DHC Midlands 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

This announced inspection took place on 14 November 2016. The provider had 48 hours' notice that an inspection would take place so we could ensure staff would be available to answer any questions we had and provide the information that we needed. Further phone contact was made with people using the services and their relatives on 18 November 2016.

DHC Midlands Ltd is registered to deliver personal care. They provide care to people who live in their own homes within the community. People who used the service may have a range of support needs related to old age and/or dementia, physical disability, sensory impairment, learning disabilities or autistic spectrum disorder or mental health issues. At the time of our inspection 71 people received personal care from the provider.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported appropriately by staff to maintain their safety and protect them from avoidable harm. Staff received the training required in relation to medicines and periodically had their competency checked in all aspects of care provision. The provider investigated and reported the details of any incidents or accidents as necessary, including notifying the appropriate external agencies. Care staff were aware of the potential; risks to the people they cared for and knew how to support them in order to minimise these. People were supported by regular care staff and were notified of any delays that may occur in them receiving the care they were expecting.

People were supported by competent staff who had the knowledge and skills to assist them effectively with all their needs. New employee's performance was monitored through meetings and via the feedback management sought from staff supporting them on induction. Staff were able to access the support and any advice they needed both in and out of hours. Staff understood the need to gain people's consent before assisting them and how to support them to make informed choices. Staff knew clearly how people should be supported with their nutrition and to stay hydrated. When people had specific health care needs staff knew how support them and who to contact if the person became unwell, in and out of hours.

People were supported by caring, supportive care staff. Staff showed a caring nature towards the people they supported and knew people and their needs well. People were satisfied with how they were communicated with and involved in making decisions about their care. People were enabled by staff to remain as independent as possible. Care staff understood the importance of maintaining people's privacy and dignity when providing care.

People received the care they wanted when they needed it and had their support needs periodically

reviewed. Pre assessment information was used to inform the planning of people's care when they started using the service. People's cultural and spiritual needs were considered and met. People felt comfortable raising concerns and complaints with the office staff and management. The provider acknowledged, investigated and responded to complaints received in a timely manner and in line with their own policy.

People received a service that they felt made a positive difference to their lives. People and staff were supported through strong leadership from within the service by the registered manager and the management team in general. The provider was transparent in its reporting to us and other external agencies when incidents occurred within the service and there was an effective system in place to monitor the quality of service. The provider encouraged open communication and encouraged staff and people to give their views, suggestions and experiences of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Medicines management systems were operated effectively.

People were supported appropriately to maintain their safety and protect them from avoidable harm.

People had regular care staff and were notified if any delays may occur in them receiving the care they needed.

Is the service effective?

Good

The service was effective.

Staff had good access to the supervision, support and advice they needed both in and out of hours.

Staff understood the need to gain people's consent before assisting them and how to support them to make informed choices.

People's specific health care needs were known by staff and they knew who to contact if the person became unwell at anytime.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring nature towards the people they supported and knew people and their needs well.

People were enabled by staff to remain as independent as possible.

Care staff maintained people's privacy and dignity when supporting them.

Is the service responsive?

Good

The service was responsive.

People received the care they wanted when they needed it and had their support needs periodically reviewed.

The provider acknowledged, investigated and responded to complaints received in a timely manner and in line with their own policy.

Is the service well-led?

Good

The service was well-led.

People received a service that they felt made a positive difference to their lives.

The provider was transparent in its reporting to us and other external agencies when incidents occurred within the service.

The provider encouraged open communication and encouraged staff and people to give their views, suggestions and experiences of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 November and was announced to ensure staff would be available to answer any questions we had or provide information that we needed. Further phone contact was made with people using the service and/or their relatives on 18 November 2016. The inspection was undertaken by one inspector and an Expert by Experience. An Expert of Experience is someone who has personal experience of using or caring for a user of this type of care service.

We reviewed the information we held about the service including notifications of incidents the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, what the service does well and what improvements they plan to make.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with three people who used the service, five relatives, six care staff, a community supervisor, a coordinator, the registered manager and the managing director. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records, we reviewed three staff recruitment records, one disciplinary record, the complaints logs and seven medication records. We also reviewed a range of records which related to the quality assurance and monitoring of the service.

Good

Is the service safe?

Our findings

People all told us they felt safe using the service. A person told us, "I have peace of mind and feel safe". Relatives were sure staff supported their loved one safely and they told us they never needed to worry about them due to the support they received.

