Domiciliary Care Services (UK) Limited

Knighton Road

Inspection report

28 Knighton Road
Leicester
Leicestershire
LE2 3HH

Date of inspection visit:
04 January 2016

Date of publication:
08 February 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 4 January 2016 and was announced.

Domiciliary Care Services (UK) Limited is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were 98 people using the service.

Domiciliary Care Services (UK) Limited had a registered manager in post. A registered manager 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 we spoke with and information we received through questionnaires showed that people felt safe when receiving care and support from staff. People told us this was because staff were friendly and helpful. Staff had a good understanding of their role in reporting potential abuse and were aware of the types of abuse people were at risk of.

Potential risks to people's safety were assessed and plans to minimise risk were developed, however these were not always sufficiently detailed to provide clear information for staff as to how risk was to be reduced. Staff we spoke with were aware of potential risks with regards to the people they supported and told us how they reduced risk through the use of equipment to safely move people within their home.

People we spoke with and information we received through questionnaires stated that staff arrived on time to provide people's care and support and that staff completed the tasks they were commissioned for.

People told us that where they needed support with their medicine this was provided by staff. We found there were sufficient staff to provide people's care and keep them safe and that staff had received training to enable them to meet people's needs safely.

People we spoke with and information we received through questionnaires showed that people were supported by a consistent group of staff and that in a majority of cases people using the service had been introduced to staff to ensure they were compatible. People told us that individual requirements were met, which included receiving care from staff who spoke their first language and had an awareness of their cultural and religious beliefs.

People using the service and staff told us that 'spot checks' were carried out to ensure the care being provided was reflective of people's plans of care and that staff interacted with people well. However we found that the information recorded about these checks to be very limited and did not provide a record to evidence the assessment and outcome of staff's competency.

People we spoke with told us that staff sought their views about their care and support and listened to

them. Staff told us that they always sought people's views to ensure that the care they provide is as they wished it to be.

Where people require support with nutritional needs this is provided, which includes the preparation of drinks and meals. People's plans of care provide information for staff as to the support people need, which ensures people have access to food and drink throughout the day when required.

Staff we spoke with were aware of their role in dealing with unexpected situations, which included arriving at someone's home to find them unwell. Staff were clear of their role in contacting emergency services where appropriate, seeking guidance from managerial staff and supporting people to access health care.

People we spoke with and information we received through questionnaires recorded that people found staff to be kind and caring. They told us they were supported by a consistent group of staff which meant positive relationships had been developed. People stated that their privacy and dignity was promoted and we found staff were able to provide practical examples of how they promoted people's dignity.

People told us that staff's ability to communicate with them in their first language was positive. However a minority of people did express concerns that on occasion's staff spoke in their first language, which excluded them as they did not understand what was being said.

People's plans of care provided an overview as to the care and support people required which had been developed from their initial assessment. The style and content of people's plans of care was currently under review. A quality assurance audit carried out by representatives of the local authority who commission packages of care for people had identified improvements were needed to ensure people's plans of care were person centred and were developed with the involvement of the person or their representative.

Information we received through questionnaires showed that a majority of people who used the service felt they were involved in the service they received. However people we spoke with felt involved in their care but did not always have knowledge of their plans of care and other information written about them and was kept within their home.

People we spoke with and information gathered from our questionnaires showed that people were confident to raise concerns with staff about their care and that they had confidence that any concerns would be listened to and acted upon.

We found there was not an effective system in place to asses, monitor and improve the quality and safety of the service and to identify where improvements were needed. This meant the provider had not identified areas for improvement and therefore did not have a plan of action to bring about improvement with a view to continually improving the service provided.

The registered manager acknowledged that improvements were needed in some areas, many of which had been brought to the attention of the provider by the quality assurance monitoring visit carried out by representatives of the local authority who commission packages of care for people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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 were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Staff had the appropriate skills and knowledge. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

People received support with their medicine where it was required.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

People's views were sought when care was provided and their views respected.

People were provided with support to ensure their dietary needs were met.

