Docare Limited

DoCare 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 was completed on 27, 28 and 29 November 2017 and was announced.

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

The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service. At the time of the inspection, the service was supporting 159 people in their own homes.

Not everyone using DoCare receives a regulated activity; CQC only inspects the service being received by people provided with the regulated activity of 'personal care'; help with tasks related to personal hygiene. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the service; 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous inspection was completed in March 2016 and there was one breach of regulation at that time. Following the last inspection we asked the provider to complete an action plan to show what they would do to improve the key question Safe and to meet the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements to meet the requirements of this regulation. A new office based on call system had been introduced from 06.00am until 23.00pm and at weekends to monitor and manage visits. There had been three missed calls in approximately 5500 visits in this timeframe. A contingency plan was in place and people were assessed by risk in an emergency situation.

The service was safe. A new management team had been introduced to manage care calls. This was being staffed from 06.00am until 23.00pm. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. People's medicines were being managed safely. People told us they felt safe.

People were receiving effective care and support. Staff received training which was relevant to their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and procedures in the service supported this practice. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA).Staff supervisions and appraisals were being completed. People were supported to access health professionals. People could choose what they liked to eat and drink.

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people. There was positive feedback from relatives regarding the management.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they liked to do and how they liked to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence.

The service was responsive to people's needs. Care plans were person centred to provide consistent, high quality care and support. Daily records and visit notes were detailed and contained sufficient information for staff to read and support people effectively.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. People, staff and relatives spoke positively about the registered manager.

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.

There were sufficient staff to keep people safe. Staff had been recruited following safe recruitment procedures.

People were kept safe through risks being identified and well managed.

Medicines were well managed with people receiving their medicines as described.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervision and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

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Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were caring and kind. People were supported in an individualised way that encouraged them to be as independent as possible

People were given information about the service in ways they wanted to and could understand.

Is the service responsive?

Good

The service was responsive.

People were able to express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff we spoke with told us they would be comfortable to make a complaint. They were confident any complaints would be listened to and taken seriously.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

Is the service well-led?

Good

The service was well-led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

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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.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls from beds. This inspection examined those risks.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 27,28 and 29 November 2017 and was announced. Inspection site visit activity started on 27 November 2017 and ended on 29 November 2017. It included looking at records, visiting people who use the service, talking with staff and phone calls and emails to relatives and health professionals. We visited the office location on 27 and 29 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

We spoke with the registered manager of the service and 11 members of care staff. We visited five people living in their own homes. We spoke with two people who use the service on the telephone. We contacted six relatives who gave us feedback on the service provided by DoCare. We spoke to four health and social care professionals who have regular contact with the provider.

Good

Is the service safe?

Our findings

At our previous comprehensive inspection on 8, 9 and 10 March 2016, we found a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.We found that staff were not always deployed to ensure people were receiving the support they needed when they needed it. There were a high number of missed or late calls. At this inspection, we found the provider had made the required improvements to meet the requirements of this regulation. A new office based on call system had been introduced from 06.00am until 23.00pm and at weekends to monitor and manage visits. There had been three missed calls in approximately 5500 visits in this timeframe. A contingency plan was in place and people were assessed by risk if an emergency situation was to arise. This would ensure people who required a care visit to remain safe would be prioritised.

People told us they felt safe. One person said, "I am safe, They really look after me". Staff told us they were able to keep people safe. One staff member said, "People are definitely safe, we make sure they are. They are in good hands" and another staff member said, "If there was a problem I would call the office. There is always someone to support us".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. The registered manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said, "We are here to make sure people are not being abused, which could be emotionally, physically or financially". People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA). These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated using the hours contracted by the local authority or by assessment of needs. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people who used the service. One person said, "I know most of them in advance, I have regular staff that are lovely". One staff member said, "We are a good team and we know people well". Another staff member said, "Yes, there is enough staff. It can be difficult at certain times, but we have enough support". All relatives were happy with the staff being regular and familiar and one relative said, "I know a fair few, they try to give [The person] the staff they get on well with". One person told us, "There was one staff member who visited, and I just didn't like them. I rang the office and they listened and they never visited me again. That made me happy".

