

Derbyshire County Council

DCC South Derbyshire

Home Care

### Inspection report

Newhall Centre  
Newhall  
Swadlincote  
DE11 0UW

Tel: 01629532571

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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

DCC South Derbyshire Home Care is a domiciliary care agency providing personal care to people in their own homes. The service supports younger people and older people, including those living with dementia. At the time of our inspection there were 50 people using the service who received personal care. Many people using the service were in receipt of a short-term service, with an aim of providing reablement support following a hospital stay or illness.

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

People were kept safe from the risk of abuse as staff understood how to recognise and report abuse. Risks to people were assessed and reviewed as their needs changed so staff could support them safely. There were enough staff to ensure people's needs were met and care calls were monitored so people received them on time. People received their medicines as prescribed and supported to manage this independently where appropriate. Staff understood their responsibilities to report accidents and incidents and lessons were learned when things went wrong.

Full assessments of people's needs and choices were carried out and reviewed regularly. Staff were suitably trained to carry out their roles and the provider encouraged staff to learn and develop. There were effective systems in place to refer to, and share information with, relevant healthcare professionals and agencies both internally and externally. This meant people were supported to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us consistently that staff were kind and caring. Staff were passionate about providing dignified care and helping people to regain independence.

Care was personalised and staff knew people well, and what was important to them. People's diverse needs were considered, and information was made available to people in a way that they could understand. There was a clear complaints policy in place which was shared with people.

The service was well-led. Staff instilled a positive culture and worked in partnership with relevant agencies to support people to achieve good outcomes. Managers and staff understood their roles and responsibilities. Quality assurance checks were completed to ensure the service remained safe. The provider sought and valued feedback from people and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 ●

# DCC South Derbyshire Home Care

## **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

This inspection was carried out by 1 inspector.

#### Service and service type

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

#### 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.

#### Notice of inspection

We gave the service short 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.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration. We used this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service. We spoke with 6 staff members, including the registered manager, domiciliary service organisers (DSO's) and care workers. We reviewed a range of records, including 10 people's care plans and 3 medicine administration records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including policies and procedures.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare.
- People told us they felt safe using the service. People told us they felt confident they would be listened to if they raised any concerns. One person told us, "I know who my contact is, I could raise anything with them, and it would be sorted."
- The registered manager, and DSO's, understood their safeguarding responsibilities. Staff worked closely with the local authority safeguarding team and had good communication systems in place to share information. This meant action to protect people was taken quickly.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed. This information was used to inform short-term person-centred plans, which provided staff with guidance on how to support people safely. Where appropriate, this was informed by directions from relevant healthcare professionals.
- Staff demonstrated a good knowledge on how to manage risks and were continually assessing the levels of support provided to people. Ongoing feedback from people and staff was used to inform reviews of risk to ensure guidance remained up to date and safe. For example, where staff observed difficulties with moving and handling for a person in the morning, this was fed back, and an additional staff member was added to that person's morning call.
- Key risk information was shared effectively with staff. Staff used handheld devices which meant they had easy access to important information. This also allowed managers to alert staff to any changes quickly.
- People's freedom was not restricted because staff supported them to understand their risks and how to keep safe. For example, one person smoked and staff advised how they could do this safely outdoors so not to increase their risk of falling.
- Environmental risk assessments were completed. These assessments reviewed any hazards that may have restricted access or posed a risk. This ensured people and staff were safe.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service. Staff fed back they felt staffing levels were sufficient to not feel stretched or rushed in their role. One staff told us, "It feels comfortable, but our team works very well so we rarely see problems with staffing." Another said, "There's plenty of staff to cover the capacity we've got."
- There were systems in place to ensure people received their care calls. A scheduling team was responsible for scheduling and monitoring care calls. This meant prompt action was taken where staff were running late,

or care calls were missed.

