Care Quality Commission

Mrs Samantha Louise Rosewell

Dedicated Care

Inspection report

1A Church Street
Cullompton
Devon
EX15 1JU

Tel: 01884839088

Date of inspection visit:
14 June 2018
06 July 2018

Date of publication:
30 August 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place at the service's office in Cullompton on 14 June and 6 July 2018. We announced our visit the day before to ensure staff were available to assist with the inspection.

Dedicated Care provides personal care to people who need assistance in their own homes. The area the service covers includes Tiverton, Broadclyst and Cullompton . At the time of our inspection there were 34 people receiving a personal care service and 15 staff worked at the service.

At our last inspection in October 2015, we rated the service as good. At this inspection we found evidence continued to support the rating of good in five key questions. From our ongoing monitoring of the service there was no evidence that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered provider provides care to people using the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since our last inspection, they have employed a manager, who has applied to register with the Care Quality Commission (CQC) and manages the service on a day to day basis.

People gave us positive feedback about the staff and the management team. They said they could speak with staff if they had a concern and were confident actions would be taken, if required. There was a strong commitment to staff training, which included recognising and reporting abuse, and increasing the staff team's knowledge and skills. Recruitment practices ensured people were supported by appropriate staff.

Medicines were well managed. People were supported to maintain a balanced diet. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. Care plans were individualised. People were referred promptly to health care services when required. A number of effective methods were used to assess the quality and safety of the service provided.
Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA. Staff supported people to be involved in making decisions and planning their own care on a day to day basis. People said staff treated them with dignity and respect in a caring and compassionate way.

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 provides good care. Recruitment practice has improved. Medicines are managed well. People felt safe and supported by staff in their homes. Risks were identified and actions put in place to reduce them.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Care Quality Commission

Dedicated Care

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 inspection took place on 14 June and 6 July 2018. On these dates we visited the office but on two other days we also phoned people using the service and e-mailed staff working at the service to gather their views. We announced our visits on 14 June and 6 July 2018 to ensure staff were available to assist with the inspection.

The inspection team consisted of one adult social care inspectors and an 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 service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with ten people receiving a service. We also spoke with two relatives and contacted all the staff members. We spoke with the manager and reviewed four staff members written responses.

We reviewed three people's care files, staff files, staff training records and a selection of records relating to the management of the service. Before our visit we sought feedback from eight health and social care professionals to obtain their views of the service provided to people; and received feedback from one.

Good

Is the service safe?

Our findings

The service provides safe care to people. Staff had completed application forms and the outcomes of interviews were recorded. The manager sought references from previous employers, including references from previous care work employers, and obtained appropriate identification from applicants. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People said staff could be identified by their uniform and name badges to help people feel safe. One staff did not have a photo on their badge which was rectified during the inspection. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

Care staff completed on-line medicine administration training. People received varying levels of staff support with managing their medicines. Some people said they were self-medicating or had the support of a family member. A few people said staff supported them to take their medicines from a blister pack. They all said that they were given correctly, and the right amount. We checked medicine administration records (MARs); these were not consistently completed particularly for prescribed creams. The company had already recognised improvement was needed and a new electronic medicines system was installed during the inspection. We saw how this would flag-up if there were gaps in records, which the manager said would be addressed immediately. The minutes from a meeting with staff showed they had been reminded about the importance of completing the charts.

The manager recognised improvements were needed to monitor the competency of staff in this area of care. Changes were made to how staff were supported to administer medicines, including information sheets with side effects, and how staff practice was monitored. They had implemented workbooks for medication for new staff to complete and observed the practice of a new member of staff, which they said would become routine. Following the first day of our visit, a newsletter was sent to staff to advise them medicine records would now be checked weekly by the management team resulting in possible disciplinary action if records were not completed.

People felt safe and supported by staff in their homes. They told us this was because the staff did not miss visits and were generally on time, although several people felt staff did not have enough travel time causing them to be rushed. The manager said people were advised a half an hour leeway around their requested time slot. Several people said they were not kept updated of changes or delays but others were happy with the agency's reliability and the written information they received, which were posted to them. The manager said they would review how changes were communicated to people.

Staff said they were happy with how visits were arranged. One said "Every service user has a printed sheet of the following week so they know what carer and the time of their visits, these are posted to them. We have enough allocated time to fulfil all task required." A social care professional said they had confidence based on the agency's performance that they would provide high quality care.