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for six staff which evidenced staff had been recruited safely.

Staff completed a six month probationary period where the provider checked if they were performing to a suitable standard. This process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We saw individual risk assessments in people's care and support plans such as; falls, choking and moving and handling safety. The risk assessments we saw had been regularly reviewed and kept up to date. One person's risk assessment had been updated with information about using a hoist and guidance for staff on how to do this safely. These were currently being changed to a new format so that they were more people centred and less generic to ensure people's risks were colour coded and more prominent. Staff told us they had access to risk assessments and ensured they followed the guidance in them. A manager showed us the new format which included areas such as; the environment, specific risk areas and vulnerability.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. All staff we spoke with told us what constituted a concern and knew who to go to if required. The service had a folder which was a central log for detailing these and there was a system to deal with each one as appropriate. The service was able to identify areas for improvement and lessons were learnt from each investigation. The registered manager told us they had recently reviewed some manual handling staff training after a significant incident and this had improved staff knowledge in this particular area.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated peoples medicines were being managed safely. Staff received training, observed other staff and completed a full and comprehensive competency assessment, before being able to give medication. People were supported to take their medicines as they wished. Care and support plans gave staff guidance on how people preferred to take their medication. All relatives were happy with medication arrangements. A monitoring and mapping medication had been introduced to monitor patterns and trends in each area. This included action taken and which staff member was responsible.

Staff completed training in infection control and food hygiene. This meant they could make people food as required and understand the procedures in place for minimising the risk of infections. Staff told us they had received appropriate training in their induction and this was useful. The training manager showed us a rolling rota of training to ensure staff were kept up to date. Staff wore aprons whilst delivering care and hand gel was available for staff to use.

Good

Is the service effective?

Our findings

People we spoke with were confident that staff were adequately trained. One person said, "They do their best, they know how to do things we need and they seem to be very knowledgeable about what to do". One relative said, "There are often extra staff that arrive so that they can learn from the more senior staff members. They seem to all have good knowledge". Staff told us they felt the training on offer was informative and gave them the knowledge to do their job effectively.

Staff had completed induction training when they first started working at the service. This was a mixture of face to face training and shadowing more experienced staff. Newer members of staff were completing the Care Certificate which covered areas such as; equality and diversity, privacy and dignity and health and safety. There were mandatory courses for staff to complete such as; MCA and DoLS, safeguarding, first aid and positive behaviour management. All staff we spoke to told us the training was sufficient and enabled them to do their job role effectively. One staff member said, "I had two weeks shadowing after completing my training but I felt I needed more so I completed three weeks which really helped me". Competency checks were completed to ensure staff understood what they had learned. Spot checks were carried out on staff to ensure they were providing safe and effective care and treatment. Staff told us they had received the training to meet people's needs. One staff member said "The training was excellent". The provider had a system in place to see when staff training was due to expire so that they could be booked on another training course to remain up to date with their practice.

The provider was constantly seeking ways to improve staff knowledge and understanding. Staff were encouraged to gain external qualifications such as National Vocational Qualifications after they had passed their six month probation. The registered manager told us that investing in the staff team to improve their knowledge and understanding was extremely important to the service. The provider had recently enrolled some senior staff members on an accredited advanced training in Parkinson's disease, End of life care and Dementia. This was planned to be on-going into 2018 and implemented for all staff. Staff were asked if they had any areas of interest and this would be put into a personal development plan to encourage them to develop their knowledge and skills.

The provider had implemented a training room at their head office which was set up as a person's home would be. This room had a bed, reclining chairs, walking aids, manual handling equipment and other risk areas such as; pets, people's personal items such as; wallets and money, and trip hazards. This was used during induction training to show staff the environment they would be working in. The room had been featured in the local media to record a piece about the facility and how it would support staff and people to be as independent as possible, ensure high risk areas were identified and ensure people were protected from possible financial abuse.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the act and how it impacted on their day to day roles of supporting people.

For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles and found that at the time of the inspection, the service was liaising with the local authority who has the duty to submit the application to the COP. All relatives we spoke with were confident that the best interests of their loved ones were considered at all times. A best interest meeting had been held for one person supported by DoCare in October 2017 as DoCare had raised concerns to the local authority about their welfare.

