

The Doting Carers Ltd

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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

About the service

The Doting Carers Ltd is a domiciliary care agency providing the regulated activity of personal care to people. The service provides support to younger people and older adults. At the time of our inspection there were 6 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Risks to people had been identified and assessed, however the risk assessments were not always dated when they had been carried out or when they were to be reviewed. Risk assessments to people who were prescribed anticoagulant medicines contained limited information and required more detail. We have made a recommendation about the providers management and completion of risk assessments.

People received consistent care by a staffing team they knew well. Staff understood people's care and support needs and there was enough staff to meet people's needs. The registered manager had systems in place to recruit staff safely. The registered manager and staff knew how to identify and report any concerns.

Staff received an induction when commencing their role and had undertaken some specialised training to help develop their skills and knowledge. Staff told us they felt supported in their roles and the registered manager was always available if they had any concerns. People were supported with their medicines by trained members of staff when required.

The registered manager carried out an assessment of people's needs prior to starting with the service and how they liked to be cared for. People's nutritional needs were met. They were supported to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had systems in place to monitor the quality and safety of the service. Relatives and staff spoke positively about the leadership of the service. The registered manager worked together with other healthcare professionals to support people's healthcare needs and enable them to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 10 December 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated since its registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Doting Carers Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider and the registered manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 February 2023 and ended on 21 February. We visited the location's office on 16 February 2023.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We spoke with 1 member of staff and 1 relative via email. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the administrator. We reviewed a range of records. This included 3 people's care records and 2 people's Medication Administration Records [MAR]. We looked at 3 staff files in relation to recruitment, training and supervision. We looked at a sample of the service's quality assurance systems including incident and accidents and complaints overview.

Following the inspection to the domiciliary care service, we continued to seek further clarification from the registered manager to validate evidence found. We spoke to a further 2 members of staff via email correspondence, and 2 relatives to obtain feedback of their experience.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed such as mobility, skin integrity, falls and medicines. We found people's risk assessments were not always dated to indicate the date the assessment took place or include a date for review to determine what or if any actions were taken or required.
- We found where a person was prescribed an anticoagulant (blood thinning) medicine, the information on their risk assessment required more detail and guidance for staff on what to look out for as it only included risk of bleeding from sharp objects and did not include the risk of internal bleeding and being more prone to bruising.
- Following the inspection we signposted the registered manager to resources and guidance to develop their approach.

We recommend the provider seek advice and guidance from a reputable source about the completion of their risk assessments for people, including detailed information in relation to people who are prescribed anticoagulant medicines.

- The registered manager and members of staff were able to describe risks identified to people they support and how they manage those risks.

Using medicines safely

- Where required, people received their medicines by a trained member of staff. All staff received medication theory training on induction. Two members of staff were yet to have their competency assessments carried out. These members of staff were not currently supporting people with their medicines. Following the inspection, the registered manager carried out competency checks for the safe administration of medicines with the 2 staff members we identified.
- Medication administration records (MAR) had been audited regularly, we found on 1 person's MAR chart there were no staff initials for a period of 3 days. The registered manager had identified this in their auditing process and a supervision had been carried out with the member of staff and additional practical and theory training had been provided.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had safeguarding policies and procedures in place, and staff had received training on how to keep people safe from harm, identify and report any concerns. One staff member said, "Our training teaches us about spotting signs and taking action accordingly. I know the registered manager would take any concerns seriously, but if not, I would escalate to the local authority."
- The registered manager was aware of their responsibilities to report safeguarding concerns to the local

authority and CQC. At the time of inspection, no safeguarding concerns had been raised.

- Relatives told us they felt their loved ones were in safe hands. They told us, "Yes, [name] is happy with the entire team, and enjoys their friendly engagement, [name] is confident of their skills and looks forward to their visits." And, "Yes, 100% safe."

Staffing and recruitment

- Staff had been safely recruited and pre employment checks carried out which included obtaining references and Disclosure and Barring Services (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet the care and support needs of people. Relatives told us their loved ones had not received any late or missed calls.

Preventing and controlling infection

- The registered manager and staff had undertaken infection prevention and control training. They were provided with personal protective equipment (PPE). One staff member said, "Every person has a supply of PPE in their home, these include gloves, aprons, masks and visors."
- The registered manager had relevant policies in place to support effective infection prevention and control and was following current guidance.

Learning lessons when things go wrong

- The registered manager had systems and processes in place to effectively monitor any incidents and accidents which occurred at the service. These included an incident and accident overview to capture information and monitor and identify any themes, trends.
- Staff we spoke to knew how to report incidents appropriately and told us the registered manager was in regular communication with them and they were kept informed and updated about changes to people's care and support requirements.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to commencing the service. One relative told us, "Yes, the registered manager personally visited my parents and conducted a thorough assessment and review of [persons] care needs. This review culminated in a care plan which was tailored to meet their needs."
- Care plans gave clear information around how individual care and support should be delivered. We saw an example of a person's preferred oral hygiene routine and there was clear guidance in place for how staff could support them with this.
- People's support needs were regularly reviewed to ensure their care continued to be delivered as required. The registered manager told us, "All people using the service know me, I work out in the field and I am very hands on. If there are any changes to a person's care and support needs, I know and will communicate this to the person, their relatives and seek any appropriate external support where required."

Staff support: induction, training, skills and experience

- Staff received a thorough induction and attended face to face training with an external trainer. Staff would shadow either the registered manager or care manager and were introduced to the person they were going to support. One staff member told us, "My induction consisted of a lot of face to face training. I had three or four calls where I shadowed the previous care manager covering calls at different shift times. I had the opportunity to meet the people I supported first."
- Staff received supervision and told us they felt valued and well supported. One member of staff told us, "I have 1:1 session with the registered manager, we get together with the team monthly. I am able to raise any concerns and I receive regular feedback."
- Staff had completed the Care Certificate where required and some were working towards completion. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutrition and hydration where required. People's care plans documented their preferences and guidance on how staff could support them. For example, one person's preference was to eat in their living room with their meal placed on their trolley and for their food to be cut into bite sized pieces.
- A member of staff told us, "I have got to know [name] and I always ask what they would like to eat. I offer them options, their relative does the shopping and gets what [name] enjoys."

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

- The registered manager worked together with other healthcare professionals to ensure people received the care and support they needed.
- One member of staff told us, "One person I support has a weekly appointment to attend, their relative arranges this and all other healthcare appointments. I check everything is ready to support the appointments and any changes the relatives keep us informed of. This information is then passed to the registered manager who will update the persons care plan accordingly when needed."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We saw documented evidence where people and relatives were consulted and asked for their or their family members consent before providing care and support.
- Where we identified people who lacked capacity, the registered manager had taken steps to either discuss or obtain Lasting Power of Attorney (LPA) details from their relative. This allows an individual(s) to make Best Interests decisions for and on behalf of a person who lacks capacity to make their own decisions.
- Staff had completed MCA training and encouraged and supported people to make their own decisions. Staff told us, "MCA is about a person's ability to make decisions for themselves. We are here to enable people to make decisions and remain independent for as long as possible."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us the staff were kind and caring and treated their loved ones with dignity and respect. They told us, "[Name] has some carers they are very attached to and get on well with. [Name] can talk to them freely which is really important as [name] can get quite nervous. It's a lot to deal with having people come and go and being a fiercely independent person before their health declined [name] has adjusted well." And, "In my experience I find the care offered to [person] by all the staff, I have experienced to be warm, friendly, caring and extremely respectful. They are more than happy to greet and chat to [person] while they accomplish their caring duties, carefully check all their needs, treat them in a dignified way and always take their leave in a friendly fashion."
- The registered manager told us, "When receiving new referrals for the service the most important aspect is, we can provide the level of care the person requires. We do not discriminate and will accept any referral regardless of ethnicity, religion, sex as long as we can meet the person's needs."
- Staff spoke positively about their roles and the people they care for. One member of staff told us, "I love my job, I always talk to the people I support, I let them know what I am doing, if the telly is on, we have a chat about the news. I ask about them."

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

- Relatives told us they knew about their loved one's care plans and were involved in supporting or making decision about their care. One relative told us, "The registered manager recently contacted me to discuss some aspects of [persons] care plan. In my opinion this notification was invaluable and subsequently resulted in a review of the care plan and an additional 45 minutes were added to the attendance of a carer each weekday morning."
- Staff told us how they supported people to be involved in making decisions about their care. One staff member told us, "I ask the people I support questions about themselves, their likes, dislikes, I engage them in conversation and get to know them and listen to what they want."

Respecting and promoting people's privacy, dignity and independence

- Staff were fully aware of how to respect people's privacy and dignity. One member of staff told us, "This is important, when assisting a person to wash I ensure the bathroom door is closed, use a towel to keep them covered and warm. When moving from room to room, I cover person with their dressing gown or a towel. When assisting them with their personal care I ensure their curtains or blinds are closed and when using the toilet, I shut the door. Checking all the time they are comfortable."
- People were able to choose their preferred gender of staff to support them and this was documented in their care plan. For example, we saw a person's preference for a female carer, however they were happy to

accept a male carer if present with a female carer.

- People were supported to maintain their independence as much as possible. One member of staff told us, "I always make sure [person] has everything at hand, telephone, television remote, gripper and other personal items. This helps [person] to remain as independent as possible in their own home and creates a relaxed environment."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were kept at their homes and contained information relating to their care and support needs. These included important relationships, medical history, mobility, communication, continence and nutrition and hydration requirements.
- Relatives we spoke to told us they and their loved ones were involved in the development of their care plans. One relative told us, "An assessment was initially carried out, Doting Carers, and other healthcare professionals are working together to make sure the care needs assessment is updated and appropriate to [persons] needs. Doting Carers have been really thorough in working with and feeding back to the other agencies to get this done."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of their responsibilities under the AIS. People's care plans contained information about their preferred ways of communicating. For example, for 1 person we saw documented, "I have no sight issues, I wear hearing aids in both ears. I like eye contact and I struggle to see who I am speaking to when people are wearing masks. Please speak loudly."

Improving care quality in response to complaints or concerns

- The registered manager had systems in place to record and monitor any complaints or concerns raised. At the time of our inspection the service had received no formal complaints, however the registered manager had an overview in place showing actions taken and the outcome where grumbles or issues had been raised.
- Relatives told us they knew how to make a complaint if they needed to. They told us, "Every member of staff which have provided care to [name] have offered wonderful support and have listened to any concerns or general points raised. The registered manager is available at all times to discuss any concerns." And, "The registered manager and the carers have been fantastic at communicating with us and are always responsive, day or night."

End of life care and support

- At the time of the inspection no one was receiving end of life care and support.

- People's end of life care wishes had been considered during their initial assessment and this information was documented in their care plans.
- Staff had received training in end of life care and one staff member said, "We have recently completed end of life training which really helped me after recently losing someone we provided care and support to."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although the registered manager had systems in place to check the quality of the service including audits of people's care plans and MAR charts, these had not always picked up on some of the minor concerns we found on the day of the inspection, in relation to people's risk assessments not being dated or including a date for review.
- Following the inspection, the registered manager told us they would be reviewing their risk assessments for people to include the date they had been completed and a date for them to be reviewed.
- The registered manager and staff members understood their roles and what standard of care was expected from them.
- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager spoke with pride about their service and was passionate about ensuring people received a good service. They told us, "Before I even invite a person for an interview, I put people first, you can learn a skill, but your character is first and foremost. Because we care we are always there, if you are not in it with your heart this is not the job for you. I build on team spirit, join in with the staff, ask opinions, involving people and staff."
- The service had received several compliments. These included comments like, "[Name] continues to receive great care," "You are all amazing and communication with you is first class." And, "[Name] is very happy with their care and looks forward to seeing you."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager kept in regular contact with staff, people and their relatives either by telephone communication, email correspondence or by way of feedback received from surveys. This provided the registered manager with the opportunity to improve the delivery of the service moving forward. Relatives told us the registered manager was in regular contact they said, "Yes communications are good. I feel they are on top of things." And, "Information is fully communicated and incorporated into the care plan. The care provided by service has been highly commendable."

- The registered manager provided staff with face to face training and used this an opportunity to hold staff meetings. This provided staff with the opportunity to share ideas or concerns with their colleagues. A member of staff told us, "We are supported very well. The morale of the team is good. We have just received a new monthly newsletter; this was very informative. We share information at meetings. The registered manager listens to what we have to say."
- The registered manager and staff members worked alongside other agencies and healthcare professionals to meet people's needs such as, District Nurses, GP and physiotherapists.