

Platinum Homecare 4U Limited

In Home Care Dacorum

Inspection report

Part 2nd Floor, Aston House
27 Queensway
Hemel Hempstead
HP1 1LS

Tel: 01442954264

Date of publication:
02 August 2023

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

In Home Care Dacorum is a domiciliary care agency providing personal care to younger and older people. Some people were living with dementia or had other health conditions they required support with. At the time of our inspection there were 17 people using the service.

Not everyone who used the service received personal care. 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. The service was supporting 12 people with personal care.

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

People told us they felt safe and were well supported by staff. This was echoed by their relatives. People were safe as staff had received training in safeguarding adults and had a good understanding of the signs of abuse. Staff knew how to report concerns both internally and external to the organisation and were confident to do so.

People received their medicines correctly and on time. Staff worked with the local health professionals and pharmacies to ensure people had the right medicine, equipment and health support at the right times.

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. Staff had a good understanding of the Mental Capacity Act and how to support people to make decisions or report concerns of capacity where people's abilities had changed.

Staff supported people to have enough to eat and drink and to access a range of health professionals as they required it. People who needed specialist diets due to allergies or swallowing difficulties had risk assessments in place and this was clearly highlighted in their care plans.

People told us staff were kind and caring and never rushed them. People and relatives felt staff were well trained and efficient. Staff supported people to review their care needs regularly involving their relatives and health professionals as requested. People were supported to receive care that was in line with their preferred methods and needs, taking into account their abilities and cultural sensitivities.

People told us the registered manager responded to complaints quickly and effectively and ensured the same issues did not reoccur.

The registered manager encouraged people to give feedback on the service and suggest ideas for improvements. The registered manager had created an open, person centred culture and had a clear vision of high-quality personalised care that was shared by the staff team and experienced by people receiving care.

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

Rating at last inspection and update

This service was registered with us on 11 February 2022 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.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 ●

In Home Care Dacorum

Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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.

Notice of inspection

We gave the service 24 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 22 June 2023 and ended on 20 July 2023. We used remote technology during

this period to speak to the registered manager and staff team, speak to people and their relatives and review various documentation. The inspection ended on 20 July 2023 when we gave formal feedback to the registered manager and managing director.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 3 relatives about their experience of the care delivered. We spoke with 4 professionals and 4 members of staff including the registered manager and care staff. We reviewed 4 people's care records including medicines records, 2 staff members' recruitment records and various quality assurance documents and policies.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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 told us they felt safe because of the continuity of staff teams and how they were treated. One person told us, "I do feel safe with [staff]. I have a team of regular carers who work on rotation. They are familiar to me and we have a good routine." Another person said, "I do feel safe with them when we use my mini lift. I have full confidence." A mini lift is a stand that supports people to rise gently from a seated to standing position. Relatives echoed this view and felt their family members were safe.
- Staff had received training in safeguarding and had a good understanding of what abuse looked like and how to report it. A staff member told us, "Safeguarding means protecting individuals health, well-being and human rights. We can save them from abuse and harm. I will first inform my line manager, or I can inform the local council or CQC [if I had concerns]. I have a number for the safeguarding team and the whistleblowing line where we can share any concerns."

Assessing risk, safety monitoring and management

- Staff regularly reviewed and assessed risks to people's health and welfare such as moving and handling and falls. Specific risks in relation to people's health conditions such as diabetes, medicines and dementia had also been assessed and measures were in place to mitigate the identified risks.
- Risk assessments in relation to people's environment, in and around their homes had also been completed, these included fire safety and infection control.

Staffing and recruitment

- People told us staff were on time for care visits and they had never experienced a missed care visit. One person told us, "I have an allocated time and [staff] are generally on time. If they are running late, they let me know. I have not had any missed [care visits] and I don't feel rushed by [staff]."
- Staff told us they were allocated care visits in a way that enabled sufficient travel time and enough time during the call to meet people's needs without rushing. Rotas were monitored to ensure safe working patterns and to monitor care visits. The rotas were shared with people on a weekly basis.
- The registered manager completed pre-employment checks such as disclosure and barring checks before staff started work to ensure they were of good character and suitable for the role. 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.

Using medicines safely

- For people who required support with medicines, this was given in ways that suited each person at the correct time. A relative told us, "[Staff] are very good at giving the required medicine. There is so much of it and it can get changed a lot when in and out of hospital."