Care staff we spoke to were able to discuss how they maintained people's safety in a variety of ways for example, by ensuring their property was secured to the persons instructions after conducting a care call. They told us they knew what to do if they had any concerns about people because they had received training in how to protect them, including the types of potential abuse and harm they may experience. They knew the reporting mechanisms if concerns arose, care staff told us, "I would always make sure in the first instance of I had concerns that the person was safe, I would alert the on call or the office" and "If the person wasn't their usual self, such as changes in their behaviour, I would talk to them, find out was troubling them if I could and report it all to the office".

The provider investigated and reported the details of any incidents or accidents as necessary, including notifying the local safeguarding authorities and the Care Quality Commission [CQC]. Care staff we spoke with knew what emergency procedures to follow and knew who to contact in a variety of potential situations, including how to escalate any concerns out of hours.

The records we reviewed included risk assessments completed in respect of people's health and welfare needs. They described the risks for staff to consider when supporting the individual, for example risks within the environment or when assisting the person to mobilise. These had been reviewed regularly and updated as necessary. Care staff were able to describe the individual risks to people they cared for and were confident they would be informed of any changes to the potential risks to a person before providing a care call. A care staff member said, "I generally go to the same people, but if anything changes they [office staff] call you or email you to give you new information, as well as updating the file in the persons home which I refer to". This meant that the provider supported staff to protect people from avoidable harm wherever possible.

We asked people whether they ever experienced any delay in receiving their care and whether the service made efforts to provide consistency of care staff that supported them. All of the people told us they had a regular core team of care staff who attended on time and stayed for the correct amount of time. They told us that if the care staff were to be delayed in anyway the office would contact them to say they were running late. A person told us, "I have a small group of regular staff" whilst a relative said, "My relative enjoys the company of the carers, they know them all well". Staff confirmed that rotas were planned in advance and where possible with the consistency of staff visiting people in mind. They told us they had sufficient time to provide the care people needed, with travel time factored in on the rota to support their ability to arrive on time for care calls. No one we spoke with told us they had experienced any missed calls. We saw that when missed calls had occurred, the provider investigated these thoroughly and took the appropriate action to minimise the risk of reoccurrence.

The provider told us in their PIR that care staff were recruited as part of a robust process to ensure that they were of suitable character, background, possessed the necessary skills, experience and attitude for the job role. We reviewed records in relation to recruitment practices and confirmed the providers system were effective. Staff confirmed that the appropriate checks and references had been sought before they had commenced in their role. We found the processes in place ensured the staff recruited had the right skills, experience and qualities to support the people who used the service.

Most of the people we spoke with administered their own medicines. People we spoke who received support to take their medicines or their relatives told us they were supported to take their medication in a safe way, at the appropriate times. One relative commented, "The carers are very good, they make sure my mum takes her medicines". Care staff we spoke with told us how they supported people with their medicines; they demonstrated to us that they had a good knowledge of how to do this safely. We saw that the competency of care staff was periodically checked and they received training and updates about how to support people safely with their medicines. We found the provider had good systems in place to record the quantities and times that medicines were received by people. The registered manager undertook checks on the MARs each month for any omissions or errors.

Good

Is the service effective?

Our findings

People told us they believed that care staff had the skills to support them effectively. They told us care staff were competent and able to support all their needs. One person said, "I can't fault any of my carers; they know what they are doing". Staff told us they undertook a variety of training that allowed them to maintain and develop their knowledge and skills. They told us, "We do classroom and online training, I think it's good to have a mixture of both" and "I did a couple of weeks training when I first started and it set me up to do the job safely". We saw that when care staff had completed their induction they were supported to enrol onto a national accredited course, at a level appropriate to their development needs.

Staff were provided with and completed an induction before working for the service. This included training, familiarising themselves with the provider's policies and getting to know the people they would be supporting through shadowing more senior staff and reading care records. The service had implemented the Care Certificate, which is the national set of induction standards in the care sector, which all newly appointed staff are required to evidence they have met as part of their induction. We saw that during their induction staff were observed providing care to people by the community supervisors. The observations completed were mapped to the Care Certificate standards. Staff told us, "My induction was very good. I spent nearly two weeks shadowing other staff and if I wanted more I could have it" and "I felt fine about starting to work more on my own after I had been through induction". We saw that the new employee's performance was monitored through meetings and from feedback management sought from staff supporting them on induction.