Staff were receiving regular supervisions and appraisals. Individual supervision and appraisals are an opportunity for the line manager and staff to evaluate performance and plan to improve their effectiveness in providing care and support to people. Staff we spoke to felt supported and that their supervision time was useful.

People chose the food they wanted and were supported by staff to assist with food preparation if possible. One person said, "If I want a sandwich they will do it for me. I can choose what I want and nothing is too much trouble". Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's dietary and fluid needs were assessed and, if needed plans made to meet those needs. This meant the service monitored people's food and fluid intake to ensure they were not at risk.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals such as; occupational therapists and cancer specialist nurses. We saw people's changing needs were monitored, and changes in health needs were responded to promptly. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. One person said, "They have a lot do with the nurses and this really helps".

The provider assessed people's needs and choices in line with current legislation and standards. Policies and procedures had been tailored in line with current legislation and a package had been bought as a basis for this. The registered manager told us these were then updated by DoCare to be more people centred and relevant for the service. The provider subscribed to a care management programme to ensure they had regular updates and guidance available to them. The policy for managing investigations was being updated at the time of our inspection.

Good

Is the service caring?

Our findings

There were positive comments about the staff from people and relatives and health professionals. One person said, "I am very happy. They are all really caring. They don't rush and always do what they have to do". Another person said, "They treat me with respect and I see most of them as my friends". One relative said, "I am really happy; they care for [The person] so well, I don't know what we would do without them".

There were many compliments evidenced in a large file with many letters, emails and cards. One email stated that one staff member is like a star in her relative's universe as they provide a little light relief from their relative as they are diagnosed with dementia. Another email from some health professionals stated that 'The district nurse team praise all the staff that helped to look after a palliative care client recently stating staff were hard working and supportive'.

People were supported by a consistent team of staff. This ensured continuity and enabled the person to get to know the staff. One person said, "We usually know who arrives but sometimes we don't know. I do try and ring to find out who it's going to be". One staff member we spoke with said, "We work great as a team, they are all nice. Our team leader is always available for us". Another staff member said, "I have a physical disability myself and the managers and my team are really supportive to me".

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that staff had been trained in equality and diversity and dignity and respect. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. One person said. "They are more like friends; they are supporting me to make a decision about where I want to live as my needs are changing. They listen to me and give me time to think. If I move up north with my family they told me they will keep in touch". One relative said, "They listen to us, they seem to enjoy providing good care and are always asking us how we are too".

The registered manager told us that recognising staff and what they do was important to them and the provider had nominated many staff members for different awards. There was an incentive for staff to provide good support and go 'above and beyond'. A 'DoCare' star award had been implemented and staff received a positive feedback badge if they had been commended.

One person and their relative told us staff were extremely caring and they had recently attended the person's 80th birthday party. The staff had all dressed up as pink ladies from the Grease movie and bought cards and presents for them. Their relative said "It was lovely for mum to see them make such an effort, they really are very good carers".

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's

care and support plans, in relation to their day to day needs. One person said, "They ask my family when things change". One relative said, "They involve me in everything. I have the team leader's phone number".

Good

Is the service responsive?

Our findings

Each person had a care and support plan to record and review information. The care and support plans detailed individual needs and how staff were to support people. Each care and support plan covered areas such as; safety, personality, physical health, eating and drinking, environment, family, friends and community, biography, sensory impairment and spirituality. Each care and support plan gave staff guidance on how to support people effectively. On the front page of each person's care and support plan their likes, dislikes, critical care and support needs were documented. A preferred routine was available to show how people liked things to be done. One person's care and support plan stated how their personal care should be carried out, what food or drinks they liked and any other tasks that need to be completed. Any high risk areas or important information was highlighted in red.

The service used an electronic system to log when care staff attended people's homes. This was monitored by the service and the local authority. This was useful to identify any late calls and to ensure staff were logging calls appropriately. One set of team meeting minutes from October 2017 identified some staff who had good compliance with the system and some staff who didn't. An effective system was in place to monitor these and to ensure people would receive their care on time and for the length of time they required. There was an on-call system to deal with any emergencies and staff told us this was extremely beneficial.