- Data regarding late, aborted or missed calls was regularly collated and analysed. This meant any issues could be picked up on quickly and addressed, such as property access.
- A duty system was in place for out of hours support for staff and people.
- Staff were recruited safely. Appropriate recruitment checks were carried out which ensured staff were suitable for the role. This included the use of Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed safely. People received their medicines as prescribed. Where appropriate, staff supported people to self-administer medicines safely.
- Staff were suitably trained to administer medicines and received regular competency checks to ensure their practice remained safe.
- Staff understood their responsibility to report accidents and incidents, including medicine errors. One staff told us, "We report any discrepancies, a missed signature would be investigated by DSO's or a missed dose then they would contact the pharmacy or 111."
- Lessons were learned when things went wrong. For example, following a medicines error action was taken to mitigate the risk of re-occurrence. This included an additional group supervision where relevant policies and procedures were re-issued and additional training.
- The registered manager routinely reviewed all accidents and incidents. They analysed this data on various trackers and dashboards which allowed them to identify themes and trends.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received up to date training in infection prevention and control (IPC).
- The provider ensured staff had access to personal protective equipment (PPE).
- We were assured that the provider's IPC was up to date and reflected current government IPC guidance.

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

- People's physical, mental and social needs were assessed as they started using the service. As part of this assessment, information regarding any protected characteristics was sought. Where information within the assessment was lacking, relevant people and professionals were liaised with to ensure full details were obtained.
- Technology was used to enhance the delivery of care and support. For example, once a new package of care was agreed, staff were alerted via their hand-held devices with the key information required before their first visit.
- Within 72 hours of using the service, DSO's carried out a review of people's care and support. The purpose of this was to ensure effective care by checking information they had obtained through the assessment stage was accurate and in line with how people wanted their care delivered.
- People were supported to eat and drink enough where this was an identified support need.

Staff support: induction, training, skills and experience

- Staff were suitably trained to carry out their roles safely. Where staff had identified external specialist training would be beneficial to support people using the service, this was arranged by the registered manager.
- Staff reflected on the mixed methods on how training was delivered. Some felt more face to face training would be beneficial to aid all learning types. Staff told us this had been raised with the registered manager and was being listened to.
- Staff received ongoing support in the way of regular supervisions and competencies. The provider had a learning and development strategy in place which aimed to support staff in their professional development.
- Staff completed an induction when they started with the service. This induction considered any diverse needs of the staff group. Staff told us the induction prepared them for the role.

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

- Staff worked well together, and with other professionals to review people's progress to ensure they continued to receive effective care. This meant where it was identified people either no longer needed support, or needed additional support services, this was co-ordinated smoothly.
- There were good systems to share information and work collaboratively with relevant professionals. For example, weekly multi-disciplinary team (MDT) meetings were held with professionals such as social workers and occupational therapists. Staff were able to feedback on people's progress or seek professional

advice.

- People's well-being was monitored by staff and timely referrals were made to healthcare professionals where required.

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.

- The provider was working in accordance with the MCA.
- Staff had received training and demonstrated an understanding of the principles of the MCA. People confirmed that staff always sought consent from them.

# 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

- People were treated with kindness. We received consistent positive feedback regarding staff. One person told us, "[Staff] are all very kind and friendly, they can't do enough for you." Another said, "It's always nice to see the staff that come in." Another person said, "Staff are good, they are kind to me."
- Staff knew the people they were caring for. This was because information regarding people's preferences, background, diverse needs and goals was obtained and shared.

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

- People, and those important to them, were in control of making decisions about their care. People were supported to access advocacy services where appropriate.
- The service ensured calls were organised and flexible, so staff had the time to listen to people, provide necessary information and involve them in their decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity.
- The short-term service aimed to support people's recovery and regain independence after a period of illness or injury. Therefore, people's independence was promoted as much as possible. Staff showed a genuine dedication to helping people and wanting them to progress. One staff told us, "We are over the moon with [person's] progression."
- Many people no longer needed the support from the service as they had regained a level of ability. We reviewed feedback which confirmed the support from the service helped people to achieve independence. For example, one person had fed back "[Staff] helped towards my recovery... everything [staff] did made me feel safer and stronger."

