

Dovetail Care Limited

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Inspection report

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11 January 2018

15 January 2018

16 January 2018

30 January 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 was an announced inspection carried out on 9, 11, 15, 16 and 30 January 2018. At the last inspection in November 2016 the service was rated as Requires Improvement. We found some improvements had been made to the management of people's medicines. However, there were still some areas of improvement required with the management of medicines and we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. At this latest inspection we found further improvements had been made but we have made a recommendation that the provider keeps medicines under review to ensure the improvements made are sustained.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of the inspection, there were 40 people receiving the regulated activity of personal care from the provider.

There was 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 and associated Regulations about how the service is run.

We found some issues relating to the management of medicines. We also found risk management and care plans did not always contain detailed information care workers needed to support people. The registered manager took prompt action to ensure the concerns were addressed by the end of the inspection. Evidence of sustained improvement will be checked at our next inspection.

Overall, safe recruitment practice was followed. However, gaps in employment and full employment histories had not always been obtained for care workers prior to their employment. This was rectified during the inspection.

There were systems and procedures in place to protect people from the risk of harm. Care workers could describe the different types of abuse and what would constitute poor practice. Care workers understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.

People said they felt safe and care workers treated them well. People spoke positively about the support they received. People told us they received a good standard of care and they were always treated with dignity, respect and kindness.

The registered manager and care workers had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Care workers had completed an induction when they started work and had received training relevant to the needs of people who used the service. Care workers received support, supervision and appraisal to help them understand how to deliver good care.

Where needed, people who used the service received support from care workers to ensure their nutritional and health needs were met. Care workers were trained to respond to emergencies and said they felt confident to do so.

Care workers had good knowledge of the people they supported and understood how to maintain people's privacy and dignity. It was clear they had developed positive, valued relationships with people and delivered person centred care.

There were procedures in place for responding to people's concerns and complaints. People told us they knew how to complain. We found the service was responsive to any concerns raised.

People who used the service, relatives and care workers all spoke positively of the provider, the registered manager and management team. The provider and registered manager recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people who used the service through satisfaction surveys and reviews. Unannounced spot checks of care worker's practice were carried out to make sure people were supported in line with their plans of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Concerns relating to the management of medicines were identified at the start of the inspection. The registered manager was responsive and took prompt action to ensure the issues were rectified.

There were sufficient numbers of care workers to help keep people safe and meet their individual needs. Overall, safe recruitment practice was followed.

People were protected from abuse and there were risk assessments in place which, in the main, showed specific areas of risk, and the measures which had been put in place to minimise those risks.

Requires Improvement 

Is the service effective?

The service was effective.

Care workers received appropriate training and were supported through regular supervision and appraisal.

People consented to their care and the service operated within the principles of the Mental Capacity Act 2005. Care workers knew to offer people choice and what to do in the event they refused care.

People were supported to maintain good health and had access to healthcare professionals and services. Care workers encouraged and supported people to have meals of their choice.

Good 

Is the service caring?

The service was caring.

Care workers knew people well and supported them to maintain their independence.

People were treated in a kind and compassionate way and were included in making decisions about their care.

Good 

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care plans had been developed from these.

People had contributed to the planning and review of their support needs.

The provider listened to and acted on any concerns and complaints raised with them.

Is the service well-led?

Good ●

The service was well- led.

There were systems in place to monitor and improve the quality of the service provided.

Care workers understood their roles and responsibilities and said they felt well supported by a management team who were open and approachable.

People who used the service and their relatives were asked for their views about the care and support the service offered.

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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.

This was an announced inspection carried out on 9, 11, 15, 16 and 30 January 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection activity started on 9 January 2018 and ended on 30 January 2018. It included telephone calls to people who used the service, relatives and staff. We visited the office location on 9 and 16 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one adult social care inspector and an expert- by- experience who had experience of domiciliary care services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with nine people who used the service, two relatives, five care staff, the administrator and the registered manager.