People were supported by staff who liaised with health care professionals when needed.

Is the service caring?

Good

The service was caring.

People we spoke with were happy with the care and support they received.

People were involved in the development and reviewing of their care.

People were supported by staff that were caring.

Is the service responsive?

Requires Improvement

The service was responsive.

People's care was provided by a consistent team of staff who followed people's plans of care. People's plans of care were in the process of being re-developed to further support person centred care.

People we spoke with knew how to raise concerns and were confident that any concerns would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

People's views and that of their relatives were sought, however there was no formal system to analyse people's comments to further develop the service and to share the findings with people using the service and other interested parties.

People using the service, staff and community professionals told us that the service was led well and that they had confidence in the registered manager and management team.

The registered provider did not have a sufficient or robust system to assess and the quality of the service to identify areas of improvement. This meant the service was not able to continuously develop and improve the service it provided.

Knighton Road

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 4 January 2016 and was unannounced. The inspection was carried out by one inspector.

The provider was given two working days' notice of the inspection as the location provides a domiciliary care service.

Before the inspection, we asked the provider to complete 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 PIR was completed and returned to the Care Quality Commission.

We sent out questionnaires to people who use the service, their relatives and community professionals seeking their views about the service they receive from Domiciliary Care Services (UK) Limited. Of the questionnaires sent out 42% were returned.

We contacted commissioners for social care, responsible for funding some of the people that use the service, and asked them for their views. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We asked the registered manager to contact a number of people or their relatives to let them know that we were carrying out an inspection of the service. We asked if they wished to share their views with us. The registered manager arranged for us to speak with people using the service or their relative.

We spoke with one person using the service and the relatives of three people by telephone. We spoke with the registered manager, operations manager at the office and spoke with three members of staff by

telephone.

We looked at the records of the four people who used the service, which included their plans of care, risk assessments and records about the care they received. We looked at the recruitment files of four staff, a range of policies and procedures, quality assurance audits and the minutes of staff meetings.

Good

Is the service safe?

Our findings

People using the service or their relative told us they felt safe when care was being provided. We asked people why and one person told us, "Because the staff are homely, talkative and we're happy to approach them. Whilst a second person told us, "I feel my [relative] is safe as staff have a good attitude."

Questionnaires we received showed that people receiving a service or their relatives felt safe from abuse from the staff providing care.

The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of their induction so they knew how to protect people. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. No safeguarding concerns have been raised by the provider or external organisations.

People's plans of care in some instances had identified the need for staff to undertake shopping for people using the service. The registered manager told us that audits were carried out by a member of the management team to ensure people's finances were managed safely. Discussions with the registered manager identified areas for improvement to ensure that items being purchased on behalf of people were checked to ensure they were handed over to the person to help protect them from potential abuse.

Questionnaires we received showed that people receiving a service or their relatives believed they were protected from potential infections as staff wore the appropriate protective clothing, such as aprons and gloves when providing personal care.

Community professionals we contacted prior to our inspection advised us that they had never had any concerns about people's safety. They advised us that the manager and staff were proactive in highlighting any safety issues regarding people and that they referred people for an occupational assessment to identify equipment needed to promote people's safety.

The provider informed us that risk assessments were reviewed when people's needs changed and at a minimum of twice a year to promote people's safety. And that risk assessments focused on a range of areas, which included the environment in which people's care is provided, medication, mobility and food. Areas of risk were reported to the commissioners who fund people's packages of care to ensure that assistive technology, such as moving and handling equipment was made available to promote people's safety and well-being. The PIR identified that the provider was looking to improve the quality of risk assessments by involving the person in their development and review.

All aspects of a person's support had been documented within a plan of care. Where potential risks had been identified risk assessments had been undertaken which detailed how the risk to the person was to be minimised. Information as to how staff were to provide safe support was detailed. For example when assisting people in and out of bed the appropriate equipment was identified. However the assessment did

not detail how the equipment should be used, which had the potential for people not to be supported in a consistent manner. Staff we spoke with told us they were confident to use the equipment provided and told us that they received regular training which updated them on safe moving and handling practices.