# 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was a goal focused service. Goals were created with people and support was tailored to enable people to achieve them. For example, one person had wanted support to be able to shower independently again. Goals were reviewed regularly, and support adapted to ensure people were making progress.
- Short-term person-centred plans were personalised and clearly detailed what was important to people.
- Technology was used effectively to ensure people received timely care and support. Staff used hand-held devices which provided easy access to important information when supporting people. One staff showed us the system and explained, "The information is all here, what support we are providing and how people would prefer it."
- People fed back the service supported them to maintain their relationships. If identified as a need, staff liaised with people's social workers to refer to relevant agencies to reduce risk of social isolation.

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 service was meeting the accessible information standard. An accessible information policy was in place and understood by staff.
- Staff were able to provide examples of how they would support people to get information in a way they can understand. Where additional support would be required, staff had an awareness of relevant organisations and charities to refer people to.
- The provider was able to provide information in alternate formats if required, for example large print or braille.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was shared with people as they started using the service.
- People confirmed, whilst they had no need to raise a complaint, they knew how to do so if needed.

## End of life care and support

- At the time of our inspection, no one using the service was receiving end of life care. However, staff were trained to support people at the end of their lives and demonstrated an understanding of best practice guidance. One staff told us, "We recognise the importance and strive to deliver person centred, dignified, compassionate [end of life] care."

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service was well-led. There was a clear vision and strategy, in-particular the short term reablement service, which staff understood and delivered.
- Staff were proud to work in the organisation and dedicated to providing person-centred and empowering care. One staff told us, "I'm proud of what we do to get people back on their feet. In the worst times of their lives we can help them. I wouldn't want to work for any other company." Another said, "What I like about [provider] is the professionalism. The job is really rewarding."
- The registered manager was proud of the culture instilled by their staff team, they told us, "This team are so conscientious, they want to get it right and they want it to be for our clients as well as the staff. They have empathy."
- The service worked collaboratively with a range of different stakeholders and had effective systems in place to share information. This supported people to achieve good outcomes.

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

- The registered manager understood and demonstrated the requirements of the duty of candour to be open, honest and transparent when things have gone wrong.
- The registered manager understood their regulatory responsibilities to submit notifications to CQC when significant events occurred within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clear governance arrangements in place which helped identify and manage risks to people using the service. For example, bi-monthly audits were completed by the registered manager which reviewed all aspects of the service.
- Where areas for improvement were identified, action was taken to mitigate risk and improve practice. For example, the registered manager had identified some improvements were needed to ensure medicine administration records (MAR) were completed appropriately. Ongoing work in the form of training and reviewing best practice guidance with staff was in place to improve this area.
- Technology was well utilised and allowed managers to pull data to review performance. For example, accidents and incidents or aborted care calls.
- The provider's quality and compliance team provided support to the registered manager and completed

regular monitoring checks to ensure oversight and drive improvement.

- The registered manager and staff were clear on their roles and responsibilities for people's care. This included related record keeping, information handling, communication, and reporting.
- The provider demonstrated a commitment to continuous learning. The registered manager told us about future ambitions for the service, with a view to improve the service people received and increase development opportunities for staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to feedback into the running of the service. Feedback was regularly sought, analysed, and shared with staff. This meant the provider understood what was working well, or not so well, and could make any changes as necessary.
- Staff were involved in the running of the service. One staff had told us where they felt the provider could do things differently, they had felt able to share this.
- There were various opportunities for staff to seek support, feedback, or receive service updates. For example, regular supervisions, team meetings and a provider bulletin.
- Staff felt supported in their roles. One told us, "I am always supported by my manager." Another said, "I am passionate about a good service, I will speak up."