Care staff received regular supervision to reflect upon their performance and discuss their development needs. Care staff members said, "Supervision is really helpful and gives me a chance to catch up with the manager and for them to see and ask how I am getting on" and "I have supervision with [registered managers name] and she checks I am happy and I see if they are happy with my work too". Staff said they were satisfied with the level of supervision available to them; they told us that alongside the formal supervision they received they could access the support and any advice they needed both in and out of hours.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People told us that staff were courteous and always sought their permission before providing any support or assistance to them. Staff we spoke with understood the need to gain people's consent and support them to make informed choices. We saw in records that people's consent had been sought and their level of capacity to make decisions had been considered throughout the assessment process and in

the planning of their care. Staff had been provided with a brief overview of the MCA and DoLS [Deprivation of Liberty Safeguards] as part of their induction. However, some of the staff we spoke with were less certain about the details of the act and what a DoLS may mean for a person they were supporting. The provider found an online training package as a result of our feedback that they would support all the care staff to complete. This meant that the provider was keen to ensure that care staff clearly understood the principles of the MCA and DoLS. No one using the service was subject to a DoLS.

People said that care staff ensured they were eating and drinking sufficiently when they visited them. A person told us, "The care staff leave me a drink and a sandwich". A relative said, "They [care staff] make sure [relative] eats and drinks properly". Care staff told us they reported back to the office any concerns they had about people's levels of nutritional intake, a representative from the office who would then liaise with family or healthcare professionals as necessary. Staff we spoke with told us and care plans viewed, outlined clearly how people should be supported with their nutrition and to stay hydrated. Assessment of risks in relation to people's nutritional intake had been undertaken.

People felt care staff would know what to do for them or who to contact if they became unwell. A staff member said, "I had to get an ambulance for one lady as she had an accident. I let the office know and stayed with her until the paramedics had checked her over and left". Records demonstrated that people had been supported by their family and when necessary, care staff to access a range of health care professionals. Where people had specific health care needs there were detailed plans about how staff should support them and who to contact if the person became unwell, in and out of hours. The provider told us in their PIR that they had introduced 'communication alerts' on peoples monthly report books [care record in the person's home]. We saw this entailed a label being applied to the front of the book indicating if the person was diabetic and if they were insulin dependent; they had also highlighted the individual's safe and danger zones for their blood sugar levels. This meant that the provider equipped staff with the knowledge required to support people safely.

Good

Is the service caring?

Our findings

People told us they felt cared for by the care staff who visited to provide the support they needed. They said, "They [care staff] are lovely, I am very fond of them", "My carers are like friends, they are very caring", "All the carers are ever so nice and kind" and "My regular team are lovely". Relatives we spoke with were positive about the care staff's approach and nature. One relative told us, "The carers introduce themselves to us by name, tell us what times they come into [relative], we are not ignored".

Everyone we spoke with said they were cared for in the way they wanted to be and they were not rushed in any way. A person told us, "They [care staff] do always ask if there is anything else I need doing; they go the 'extra mile'". A relative told us how the office and care staff were very supportive when their loved one was in hospital and they had made an extra call to them, they said, "They gave my mum the emotional support she needed too". Staff y demonstrated to us they cared for people and that they knew people and their needs well. They explained they gave people time by listening to them, reassuring them and getting to know them.

People were satisfied with how they were communicated with and described how they were involved in making decisions about their care. They told us, "The office staff are flexible and responsive to my needs", "The care staff will listen, chat to me and respond to anything needed, they are like friends to me" and "My point of contact at the office is very helpful and compassionate and will go the extra mile with any concerns I have". Relatives said, "I have a phone number to contact them, they are very competent", "Communication is good and the office answer very quickly" and "I have peace of mind, if there was a problem the office would ring". A community supervisor said, "It's all about involvement of the person in their care and meeting with them, making a connection". We saw that people's ability to communicate was considered in their care plans. For example in one record where the person had slow speech there were instructions for staff to be patient and allow the person the time they needed to express themselves.

Staff told us that they had all the information they needed in order to support people and understand their changing needs. They said, "The office let us know about any changes" and "The care plans tell me exactly what I need to do for the person and I can ask them and involve them in deciding what they need". The provider told us in their PIR that from referral stage, individuals were involved wherever practically possible in developing their care plans. The findings from our inspection confirmed this.

Verbal information about how to access an advocacy service could be sought from staff or the registered manager by people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. Written information and the contact numbers for local advocacy services were not included in the 'service user guide' given to people when they started using the service. The registered manager agreed to add this information to this document for people to refer to.