We reviewed how identified risks were managed. Risks were clearly flagged to staff in people's care records.

For example, care staff monitored how much some people ate and drank who were at risk of poor nutrition.

There were on-call arrangements for staff to contact the provider if there were changes to people's health and well-being during their shift. Records showed the provider also considered the safety of staff before agreeing to provide a service. Staff told us they had appropriate levels of information before visiting new people using the service.

Staff were supplied with gloves, hand gel and aprons, and if they ran out they could visit the office to re-stock or a colleague collected items for them. We saw there was a large supply of gloves and a large hand gel container kept in the office; the provider also sent us receipts to show infection control equipment was ordered regularly.

Good

Is the service effective?

Our findings

The service continued to provide effective care to people. People complimented the staff group as they knew how to support them. For example, one person said, "Can't fault them, very helpful." They said they had been consulted, involved in their care plans and had a copy of their care plan in their home. Our review of care plans showed this to be the case. People said care workers checked with them how they wanted to be supported. Positive comments from people using the service and their families about the skills and approach of staff showed staff used their knowledge and training to provide good quality care.

New staff to the agency completed an induction, which included training and shadowing experienced staff for several shifts before working alone. People said this enabled them to meet new staff before they provided care for them. Staff received training, which made them feel confident in meeting people's needs and recognising changes in people's health and well-being. Comprehensive training was provided, which was both practical and on-line. The agency had a separate training room with good practice guidance on display for staff to refer to.

Staff were positive about the level of training and the support they were given by the provider and the manager. For example, one person said "I feel supported by the senior staff and manager. I have recently had supervision, where if needed, I could raise concerns or suggestions and yes I believe these would be listened to and taken into consideration. The best thing about the agency is team work and supporting one another."

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.

We checked whether the service was working within the principles of the MCA. Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. They ensured they had copies of documentation to show if relatives had legal powers to make decisions regarding health and welfare issues or financial issues.

People's healthcare needs were documented in their care plans, and if necessary, staff supported people to make health care appointments. Records and feedback from staff showed they recognised when people's care needs had changed and required a review to ensure they were supported appropriately. For example, requesting an occupational therapist to visit when a person's mobility deteriorated and they needed a different type of bed and mattress.

People were happy with how staff supported them with meals, for example one person said staff were "good cooks." A staff member said, "I would report any changes to support needs or condition and they are always acted upon." One of the care plans we reviewed showed how staff were aware of the impact of the person's

lifestyle choices, which meant it was important to ensure they had support to take prescribed vitamins and were supported to eat their favourite meals. For another person we saw how a GP had been contacted when a person lost weight and a food fluid chart was instigated to monitor their intake.

Good

Is the service caring?

Our findings

The service continued to provide good care to people. The service's statement of purpose states the aim "to provide one to one support with the highest person centred care ensuring dignity and respect...at all times." Everybody said they were happy with the care they received and the caring nature of the staff group. Comments included "very good", "get on lovely with them" and "makes you feel good...got a smile on their face." Feedback from a quality assurance survey sent out by the service was positive about the caring nature of staff, which reflected recorded compliments.

Staff feedback showed how they took into consideration people's feelings by respecting their dignity and privacy. For example, one said "Regarding their privacy and dignity, I try and think how I would want to be cared for and if washing on a bed ....cover up the undressed parts of the body i.e. when we cared for an end of life lady who was bed bound her family were there and ...would be politely asked to wait outside. And I would always cover her body with a large towel if washing to help protect her dignity and talk to her how I would want to be talked to with respect and dignity at all times."

The manager and the provider worked alongside the care staff. This meant the management team knew people's individual care needs and their personal circumstances. For example, one person had no next of kin or anyone close to them to assist them to manage and attend appointments. The manager recognised the person's mental health impacted on their ability to attend hospital appointments independently. They had tried to involve external agencies in providing transport but when this had not been successful, they took on the role of helping them communicate with health professionals and attend the hospital.

Care staff said they felt supported by the manager and the provider. This was partly because they were accessible and worked alongside them, as well as the culture of team work and respecting each other. For example, one worker said "I enjoy working for Dedicated Care, we have a great sense of camaraderie and all help each other out. I think the clients sense this and know they are getting the best possible care." We saw an example of how a staff member had been supported after a person had died unexpectedly, which included the provider stepping in to cover some of their visits.