We spent time looking at documents and records related to people's care and the management of the service. We looked at six people's care plans and six people's medicines records.

Is the service safe?

Our findings

At our last inspection in November 2016 we found medicines were not always managed effectively. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to submit an action plan to show how the required improvements would be made. At this inspection we found the provider had taken sufficient action to ensure they were now meeting legal requirements. However, we recommend the provider keeps medicines under review to ensure the improvements made are sustained.

People told us they had no concerns about how their medicines were managed. People spoke positively of the support they received and confirmed care workers encouraged them to be as independent as possible with their medicines.

When we looked at the systems in place to manage medicines support we found there were some areas of concern. The records showed there was a lack of guidance for care workers on the administration of 'as and when required' medicines and creams. Also, when a variable dose was prescribed, the actual dose administered was not recorded and there were occasional gaps on the medication administration records (MARs) which meant we could not always be sure people had received their medicines as prescribed.

Care workers were trained in medicines support and their competency was assessed. Care workers told us they received the training they needed to support people with their medicines. The provider had a number of policies in place to support and guide care workers with medicines support. We looked at these policies and saw the guidance was based on current good practice guidelines as identified in NICE guidance; managing medicine for adults receiving social care in the community. However, some out of date regulatory regulations were referred to.

We spoke with the registered manager about our concerns at the end of the first day of our inspection. When we returned to the service seven days later, we found the service had responded to these concerns and implemented actions to resolve issues identified by us. The registered manager had reviewed the medicines policy and was in the process of changing this to ensure relevant regulations were included. MAR documentation had been reviewed to ensure guidance on all aspects of medicines administration was included. The provider's audit system for medicines had been reviewed and a new document introduced to ensure audits were thorough and included action plans to drive improvements. The registered manager had commenced re-training for care workers; we saw evidence of the one to one support that had been put in place to facilitate this. We judged these actions would have a positive impact on the service. We will look at this again when we return at our next inspection to ensure these positive changes have been sustained.

People who used the service or their relatives told us they or their family members felt safe and well supported by the agency. Comments we received included; "I am always safe with my care workers; very happy indeed", "They are very good with me; I do feel safe and comfortable even though I am classed as blind, they make me feel really safe" and "The care workers are extremely good; they make my relative feel comfortable at all times."

Care workers had a good understanding of the individual risks to people and what they did to ensure people's safety. This included falls and pressure ulcer prevention. Prior to the commencement of the service environmental risk assessments were undertaken of the person's home to make sure it was a safe environment for care workers to work in. We saw individual risk assessments were also completed and included the risk of falls and those associated with moving and handling. Most people's records showed risks had been assessed and there were appropriate management plans in place. For example, the need to walk at the side of a person while they used their walking aid. However, some management plans were vague and referred to providing 'support' when people were mobilising. This could lead to people's needs being missed or overlooked. The registered manager agreed to review risk management plans to ensure they gave more specific guidance.

Overall, there were safe recruitment and selection processes in place. We looked at the recruitment files for four care workers and saw appropriate recruitment procedures had been followed. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable adults or children. We noted the provider's application form did not ask prospective candidates to give a full employment history as part of their assessment process. During the inspection, the registered manager changed the application form to include this in the future.

Accidents and incidents were recorded and kept under review to ensure learning from previous experiences. We saw this included a log of incidents associated with medicines management. The registered manager told us they reviewed all accident and incident forms but did not record they had done this. They agreed to do so from now on.

People were safeguarded from abuse. Care workers were able to describe different types of abuse and were aware of how to report concerns outside of the service if they needed to. Care workers were aware of the provider's whistleblowing policy. They said they had received training in safeguarding vulnerable adults and told us they felt confident any concerns they reported to the registered manager would be dealt with.

People and their relatives told us they were provided with consistent regular care workers who were punctual. People's comments included; "I have regular care workers that come to see me", "I have regular care workers who understand my needs", "No problem about timings; they are good" and "They come on time; odd times due to traffic they could be ten minutes late." People told us care workers always kept them informed if they were running late and there had not been any missed calls.