Records showed that where the service was responsible for the maintenance of equipment for the safe moving and handling of people, which included hoists, records evidenced these were maintained to promote people's safety.

Risk assessments had been undertaken on the environment in which people lived to promote the safety of those using the service and staff. These considered trip hazards within the person's home, accessibility of the property, electrical appliances, fire safety, infection control and people's pets. Where risks had been identified measures had been introduced to reduce these, for example the removal of trip hazards and the installation of systems to enable staff to access a person's home when the person was unable to answer the door themselves.

Questionnaires noted that a majority of people said that staff arrived on time and stayed the agreed length of time and all stated that staff completed the required tasks as identified within their plan of care. People we spoke with about the service confirmed this telling us staff were timely and completed the required tasks before leaving. One person told us, "I have two staff visit me four times a day, they're always prompt."

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked at the service. We found there were sufficient staff to meet people's needs and keep them safe. The registered provider had a system installed on the service's computer that alerted them should staff not arrive at the person's home within the agreed time period. This meant that people could be confident that staff at the service was aware of any delays so that alternative arrangements could be made to ensure they received the care they needed and that they were safe.

People using the service or their relative told us that staff supported them to take their medicine, one person told us, "They [staff] put the tablets into a pot for me and leave them for me to take with a glass of water."

The provider told us that staff assist or prompt people with their medicine by reminding them to take it. Staff support people when the medicine has been packaged by a pharmacist within a monitored dosage system, to ensure that the medicine people are taking is the correct medicine and has been prescribed by a health care professional.

We asked staff how they supported people with their medicine and the action they would take should people decline to take it. They told us that their role was to support but not to administer medicine. Staff told us that they would put medicine into a pot for people to take themselves. The information provided by staff was consistent with the provider's policy and procedure, which meant people could be confident that the support they received from staff with regards to their medicine was managed safely.

Good

Is the service effective?

Our findings

A person we spoke with told us that the staff who provide support to their relative had a good understanding of their needs which was important as the person's ability to communicate was restricted. They told us that staff with their support were able to understand what the person was communicating through their vocal noises and gestures.

A person who used the service told us that on occasions the manager or someone else visited them to observe the care being provided by staff, they told us this was to ensure that the care being provided was of a good standard and that they felt reassured by this practice.

Members of the management team carried out regular 'spot checks' on all staff to observe their practice and the care they provided. However this was a tick box approach and did not record what practices had been observed, how staff's competence was being assessed, whether the member of staff was competent to carry out their role and the feedback provided to staff.

Staff we spoke with told us that the managers carried out checks on their practices to ensure that they followed people's plans of care, interacted with people well and arrived on time to the person's home.

Questionnaires we received showed that people receiving a service or their relatives said that they received care and support from familiar and consistent staff; who had the right skills with a majority of people stating they would recommend the service to others. A majority of people recorded that staff arrived on time and stayed the agreed length of time and all stated that staff completed the required tasks as identified within their plan of care. The registered manager advised us that people using the service are advised that the time of their calls will always be undertaken within an agreed within an agreed time frame, which reflects staff being fifteen minutes early or late.

The provider informed us that the knowledge and training of staff was used when assigning staff to support people with their care to ensure that staff had the appropriate skills to support people effectively. Consideration being made with regards to people needs, which included their cultural and religious needs, specific requirements with regards to their health, for example. with consideration to people living with dementia or people with a learning disability.

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 restrict 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.

We checked whether the service was working within the principles of the MCA. We found that there had been no applications to the Court of Protection and that people using the service did not have any restrictions placed on them by the service.

Staff we spoke with told us that they had received training on the MCA and on a day to day basis always sought the permission and views of people about their care. Staff were aware that people had the right to decline support. Systems were in place that required staff to record this and report any issues to the manager to ensure people's needs were being met with appropriate advice and referrals to community professionals if required.

People's plans of care provided guidance for staff to follow to ensure people had sufficient to eat and drink. Staff in some instances were responsible for the preparation of meals. Where concerns about people's dietary needs had been identified staff recorded people's food intake to enable accurate information to be shared with health care professionals to promote people's well-being. People's plans of care directed staff to leave meals or snacks and drinks so that they were accessible to people throughout the day when there was no one with them to provide assistance.

Staff we spoke with were aware of their role in dealing with unexpected situations, which included arriving at someone's home to find them unwell.

Community professionals we contacted prior to our inspection advised us that the service was proactive in contacting community professionals, such as GP's and district nurses.

The provider advised us that the service provided a drop off and pick up service to support people in attending appointments, which included remaining with them for the duration of the appointment when required.

Good

Is the service caring?

Our findings

We asked people and their relatives about the service. They told us, "It's absolutely brilliant, they [staff] feel more like family and so caring." A second person told us, "Never had any concerns, the staff are polite and courteous."

Questionnaires we received showed that people receiving a service or their relatives were happy with the care service and found staff to be kind and caring.

A relative in their questionnaire wrote, 'A totally wonderful service and care given to my mother at all times.'

Community professionals we contacted prior to our inspection advised us that they believe staff and the management team to be exceptionally caring in the service they provide and that they treated people in a caring and respectful manner. They recorded that the service has a very person centred approach to care and that they care about the people using the service.

People we spoke with told us that staff asked them if there was anything else they needed help with before they left their home and felt that staff always asked them what support they needed.

The questionnaires showed that people's views and that of their relatives were mixed with regards to staff being introduced to people before commencing a service, with people using the service stating that in the main they were introduced to staff. Everyone we spoke with told us that they had consistent carers during the week and at the weekend and this gave them confidence in the service being able to meet their needs as they trusted the staff as they knew how they wanted their care to be provided.

People we spoke with told us that a key part of the care and support they received was having staff support them who spoke their first language, which included Gujarati and Punjabi. They told us it ensured that their needs were understood and that they were able to provide support that reflected their cultural beliefs and practices.

Questionnaires we received indicated that people were treated with dignity and respect. Two people within their questionnaires commented that they found staff who spoke in their first language to each other when providing their care was of concern as they were excluded from the conversation as they did not understand what was being said. We spoke with the registered manager about this who acknowledged that it was on occasions something that had been brought to their attention. They told us that staff were advised that they should not communicate exclusively with each other.

Staff we spoke with told us how they supported people's privacy and dignity by ensuring curtains were closed, doors were closed and that people were covered or clothed as much as possible when personal care was being provided.

A relative told us that staff let themselves into their home as sometimes they themselves were not at home.

They told us they had gotten use to this; however additional information in people's plans of care informing staff to knock before entering would promote everyone's privacy.

Requires Improvement

Is the service responsive?

Our findings

Questionnaires we received showed that a majority of people receiving a service or their relatives were involved in decisions about their care, with people using the service stating that their relatives were kept informed by the agency of their welfare, where they wished for this information to be shared. A relative we spoke with told us they and the person using the service had been involved in decisions about their care and were aware that staff recorded this. However they were unaware that they could read the records which were left within their home.

People's plans of care detailed the time of the call and the number of staff involved. People we spoke with told us that in the main staff arrived on time and that they stayed the agreed length of time until the tasks they were required to perform had been completed. People told us that staff asked them if everything was okay before they left.

Plans of care provided an overview as to people's needs, with recently developed plans of care containing greater detail, such as the location of people's personnel effects that were required to support them with their personal care. This meant staff did not need to be unnecessarily intrusive in people's homes by looking for items, where people themselves were unable to provide them with the necessary information.

It had been identified that plans of care could be further developed to reflect the wishes and needs of people using the service to ensure that the service they receive was responsive and specific to their needs. Discussions with the registered manager identified the areas for improvement that they were looking to bring about, which would support a greater range of information within plans of care so that they were more person centred.

The service had an electronic call monitoring system that enables staff within the office to monitor the arrival and departure time of staff to people's homes. The system which requires the consent of the person receiving the care means that staff contact the office to inform them of their arrival and departure. This enables the service to identify missed or late calls in order that the service can respond by ensuring any delays in care being provided are acted upon.

The provider told us that the initial assessment of a person's need carried out by the community professional was used to develop an initial plan of care that was further developed to include people's views about the care they received.

People we spoke with told us that if they had any concerns they spoke with the staff providing their care. Everyone told us that they were confident to contact the manager of the service should they have any complaints, however they had never felt a need to make a complaint.

Questionnaires we received showed that a majority of people receiving a service or their relatives felt staff responded well to concerns that they raised along with the agency. The provider advised us that they had not received any formal complaints within the last 12 months.

Community professionals we contacted prior to our inspection told us that any concerns have always been immediately responded to by the management team.

Requires Improvement

Is the service well-led?

Our findings

We found there was not a system in place to asses, monitor and improve the quality and safety of the service and to identify where improvements were needed. This meant the provider was not able to make plans for the continual improvement of the service and to ensure that the service provided good quality care to people.

We found that where audits were being undertaken they were not sufficiently robust. We found that whilst staff received 'spot checks' carried out by the registered manager and other managerial staff, there was no clear protocol detailing what areas were being monitored or a system that recorded the managers observations in identifying areas of good practice and areas for improvement. The records that were kept were not collated or analysed and used to plan the development of the service.

Audits were not in place to ensure staff records were up to date, for example the registered manager was unaware that people's records did not in all instances include an up to date information regarding the maintenance of their vehicles, such as insurance details where people's vehicles were used for business purposes.

Staff were provided with regular supervision and appraisal however the information was not analysed and used to develop the service or used to produce action plans as to how the service could be improved by the further development of staff. Training records were not easily accessible and therefore it was difficult to ascertain when staff had undertaken training and if there training required updating, this impacted on the services ability to effectively develop a training schedule.

Staff told us that they attended regular meetings about the service with the registered manager, where information was shared which enabled them to share their views and to be made aware of any changes within the service. We looked at the minutes of meetings and found whilst they listed the issues discussed there was no record of the discussions or any follow up action points. This meant the provider could not be confident that views were acted upon and changes brought about to improve the service.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager spoke with us about the outcome of the quality assurance audit carried out by local commissioners of the service which had identified shortfalls in aspects of the service provided. Areas for improvement identified was the need to fully record people's involvement in their plans of care and to ensure that their plans included their views about the care and how it was to be provided. It was also identified that improvements were needed to assessments and risk assessments to promote people's quality of care and safety. Improvements were identified for the recording of staff training and the way in which staff competence to undertake care and support was monitored.

People told us that they had recently been sent a questionnaire by the registered manager which sought

their views about the service. They told us they had chosen not to complete it however as they didn't have any concerns about the service. One person told us that the registered manager visited them on occasions to ask them about the service they received and that they found them to be friendly and supportive.

Questionnaires we received showed that a majority of people receiving a service or their relatives knew who to contact at the agency if they needed to. They indicated that the agency sought their views about the service they receive in a way that was clear and easy to understand.

The provider advised us that people's views about the service were sought through the sending our of quality assurance surveys, visiting people within their home and asking them about the service. This was achieved through telephone calls and discussions with people who use the service, their relatives and community professionals. The PIR identified planned improvements to further develop people's involvement with the service. Through the introduction of meetings which would involve people who use the service, their relatives and staff.

Community professionals we contacted prior to our inspection told us that in their view people receive an excellent service and that the management team provide very good role models for other staff. They told us that managerial staff were very clear in their communication and were knowledgeable about the people who used the service.

The local commissioners received positive feedback from people who used the service who generally indicated that they were content with the care and support they received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have a governance system in place to assure themselves of the quality and safety of the service. The provider did not have effective systems to ensure people who used the service, other stakeholders and staff were kept informed and received feedback about the quality of the service and improvements required for ensure the continuous development of the service.