Staff highlighted in their feedback their sense of pride in their job and recognised their responsibilities to the vulnerable people who used the service. Our discussions with the manager demonstrated their empathy towards the people using the service so they provided a good role model.

Good

Is the service responsive?

Our findings

The service continued to provide responsive care to people. People received personalised care and support specific to their needs and preferences. People said they were involved in their assessment, describing how they had met with staff so they could understand their needs. Staff explained how the provider provided good quality information about the care needs of new people to the service. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs.

People said they had been involved in assessments and had signed them to agree to the content. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. For example, people told us they were involved in their care planning and records showed they were written in a personal manner for each individual rather than being formulaic. Records showed the agency was responsive to people's changing care needs. This included providing extra visits as well as reducing visits when people's health improved.

Care and support was planned in a person centred way. Each person had a care plan that was tailored to meeting their individual needs. These were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. People's care and support was planned in partnership with them. For example, people had signed their care plan, or where appropriate, a person with a legal power to sign on their behalf. This is important because it signified that the care plan was developed with the individual and had their agreement. Daily records showed staff were responsive to people's needs as they provided a clear account of how the person had been supported and documented changes to their health or emotional well-being.
People said the support and care they received helped them be as independent as possible. They described how care workers encouraged them which led to them feeling more confident as they regained daily living skills. For example, one said their "confidence was rock bottom" but staff encouraged them to sit out in the garden and then "coaxed" them to go out. Staff supported another person to re-learn to dress independently.

Complaints were logged, investigated and responded to in a sensitive manner. People told us staff were approachable and they felt confident concerns or complaints would be addressed. Staff kept recorded general concerns, which showed how they listened to people's feedback and addressed issues promptly.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Care records contained clear communication plans explaining how each person communicated and ensured staff knew what aids people needed to help them stay involved in the life of the home. Staff gave information to people, both verbally and in a written format. Staff recognised effective communication as an important way of supporting people to aid their general wellbeing. During the inspection, the manager provided examples of how people's communication needs were incorporated into care planning. They added a

prompt question in their assessment form to check with people if they needed the style of the care plan altered to make it more accessible.

Good

Is the service well-led?

Our findings

The service continued to provide well-led care to people. The service was well run and managed by a competent team made up of the manager and the provider. A senior worker assisted the management team with reviews and spot checks to ensure people received a good quality service. During the inspection, feedback from people using the service and quality assurance records showed this had been achieved.

People knew the management team because they stepped in to cover sickness and staff vacancies so felt confident about approaching them if they had concerns. The manager explained how people could contact them even if they were out on a call as there was an on-call system, which ensured they could respond quickly to queries. People said the management team or a senior contacted them either by phone or by visiting them to check if they were happy with their care.

The provider recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided. The latest quality assurance survey showed people rated the service highly. People said they would recommend the service to other people looking for care in their own home. Quality assurance checks were completed on a regular basis. For example, people's care plans and risk assessments were reviewed, as well as daily records and medicine records. This helped them identify where improvements needed to be made. Where actions were needed, these had been followed up. Visits to people's home helped the management team monitor that staff were supporting people appropriately in a kind and caring way.

The management team kept staff up to date with changes to working arrangements and people's health and well-being through meetings, newsletters, supervisions and working alongside them. Training records were audited to ensure staff had the skills needed to complete their work safely and with a caring attitude. When staff were recruited, the provider stated the personal attributes needed included "to be friendly but professional" and "to treat everyone as an individual". Care records and feedback from people using the service showed this approach had been successful.

The provider and the manager were open to ways to improve the service. For example, buying a new electronic medicines system and seeking advice to improve the way information was recorded for food and fluid charts. There was a strong commitment to induction and training. This meant staff had the necessary skills to meet the range of people who received care from the service. Experienced staff who provided shadow shifts for new staff confirmed their views were sought on the competency of new staff.

The manager shared how the staff group was valued by the service. For example, staff were rewarded for 'going the extra mile.' This resulted in one care worker being awarded tickets for a music event because of their commitment to the service and feedback about their work. A staff member said this new system was transparent and meant there could be no favouritism.