Staffing levels were determined by the number of people who used the service and their needs. Care workers told us there were enough staff to provide the service and they always had the right number of care workers on people's calls. The registered manager said they kept recruitment on-going to ensure they always had enough staff to provide the service.

Care workers told us they worked in small teams to provide the care people needed. One care worker said, "We have our regulars, which means we get to know people well." Care workers confirmed they had plenty of time with people and did not feel rushed when providing people's care.

Personal protective equipment was held at the office and made available to staff on request. Gloves and aprons were worn when undertaking personal care tasks to ensure infection control procedures were followed to keep people safe. Care workers told us they received training in infection control and prevention during their induction. Records we looked at confirmed this.

Is the service effective?

Our findings

People and their relatives told us care workers were trained to meet their or their family member's needs. One person said, "They do all tasks to a very good standard; this shows how well trained they are." Another person said, "They are very well trained, confident; all tasks spot on." A relative said, "Excellent service; truly can see they are trained from how they complete the tasks."

An induction was completed by all new care workers on commencement of their employment. We were told by care workers and the registered manager this included training, policies and procedures for the organisation and shadowing (working alongside) of other care workers. We saw care workers competency was checked during their induction. One care worker told us; "The induction and shadowing really prepared me well and helped me get to know what people needed."

The registered manager and provider maintained a training plan which gave an overview of training completed by staff. The training included; safeguarding adults, medication safe handling, mental capacity act and deprivation of liberty safeguards, moving and handling and dementia care. It was clear at what interval care workers were expected to refresh their training. Records we looked at showed staff training was all up to date.

Care workers told us they felt well supported in their role. They said they received regular supervision and appraisal of their performance which gave them an opportunity to discuss their roles and options for training and development. They told us the registered manager or care co-ordinator carried out spot checks of their performance and they received feedback on how they were fulfilling their role. Care workers told us they found this useful. One care worker said, "There is always room for improvement; I want to do the best I can for people."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedure for this in community settings is via application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found care workers followed the principles of the MCA and people's consent was sought in advance of care being provided. Care workers told us they would always obtain a person's consent before carrying out any care and they understood some decisions may need to be taken in a person's best interests. One care worker said, "I would always respect a person's decision; people have rights to make choices." People who used the service spoke highly of how their care workers demonstrated respect and choice. One person said, "They are very good to me; kind, caring and very respectful." Another person said, "My care workers are excellent; very caring and kind. They speak to me; they give me the utmost respect and dignity."

Records showed the registered manager had worked with other health and social care professionals to assess people's capacity to consent to their care. Best interest decisions had been made and documented to ensure people's rights were protected. These were decision specific and involved other professionals or family members. We asked the registered manager if any person was subject to any restrictions on their liberty via a DoLS applied for through application to the Court of Protection. They told us to their knowledge, everyone receiving personal care was able to consent to the care.

People received the support they needed with eating and drinking. Comments we received included; "They (care workers) prepare the food for me; it is simple food during the weekday but I do have a Sunday roast; they help me to prepare this", "They (care workers) prepare breakfast; this is good" and "I am very pleased in how they (care workers) prepare my food for me." Care workers were aware of the importance of good nutrition and hydration. One care worker said, "I always try to encourage people to eat well and always leave a drink in reach when I leave the call." People's care files included assessments relating to their dietary needs and preferences. Where people required support with food and cooking meals this was recorded in their care plans.

People had access to a GP and other healthcare professionals when they needed them. Staff monitored people's health and wellbeing; when there were concerns people were referred to appropriate healthcare professionals for further input into their care. Care workers told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived.

Is the service caring?