Staff confirmed any changes to people's care were discussed regularly through the shift visit notes to ensure they were responding to people's current care and support needs. A communication record was available for each person given support by DoCare and details of actions or comments were recorded. This was filled in for every visit and evidenced care and support given such as; being supported into nightwear, medication and/or creams applied, general mood, food and drink given and any household chores completed. If staff had any concerns whilst supporting people, they would call the office or an on call manager if it was out of hours and there would always be someone to give advice and guidance. One person said, "They write in the book every time they are here".

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One relative said, "I would ring the team leaders and I know they would sort anything. I raised two small concerns and they were sorted quickly". "The registered manager said, "We are always here to discuss any concerns. We have an open door policy. We learn from complaints and concerns. We welcome feedback so that we can improve".

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people were receiving end of life care, the service sought support and guidance from specialist health professionals such as; palliative nurses and palliative care teams. An Enhanced end of life care programme had been implemented in July 2017 which would improve staff understanding and training in this area. One care staff member had written about the importance of end of life care in the newsletter for people, relatives and staff.

They stated, 'With DoCare I'm now one of the team who will do over night stays with clients who are palliative. This helps give the relatives a break, knowing their loved one has company and someone on hand to respond to their needs. It is a privilege to be able to help them at this time. It is sad when someone dies, especially when we have become close to them but I am proud that this important support is helping families at such a difficult time'. The registered manager told us care plans were being updated with specific issues and this was an area that focussed on improvement. Staff were offered counselling sessions if they had been affected by end of life care in any way.

Good

Is the service well-led?

Our findings

There was a registered manager for the service. People, staff and relatives told us they felt well supported by the registered manager and the provider. One person said, "I've met the managers, they come out to visit us quite often, they are always helpful". One staff member said, "I feel listened to and the manager is supportive". Another staff member said, "There is an open door policy and always someone on hand to talk to. I feel very supported. It's the best company I've ever worked for".

The registered manager told us DoCare was providing a valued based service based on three critical success factors and nine key performance indicators and was always looking at ways to improve the service. This was described as a strategy to grow, operate and develop through reputation, sustainability and growth. We were told that focussing on innovation and ensuring everyone contributed something were areas for growth and improvement. The registered manager met with six other care providers regularly to share best practice ideas and discuss any changes in legislation and compliance.

DoCare had previously sent out annual satisfaction questionnaires to people who use the service however they felt this was not the best way to gain feedback from people using the service as it was not frequent enough and not everyone would send them back. The service had introduced more frequent conversations with people and recorded them as service user reviews. People were asked face to face questions such as; How friendly, approachable and efficient are the support workers who visit you? How satisfied are you with the care you receive and are care and support plans followed? Any concerns or comments were acted upon and recorded as completed when actioned.

The registered manager was responsible for completing regular audits of the service. These included assessments of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. The registered manager told us of improvements planned for 2017 and going forward. A document showed areas for improvement such as; improving current information technology and systems, introducing a rapid response package for people leaving hospital and looking at recruitment of new staff and how this could be improved. Each month the registered manager logged the rationale behind an idea, any action taken and the current status of the idea.

The service worked in partnership with other agencies including local authorities, safeguarding teams and relevant health professionals. The provider had strong links with professionals and was able to explain to us how these support networks were important to support high quality care. The registered manager showed us that their organisational records such as; policies and procedures, staff training records and health and safety files were organised and available. One health professional told us "They are organised and updated regularly. I have no issues with their recording of information".

Staff attended regular team meetings and briefings in the main office. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. The team meetings covered areas such as; Safeguarding, policy updates, updates to people's care plans and risk assessments, daily notes,

system compliance and current staff sickness figures. One staff member said, "There are lots of meeting giving us updates and asking if we want to discuss anything". Any actions or outcomes from staff meetings were recorded and emailed to all staff afterwards for reference.

The service sent out a quarterly newsletter to all staff. This gave staff up to date information on areas such as; communicating effectively, the importance of end of life care and ways to combat the risk of dementia. The newsletter was informative and pictorial. The newsletter highlighted how people have been supported giving information on one person who has an 'off road' mobility scooter and staff use moving and handling techniques for this person to access the countryside.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken.