

Miss Linda Deazle

D R & C Private Home Care 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

This inspection took place on the 15 August 2017 and was announced.

Linda Deazle t/a D R & C Private Home Care is a domiciliary service providing personal care to people living in their own homes. The service caters for older people and younger adults with needs relating to dementia, learning disabilities, mental health, and physical disabilities. At the time of our inspection they were seven people using the service.

The service has a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service because staff assisted them with their personal care in a safe way and relatives said staff looked after their family members safely and well. Staff knew how to minimise risk to people, for example, by reassuring them if they became distressed and checking on their physical well-being.

There were enough staff employed to meet people's needs. If people needed assistance to take their medicines staff provided this. The staff had a caring and compassionate approach to the people they supported. People said they usually had regular staff which helped them build relationships of trust with them.

People said the staff were well-trained and staff said they were satisfied with the training they'd received. Staff were trained in the Mental Capacity Act (2005) during their induction and sought people's consent before providing them with care and support.

If people needed support with eating and drinking staff prepared food for them and/or prompted them to have their meals. Staff supported people with their healthcare needs and if they had concerns about a person's health they alerted relatives and healthcare professionals as necessary.

People told us their calls were mostly on time and if staff were delayed for any reason they were informed of this. People had personalised care plans which set out how they wanted their care and support provided. Staff knew people's aims, for example, to stay in their own homes, and supported people to achieve these.

People told us they thought the service was well-managed and they could contact the office staff when they needed to. The registered manager knew all the people using the service and was knowledgeable about their needs. Staff told us they were well-supported by the registered manager. The service had a caring culture and people were valued and given emotional support where necessary.

People had the opportunity to comment on the service through questionnaires. They told us if they had any concerns they would speak to the registered manager and were confident she would address these positively. The registered manager carried out monthly audits of people's care packages to help ensure they received a good standard of care and support.

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.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks.

There were enough staff supplied to keep people safe and meet their needs.

Medicines were administered in the way people wanted them.

Is the service effective?

Good ●

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access healthcare services and maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people with compassion.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People knew how to make a complaint if they needed to and

were listened to if they did.

Is the service well-led?

Good ●

The service was well-led.

The service had an open and friendly culture and the registered manager and staff were approachable and helpful.

The registered manager welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

D R & C Private Home Care Limited

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of domiciliary care services.

We asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider did this and it gave us an overview of the service from the provider's perspective.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service. We had not received any notifications for this service. Notifications are changes, events or incidents that providers must tell us about. The provider told us this was because no notifiable changes, events or incidents had taken place.

We spoke with three people using the service and three relatives. We also spoke with the registered manager, the care co-ordinator, and two care workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We

also looked at three people's care records.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Oh definitely. They help me have a bath safely." Another person said the staff made them feel safe because they checked their home was secure before leaving. Relatives also felt their family members were safe. One relative said this was because their family member was 'very well looked after' by the staff.

At our last inspection the provider's safeguarding policy was in need of improvement as it did not include all the information staff might need to identify and report abuse. At this inspection we found the policy had been amended so staff now had information on the different forms abuse might take, for example, physical, psychological, neglect, sexual, financial, institutional, and discriminatory. It also told staff what to do if they needed to take concerns about a person's welfare to an outside body, for example the local authority. This meant staff were better informed on how to keep people safe.

The staff we spoke with understood their safeguarding responsibilities and knew how to protect people from abuse. The registered manager told us staff wore photo identity badges so people could check who they were when they visited. The registered manager was clear what to do if any safeguarding issues arose. There had been no safeguarding concerns at the service since our last inspection.

People told us staff helped to keep them safe by using moving and handling equipment correctly. One person said, "I use a bath seat. They [the staff] are fine with it." Another person said, "I sometimes use a hoist, depending how I am, and they [the staff] are ok using it."

At our last inspection some of the risk assessments, for example those for managing behaviour that challenged the service, or preventing pressure sores, lacked detail. This meant staff did not have all the information they needed to keep people safe.

At this inspection visit we found some improvements had been made and areas where people were at risk were documented in their care plans. This meant staff had instructions on how to minimise risk for example, by reassuring people if they became distressed, monitoring the condition of their skin, and reporting any concerns about their health to the registered manager, health care professionals, and relatives. However some of this information was spread throughout care plans so was not always easy to find. The registered manager said she would address this to ensure information about risk was more easily accessible.

In addition there was little information in care records about risk from the environment in people's homes. Although some areas of risk had specific risk assessments, for example one person had a pet that could be a tripping hazard, general risk assessments for people's premises were not routinely in place.

We discussed this with the registered manager who said this general information about risk was passed on to staff verbally. However she accepted that written premises assessments would help provide a safer service. She said she would now include these so staff had written information on any environmental risks people might be subject to.

Most people said they thought the service employed enough suitable staff to meet their needs. One person told us they were 'happy' with the staff and they always came when they should. A relative said, "The staffing levels are good."

One person and one relative said the service sometimes sent only one member of staff when they should have sent two. We discussed this with the registered manager who said she always supplied enough staff to keep people safe and records confirmed this. She said that some people felt they needed two staff but had been assessed by the local authority and herself as only needing one. She said she understood how people felt when this happened but was unable to provide extra staff unless they were contracted for.

At our last inspection staff records showed that one person employed had been subject to disciplinary action in their previous employment. However this had not been followed-up by the registered manager to ensure the person in question was suitable for their role. Since then the provider's recruitment procedure had been strengthened. We checked the records of two staff recently employed by the service. These showed the registered manager had carried out the required checks to confirm their suitability to work at the service.

If people needed assistance to take their medicines staff provided this. One person said, "They [the staff] give my tablets to me for me to take." Another person told us, "If needed they [the staff] do. It depends what kind of day I am having." A relative said, "Yes they [the staff] give [person] her tablets. No problems."

Since our last inspection the registered manager had improved the medicines system to make it safer and more thorough. Each person now had a personalised medicines section in their care plan which included information about their preferred medicines routine. For example, staff were instructed to take one person's medicines from the fridge to hand it to them and were instructed to 'open my [person's] medication for me especially if they have tight lids'.

People also had a 'medication profile record' which listed their medicines and the times they were to be given. Records showed that staff signed and gave the time and date when a medicine was prompted or administered. In addition staff carried out medicines stock checks each day to ensure that medicines were secure and accounted for.

Staff were trained to administer medicines safely by completing a safe handling of medicines course at a local college. They were assessed as competent at the end of the course and on an ongoing basis by the registered manager who was a qualified medicines trainer. If people needed training for medicines that were more complex to administer, for example medicines for epilepsy, this was provided by the healthcare professionals to ensure staff could do this safely.

However, some improvements were needed to the safe management of medicines. Records did not always show the amount, for example in milligrams, of medicines to be given so staff might not be aware if a mistake had been made. There were no PRN (as required) medicines protocols in place so it was not clear when and why these medicines should be administered. And, as at our last inspection, side effects of medicines were not always recorded so it would be difficult for staff to know if a person was experiencing these.

We discussed this with the registered manager who agreed to carry out an audit of the arrangements for the safe handling of medicines at the service. This would check that staff were following the provider's policies and procedures and keeping complete and accurate records when medicines were given. This will help to ensure people receive their medicines safely and at the right time.

Is the service effective?

Our findings

People said the staff were well-trained. Their comments included: "They know what they are doing"; "I think they are very good carers"; and "It takes the new ones a little while but they get there." Relatives were in agreement. One relative said, "I think they are all very well-trained." Another relative said, "Yes [the staff are well-trained] and [my family member] is very happy with them."

Staff said they were satisfied with the training they'd received. One staff member told us she was new to care when she started working for the service. She said she had a full induction and shadowed experienced staff to gain the knowledge and experience she needed for her role. She told us she was also given the opportunity to meet and get to know the person she would be supporting. Another staff member told us they had been trained in dementia care which enabled them to provide effective support to people living with that condition.

Records showed staff completed an induction and had ongoing training to enable them to meet people's needs. One staff member told us, "I had an introduction to care when I started here. That covered the essentials like moving and handling and infection control. I also have refresher courses so I'm up to date." If people had needs not covered in the staff training programme, for example those relating to a particular medical condition, the registered manager provided information sheets for staff. They also liaised with the person and their family to ensure staff had a good understanding of the person's specific needs and how they wanted staff to meet them. This helped to ensure staff provided people with effective care.

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Since our last inspection the provider had introduced a 'mental capacity assessment tool' to be used if it appeared a person might lack the capacity to make certain decisions about their care and support. Staff were trained in the MCA during their induction and the provider's policy explained what the MCA is and what staff needed to know about it in order to provide people with appropriate and lawful care and support.

At the time of our inspection all the people using the service were able to consent to their care and support. The registered manager told us that if there were concerns that a person might not be able to do this they were referred to the local authority for a formal MCA assessment.

Some people using the service needed support with eating and drinking and staff prepared food for them and/or prompted them to have their meals. People and relatives confirmed this and told us about the different arrangements they had for meal times. Their comments included: "Yes they do all meals"; "They

will get a meal ready if I want"; and "They set it [the meal] out for [my family member]."

Care plans included information on people's nutritional needs and explained the importance of these being met. For example, one person needed regular meals and drinks and their care plan set out the medical consequences if this didn't happen.

One person had a detailed food and drinks charts in place which showed they had a balanced diet. However there was no care plan for food and drink in their records so it was unclear how meals were chosen and whether they were suitable for the person in question. We discussed this with the registered manager who agreed to review and update this person's care plan to ensure staff had the information they needed to meet the person's nutritional needs in the way they wanted.

People told us staff supported them with their healthcare needs. One person said, "If my family can't take me they [the staff] will go with me to the doctors and to the dentist." A relative told us, "They [the staff] help with doctors' appointments." One person's care plan stated, 'I attend hospital often and I really dislike it. I need you to accompany me to these appointments.'

Records showed each person had a care plan called 'My Health Needs' that set out their medical history and current health needs. These included instructions for staff on what to do to support people to stay as healthy as possible. For example, one person's stated, 'I need you to alert my GP and/or District Nurse about any changes to my health.' The registered manager said staff always took action if the person they were supporting had any medical issues.

Staff were been trained to deal with specific healthcare issues, for example Parkinson's and epilepsy, and records showed they liaised with relatives and healthcare professionals as necessary. This helped to ensure people's healthcare needs were met in an effective way.

At our last inspection we found improvements were needed to the way one person's skin care was recorded as it was not clear what action staff had taken in response to changes that had been noted. At this inspection visit skin care records had improved and staff had clear instructions on what to in response to changes. For example, one person's care plan stated, 'Please make sure you pay attention to any changes in my skin especially blisters and dark marks.' Staff were then told to report these to the registered manager and healthcare professionals so they could be promptly treated.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "Oh yes they are all very nice." Another person told us, "They are all very kind and friendly people." A relative commented, "[My family member] likes them. [Person] is very happy."

People said they mostly had regular staff which helped them build relationships of trust with them. One person said, "I have a usual team. They do try to send the same ones." Another person said, "They [staff at the service] try to send the same ones." Relatives said having regular staff was positive for their family members. One relative said that when new staff started the registered manager ensured they met with their family member before began providing their care and support.

People had communication plans to help staff get to know them. For example, one person's included a section called 'Tips for talking to me' which gave staff advice on how best to communicate with the person in question which included speaking slowly and clearly. Another person's communication plan stated, 'I understand things very well so tell me everything. I enjoy talking to people and knowing what is happening in the local community.' This type of information helped staff to develop positive caring relationships with the people they supported.

Care plans also included information about people's cultural backgrounds so staff could understand their preferences and needs. The staff team was multicultural and multilingual so people were able to request staff with particular language skills if they were available.

One person's care plan stated, 'I do enjoy social contact so being able to talk to someone who understands my cultural background is important to me.' This showed that the person's cultural needs were recognised and the registered manager said that she did her best to provide staff who shared people's cultural background if this was what they wanted.

The staff we spoke with had a caring and compassionate approach to the people they supported. The registered manager told us a person was recently in hospital and staff went to visit them in their own time. Staff comments on how caring the service was included: "All the staff I've worked with are caring. If they weren't I'd take it up with the manager because they shouldn't be in care"; and "The manager and the staff I have met are all very caring and put the customers first."

The people we spoke with knew they had care plans and these were kept in their homes so they could look at them if they wanted to. One person said, "Yes [I have a care plan] and it has been looked at recently." Relatives were also aware that people had care plans that were updated as necessary. Records showed staff involved people in making decisions about their care and support.

People told us the staff respected their privacy and dignity. One person said, "They treat me very well and are respectful." Another person told us, "They are very good when helping me have a bath. Very respectful." Relatives also said they thought the staff provided dignified care. One relative told us, "They are very

respectful towards [my family member]."

Daily records showed people received dignified care that took into account their privacy. For example, one person, who had the capacity to make their own decisions, liked staff to leave them alone for part of their shower. Records showed staff did this but stayed by the door in case the person unexpectedly needed assistance. This was an example of staff providing safe care while respecting a person's privacy.

Is the service responsive?

Our findings

People told us their calls were mostly on time. One person said, "They [the staff] are sometimes held up with traffic but they let me know. [The registered manager] will come herself if they are short staffed and they never rush." Another person told us, "[There is] no problem with times." Relatives also said their family member's calls were on time. One relative told us, "They are very punctual and always send someone." Another relative said, "As far as I know they are on time. They have never missed a call."

People had personalised care plans which set out how they wanted their care and support provided. These included daily task sheets which staff followed to ensure they supported people with their preferred routines and ensured they were followed. People's choices were made clear to staff, for example, '[Person] likes to watch [certain TV programmes] while eating their dinner, or whilst doing puzzles, or whilst sat in an armchair.' Another person's stated, 'I want to stay in my own home for as long as possible so I need you to help me stay as independent as possible.' Their care plan set out how staff were to support them in achieving this aim.

Staff completed daily evaluation task sheets to provide a record of how they had supported people during their calls. Those we saw were detailed and showed staff providing the person with personalised and responsive care. For example one person's stated, 'I like to be in company. I like to be encouraged to play games. I enjoy jigsaws. I like to go out into the community and love to visit my family.' Daily records showed staff supported the person to do these things. Staff also described the person's mood and the activities they enjoyed. This meant a record was kept to show if people were satisfied with their care and provide details of how staff supported them.

People told us that if they had a complaint they would raise it with the registered manager. One person said, "I would speak to [the registered manager] if I had any problems at all." Another person told us, "I would talk to [the registered manager] if I wasn't happy." A relative commented, "We have never had a reason to complain. On the contrary they are excellent."

The provider's complaints procedure was in the service user guide that was given to people and/or their relatives when they began using the service. It explained how a complaint could be made in person, by telephone or in writing, and what the complainant could expect from the provider in terms of an investigation and response.

We looked at the records for the one complaint received by the service since our last inspection. These showed that the registered manager carried out a detailed investigation of the concerns raised, visiting the person's home to hear their views and interviewing staff and others involved in the person's care. The complainant was kept informed of the investigation and updated as necessary. The investigation culminated with a meeting between the complainant and the registered manager where the findings were discussed and the registered manager explained what action had been taken in response to the complaint.

Records of this complaint showed that the registered manager had taken a positive approach, listening to

and involving the complainant in the investigation, and making changes where necessary to improve the service. This investigation culminated with the registered manager sending the complainant a written report so they had a record of what had occurred. This was further evidence of good practice at the service in dealing with complaints.

Is the service well-led?

Our findings

People told us they thought the service was well-led. One person said, "I think it is very well-managed." Another person said, "It is a very good care company. It is well-run and communication is good." Relatives were also satisfied with the management of the service. One relative said, "It is a well-managed service. Excellent."

People said they could contact the office staff when they needed to and they always received a helpful response if they did this. One person said, "It is very easy [to contact the office staff]. I only have to ask [for something] and it is done."

The registered manager was knowledgeable about all the people using the service and had a detailed understanding of their needs. She told us, "I like to know all my service users and I like to know my staff and work alongside them." This meant she had an overview of people's care and could check it was of a good standard.

The registered manager told us she was particularly vigilant when sending new staff in to a person. She told us that staff were carefully chosen and monitored when they started providing support, but there were occasions when the person did not take to them. The registered manager told us that if that happened the staff member in question was withdrawn and a different staff member sent instead.

Staff told us they liked working for the service and were well-supported by the registered manager. One staff member said, "If I have any problems about my work I can talk to [the registered manager]. I can call her at any time." Another staff member commented, "I can call the office for advice at any time and someone always rings me back." Staff told us they would recommend the service to others. One staff member said, "I would definitely recommend this agency to family and friends. Everything is good about it."

The registered manager sent staff weekly memos to keep them up to date with people's needs and staffing issues including providing cover. This gave them an overview of people's well-being and advised staff if people needed extra support. For example, a recent memo stated that one person using the service had had bad news and told staff to support them with this and report any concerns about them to the office. This was evidence of a caring culture at the service with people being valued and given emotional support where necessary.

The provider sent out annual quality assurance surveys to give people and relatives the opportunity to comment on the service. People told us they had received these and filled them in. We looked at the results of this year's survey which took place in April. This showed that the majority of respondents rated all aspects of the service, including the timeliness of calls, the care staff team, and the food, as 'good', 'very good', or 'excellent'. Following the survey records showed the registered manager had made changes at people's request, for example improving communications so people knew in advance which staff were supporting them.

The registered manager carried out monthly audits of people's care packages evaluating people's access to their care plans, the quality of staff recordings, safeguarding, and health and safety issues. She also carried out 'spot checks' which involved visiting people in their homes when care was being provided. During the visit she asked people for their views and checked they were receiving safe care and their medicines were being correctly administered. Records showed that if action to bring about improvement was needed the registered manager recorded this and noted when it was completed. The registered manager also reviewed the service's policies and procedures every two years and updated them if necessary. This helped to ensure the service was running effectively and people were receiving good quality care and support.