Our findings

People who used the service and their relatives spoke highly of the care received. Comments included, "They (care workers) are like friends to me. They are wonderful; lovely attitude. Cannot fault them", "Kind and caring all the time; they (care workers) speak to me. We have a good relationship", "We have a good relationship with the care workers; they are extremely respectful, happy all the time when they come. I am very lucky I have these care workers" and "My relative has an excellent relationship with the girls. They are polite, kind and very respectful. They take their time; they are really good."

People were supported to maintain their independence. A person who had a sensory impairment told us the care workers were very respectful of this and were sensitive to their individual needs. They told us they were encouraged to be as independent as they could be. They said, "The care workers are not overbearing; they respect my situation." Care workers were confident they provided good person centred care and gave examples of how they ensured people's privacy and dignity were respected. One care worker said, "I keep people's private areas covered when assisting with personal care; explain everything I am doing and make sure people are comfortable with that." Care workers understood the need to maintain and respect people's confidentiality. One care worker said, "We are trained and told not to speak about people's business to others."

Positive caring relationships were developed between people and care workers during the induction and shadow shifts. The registered manager told us they aimed to ensure people had a core team of care workers to maintain consistency and enable care workers to build positive relationships with people. Care workers spoke warmly and with confidence about the needs of the people they supported. It was clear they knew people and their needs well. Care workers told us of the importance of getting to know people. One said, "It's a pleasure getting to know people and how they like things to be done." Another care worker said, "It's important to treat people as individuals; it's what you would want for yourself or your family."

Records showed people who used the service and their relatives had been involved in developing and reviewing their care plans. One person told us, "Management are good; they went through the care plan with me." Care workers told us they found care plans had good information that enabled them to get to know people's needs. One care worker said, "The care plans are very good, tell you everything you need to know."

People's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Care workers received training on equality and diversity to help them understand people's different needs.

People were given a service user guide and information pack when they began receiving the service. This guide gave people information on the service, what they could expect and how to contact the office if they needed to. The registered manager told us the information could be made available in alternative formats such as large print, other languages or audio if required.

The registered manager told us no one who currently used the service had an advocate. They were however, aware of how to assist people to use this service if needed. (An advocate supports people by speaking on their behalf, in their best interests, to enable them to have as much control as possible over their own lives.)

Is the service responsive?

Our findings

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to effectively meet the needs of people they were planning to provide support to. People's care files included referral information from the placing local authorities that detailed their care and support needs. Care plans were developed once assessments had taken place.

People who used the service and their relatives told us the care workers and management team knew them or their family members well and the service was responsive to their needs. One person said, "I have regular care workers who understand my needs." Another person told us, "Management are very good; cannot do enough for me. They always ask me if I need anything else or need any changes." A relative told us, "Management are very supportive; they periodically come to see us. They always ask if we are happy or need any changes."

Care workers received training in the compassionate delivery of end of life care. Care workers told us of the importance in making sure any end of life care was respectful of people's wishes and that people were kept as comfortable as possible. A relative told us their family member was receiving end of life care from the service. They said, "They (care workers) are extremely caring and kind to my relative. My relative is end of life; they are supporting my relative very well."

We looked at six people's care plans. We wanted to see if the care and support plans gave clear instructions for care workers to follow to make sure people had their needs met as they preferred. Most care plans had detailed, person centred guidance on how to support people as they wished. For example, one person's care plan stated the recipe care workers should use to make their porridge. Another person preferred to sometimes stay in their night clothes during the day and this was respected. We saw some care plans were not as detailed in how they described people's care needs. The registered manager told us they would review care plans to ensure more specific detail was included.

Care workers showed a good understanding of person centred care. One care worker said, "Everything is about the person; based on them and what they want." Care workers were familiar with people's care plans and could talk confidently about the support they gave to people.

We looked at daily notes made at the point of care delivery, and they showed care was given as assessed and planned. There was a system of text messaging, telephone calls and e-mails in place to ensure care workers received timely information on changes to care needs. Care workers said they were kept well informed about any changes to people's needs.