- Staff were trained to help people take their medicines and had a good understanding of the importance of administering medicines on time and what to do in the event of an error. The registered manager completed regular audits and competency checks to make sure staff understood this training and were able to give medicines safely.
- The registered manager ensured a list of people's current medicines and the main side effects were listed in people's care plans, even where the staff were not responsible for administering them. This meant that staff were aware of side effects to look out for if the person's health deteriorated. They were also able to quickly pass on important information about medicines to the emergency services in the event it was required.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and followed good practice guidance. They used personal protective equipment, such as gloves and understood how to help prevent the spread of infection.
- People told us staff always followed good hygiene practices. One person told us, "[Staff wear] gloves and aprons and always wash their hands."

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents and conducted spot checks of staff practice to help identify concerns early and look for patterns. They had an ongoing action plan for any new areas that required development to improve the care.
- Staff told us incidents were discussed at team meetings and individual supervision to reflect on what had occurred and how to do things differently. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

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 of 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

- The registered manager also worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how best to meet people's individual needs.
- The information gathered at assessment was robust and used to develop person centred care plans. These plans considered people's needs and choices and what decisions they were able to make for themselves. People told us how they had been involved. One person told us, "I am very much involved in how I receive my care. We did a care plan at the start and went through a risk assessment." A relative said, "When we did a care plan and risk assessment, they looked at everything."

Staff support: induction, training, skills and experience

- People told us they felt the staff had received good training and were experienced in care. A relative said, "[Staff] are good. Reliable and trained."
- The registered manager provided a full induction programme for staff which included training, shadowing and mentoring by more experienced staff and assessments of competency and spot checks of practice. A staff member told us, "I have settled in very quickly, I am really enjoying it, the induction was really good. They made sure I understood my job role. I came in a couple of days a week at first to get to know everyone, I shadowed [senior staff] on a couple of [care] visits. The training is good."
- Staff who were new to care, completed the Care Certificate and staff told us they received good training which included written and verbal tests and observations of practice. 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 to eat and drink if this was needed. This included supporting people with a variety of types of diet to meet their medical or cultural needs. People were happy with this level of support. A relative told us, "[Staff] make [my family member's] drinks. They put the thickener in and check their food is softened."
- Staff told us they had completed food hygiene training and they described how they supported people to maintain a good balanced diet and stay hydrated.
- The registered manager ensured risk assessments were in place for any food related risks such as choking or allergies. These were regularly reviewed to ensure they were correct.

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

- Staff recorded important information about people, their needs, daily routines and preferences at each care visit. The information was made available when people visited other providers of care, such as hospitals. This meant these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- Senior staff made referrals to specialist health and social care professionals such as district nurses and occupational therapists when needed. However, all staff were aware of how to contact the district nurses or GP for advice where required.
- People and relatives told us that they or their family member had not experienced falls since being supported by In Home Care Dacorum staff. One relative told of a near fall for their family member when their legs gave way. They told us how the staff team supported to access an OT who was now assessing their care needs for any equipment they required.
- Another relative told us how their family member experienced far less urinary tract infections since being supported by In Home Care Dacorum. They told us, "[Staff member's] hygiene is magnificent."

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.

- People were supported by staff who understood the principles of the MCA and DoLS. They knew how to support people to continue making decisions and who to go to if the person was unable to do so any longer. At the time of our inspection, no-one being supported required a DoLS. However, people's mental capacity was assessed if needed for specific decisions.

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 of 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 told us they were treated kindly by staff, who showed sensitivity in regard to people's needs and abilities and never rushed them. One person told us, "[Staff] are chatty and kind. They were very caring when they noticed a cut before I did. They kept checking it." A relative said, "[My family member's] staff are extremely caring and friendly. They look after them well."
- Staff were aware of people's individual needs and preferences and how to adapt the care to meet people's changing needs.

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

- People told us staff always gave them choice and asked their views on the care before care was delivered. People were encouraged to speak up and had confidence that if anything needed changing the registered manager would implement this. One person told us, "Probably too early for a review, though if I wanted to change something I would call the office."
- Relatives also felt involved and that communication from staff was good. A relative told us, "We are involved in all the decisions about [my family member's] care. Staff notice everything about them." Another relative said, "I am involved in all the decisions in my [family member's] care. Reviews are on-going as their needs change."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's dignity and promote their independence. They did this by encouraging people to do things for themselves and by ensuring privacy was upheld. Staff spoke about people in respectful language. One person told us, "I am independent as much as I can be. I just need some support." Another person said, "We discuss what we are doing before [staff] do it. They check I am ready. They notice changes on me like marks or redness and check I am aware, [in case I need a doctor]."
- A relative said, "[Staff] do respect [my family member's] privacy. They close the door and curtains for personal care. They do encourage them to do some things for themselves. They talk through what they are going to do to check it's ok with them."

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 of 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 had detailed, personalised care plans. This included methods for supporting with personal care such as which coloured flannels to use or preferred approaches. Staff told us the care plans gave them enough guidance on how to respond to people's needs effectively and safely while in keeping with people's preferences. There was also clear information about people's health conditions and medicines to guide staff.
- Staff had developed positive relationships with people. People felt in control of their care. They spoke highly of the care staff delivered and felt comfortable enough with staff to ask for changes. One person told us, "[Staff] have in the past changed the times for me when I have had appointments. They are flexible and accommodating." Another person said, "I feel [staff] are good at accommodating changes."

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 not currently supporting anyone who had more complex communication needs. However, the registered manager and staff understood how to ensure information was in accessible formats such as large print, audio or other languages should it be required.
- People and relatives told us staff communicated with them well, both in person and from the office. One person told us, "[Staff's] English is excellent so they communicate well."

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

- People were encouraged to communicate with their relatives and where people had given permission relatives were fully involved and informed of developments and changes to people's care.
- Staff supported some people in the community for appointments or support with tasks such as shopping.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. They told us they would speak with the registered manager, other staff or their relatives if they had concerns.
- The registered manager had systems in place to record all complaints as well as compliments. These were

regularly monitored and audited to ensure they had been resolved and to look for patterns and themes.

- People told us they either did not have any complaints or where they had raised a concern in the past, it had been quickly resolved. One person told us, "I have no complaints so far. I would recommend this company." Another person said, "If I have any concerns [the registered manager] is very understanding."

End of life care and support

- The service were not currently supporting anyone at the end of their life. However, staff had previous experience in this area. This meant they understood the specific sensitivities they would need to be aware of to fully support a person and their relatives in this situation.

- The registered manager did not always discuss and record people's end of life wishes in their care plans, although people who had a Do Not Resuscitate Order (DNACPR) in place, did have this recorded and a copy kept on their file.

- Some people had not wished to discuss the concept of death and what their wishes were. We discussed with the registered manager, the importance of recording when people have declined to discuss it. We also discussed the importance of encouraging people to at least consider their wishes should they become suddenly unconscious or seriously ill and also how best to stay well. The registered manager plans to take this forward when assessing people and conducting reviews of 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 of 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

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- People spoke positively about having their choices respected and the standard of care. People felt the staff team and registered manager were approachable and flexible. One person told us, "I think the [registered manager] is very helpful. If I email them or call, they respond quickly. They make adjustments if I ask them to."

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 complied with legal requirements for duty of candour; they displayed their rating and we received notifications of significant events as required. They understood the need to apologise to all relevant people in the event something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they were well supported by the registered manager who provided a good quality of training. Staff told us they had the opportunity to follow up individually and as a team in supervisions and staff meetings if there was something they were not sure about.
- The registered manager and the staff team understood the requirements of their role and the legal regulations. The registered manager also ensured their knowledge was up to date by keeping up to date with changes in the care industry. They then shared this information with the staff team.
- The registered manager conducted regular audits on all aspects of the care delivery such as, care plans, daily notes, risk assessments and care visit times. These were used to identify areas for development and drive improvement in the service.

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

- The registered manager sought regular feedback from people and staff regarding their experiences of care and working for the organisation. The results from the feedback were analysed, action plans were drawn up from these surveys to improve the quality of the service. One person told us, "The [registered manager] is

friendly and visits now and then to check everything is ok. I have filled in a survey feedback form." Another person said, "I get a monthly call to check I'm ok and happy with the service given."

- Staff completed reviews of people's care, which also provided people and relatives with another opportunity to feed back about their care. A staff member told us, "The [registered manager] is always responding to our concerns and they are always enquiring about the client's needs. They always give me good support all the time and if we have concerns, we can call them anytime."

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. Staff were supported to develop their skills and knowledge and gain new qualifications. The registered manager also carried out audits and quality monitoring visits to people's homes. These showed they identified areas of the service that required improvement and how they would meet them in a timely way.. Records of complaints, accidents and incidents were analysed to find trends or themes.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority social services and healthcare teams. A professional told us they had no concerns about the care delivered by In Home Care Dacorum.