they had implemented the system and it was working well, they were still trying to further maximise how they used the electronic care plan system.
- Care staff told us the registered manager listened to them and helped them with any issues they had including personal issues. One staff member told us the registered manager always listened to staff to improve practices where possible.

#### Working in partnership with others

- The registered manager told us they worked closely with district nurses to ensure any concerns were promptly dealt with in order to continue to promote people's health and wellbeing.