Records showed people's care was reviewed regularly or when their needs changed. People and their relatives said they were involved in reviews of their needs. People told us they were satisfied with how this was carried out. One person said, "The management are good they go through my care plan yearly." A relative told us, "Management are good. If we need them we can ring them anytime. We also have a social worker who liaises with the management; we all have a very good relationship. My relative is always kept at

the centre of discussions."

People who used the service and their relatives told us they knew what to do if they had any concerns or complaints about the service. No-one we spoke with had any complaints and they all told us they would be comfortable to raise concerns with their care workers or the management team. One person told us, "The person who owns the company is very good; they always ring to check I am ok. I also ring them if I need anything."

We looked at the complaints log. Any complaints received had been properly recorded and responded to. It was clear from the records that people had their comments listened to and acted upon. For example, concerns about call times showed they had been discussed with the person and action was taken to introduce call times that suited them better. We looked at the provider's complaints procedure, and saw this contained some out of date information. We also noted the contact details of other bodies such as the local authority and the CQC were not included in the complaints procedure. The registered manager agreed to review the procedure to ensure these details were included to enable people the opportunity to escalate complaints if they needed to.

There was also a system in place to record compliments received by the service. These gave positive feedback on a number of aspects of the service. People's comments included; 'We could not have wished for any better treatment and compassion', 'Great carer [name of care worker]' and 'Thank you for your help and support at a difficult time.'

Is the service well-led?

Our findings

There was a registered manager in post who was supported by the provider, a care co-ordinator and a human resources manager. People who used the service and their relatives spoke positively of the service they or their family member received. Comments we received included; "The service is well led; I am very happy", "Management are good; I am happy with them" and "I feel the company is well run. [Care co-ordinator] and [Registered manager] are very good; they listen to me at all times."

People and their relatives told us they would recommend the service to others. One person said, "I am happy with the service; I can recommend them." Another person told us, "I have given this company's number to my friend. I certainly could recommend the company."

We looked at the systems in place to monitor the quality of the service. These included audits on staff training, supervision, appraisal and spot checks, staff personnel files, care records and medicines. We found audits of medicines and care records had not been robust enough. Action plans had not been generated from the audits carried out to show how improvements had been made. The registered manager took immediate action to address this during the inspection. This included the introduction of an improved system of documented audit and action planning for medicines and care records.

The registered manager told us the provider visited the office on a regular basis to supervise and offer them support. The registered manager said there was excellent communication and support from the provider. They said, "I get all the support I need [Name of provider] is very involved and knows what's going on in the service." We saw the provider maintained an overview of important issues that affected the service such as staff recruitment, sickness, training and any incidents or complaints.

We found there was a culture of openness, honesty and support within the service. Care workers said they enjoyed working at the service and they received good support from the registered manager and office staff. One care worker said, "I love this job and all the people I work with; it's a great job." There was an out of hours on call system in operation that ensured management support and advice was always available for care workers when they needed it. All the care workers we spoke with said they would recommend the service as a good place to work and would also be happy for a family member to be cared for by the service. Care workers all told us they felt confident to raise concerns, make suggestions and share any ideas they had. One care worker said, "[Registered manager] is brilliant, communicates well. I feel valued and listened to." Another care worker said, "You are made to feel like you matter and are not just a number."

People who used the service and their relatives were asked for their views about the care and support the service offered. The registered manager sought feedback in the form of regular surveys for people and their relatives. We looked at the results from surveys completed in the last year and saw there was a high degree of satisfaction with the service. People had rated the service excellent, very good or good for reliability, flexibility and quality. No suggestions for improvement or changes had been made.

We found people's care records and staff records were appropriately stored and only accessible by staff to

ensure people's personal information was protected. The registered manager told us safeguarding concerns, complaints and accidents and incidents were discussed at team meetings or in supervisions and measures were put in place to reduce the likelihood of these happening again. Records we looked at confirmed this.

The registered manager told us they were aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the Care Quality Commission so that any action needed could be taken.