People were enabled by staff to remain as independent as possible. One person told us, "The carers let me do things for myself if I say I am ok to". Relatives also felt care staff supported their relative's independence, they said, "Mum would not be able to stay in her own home if it were not for the carers and their support, they help her remain independent" and "It would be a struggle for both of us to have any independence

without them". Staff we spoke with were keen to enable people rather than create dependency. A care staff member said, "I always support people to do as much as they can for as long as they can, but we are there for when they aren't able to do things".

People told us that care staff behaved respectfully towards them at all times. People told us "My carers never speak out of turn" and "The quality of care is good and they [care staff] treat me with great respect". Care staff described how they maintained people's privacy and dignity when providing care. They gave examples such as talking to the person to make sure they were comfortable, closing the curtains and covering their bodies to maintain their dignity when they were providing personal care.

Good

Is the service responsive?

Our findings

People told us they received the care they wanted when they needed it. They confirmed to us that they had been involved in making decisions about their care and that they received periodic reviews of their needs. One person said, "They [care staff] know me well". Records showed assessments were completed to identify people's support needs that people and their relatives had contributed to. Pre assessment information was also available to inform the planning of care when the person started using the service.

Care plans contained relevant personalised information, detailing how people's needs should be met which included their preferences, wishes and requests. We found that care plans and assessments were reviewed and/or updated in a timely manner. Staff described to us what person-centred care was and how they put it into practice. The staff we spoke with were clearly knowledgeable about people's needs. A community supervisor told us, "We skill match the care staff to the person's expressed wishes and needs". Records evidenced that people's cultural and spiritual needs were considered as part of their initial assessment and care planning. For example, the provider was providing support to people in respect of their specific language needs by providing staff to visit them who could speak in their preferred language. The service also accommodated people's preferences for either a male or female worker to provide their care; rotas were organised to ensure these preferences were met. Although we saw that people's diverse needs had been taken into consideration in the care they received, information such as people's marital status, sexuality and religion were not routinely recorded in care records. The registered manager assured us they would adjust their personal profile form to include a prompt for these details to be recorded for everyone using the service.

People told us if they wanted to raise complaints they knew who to speak with. They told us, "If there was a problem I know who to go to", "I have been with them five years and have had no reason to complain" and "I have no complaints but would ring the office if I did and I know they would sort it". Information about how to make a complaint was clearly outlined in the 'service user guide' people were provided with when they joined the service. The provider told us in their PIR that they 'operated a robust communication system by way of an advanced telephone system supported by a communication form; all communication forms are reviewed, audited and logged with the registered manager'. At our inspection we established that these communication forms evidenced that people felt comfortable enough to raise any issues they had with the registered manager or office staff informally.

Staff described how they would support people to raise a complaint if this was required. The registered manager told us that they adopted a culture of being 'open' and 'very approachable'. As a result of this approach they felt this had influenced the reduction they had seen in complaints made about the service. We reviewed the complaints received by the provider since our last inspection and found that they acknowledged, investigated and responded to each complaint received in a timely manner and in line with their own policy.

Good

Is the service well-led?

Our findings

People spoken with said the service made a difference to their lives and described the support they received as 'invaluable' and 'excellent'. They told us, "It's fantastic, I couldn't wish for anything more" and "I would be lonely otherwise, I look forward to seeing them [care staff]". Relatives said of the service, "I am more than impressed" and "Dad wouldn't be able to live independently without them [care staff] the service is a 'god send'".

Staff told us they enjoyed their work, saying, "I enjoy working for them [the provider], we are like a family here" and "It's a good place to work". They told us they were clear about the management structure and spoke positively about the approachable nature of the registered manager. We saw that staff received regular communication, meetings, updates and supervision from the registered manager; all the staff we spoke with told us they felt fully supported in their role. Staff spoke positively about the leadership skills of the registered manager and the support they received from the management team in general, comments included, "[Registered manager's name] is so approachable and she supports me on all levels" and "There is good support available both in and out of hours. The management team believe in quality over quantity, which is refreshing".

We found they knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding issues as is required by law and to notify other relevant professionals about issues where appropriate, such as the local authority. The provider was transparent in its reporting to us and other external agencies when incidents occurred within the service. Staff told us there was an open culture in the service and that they could contact any of the management team if they had any concerns. A staff member said, "We are able to make suggestions to them [management], they do listen and act if they need too". Staff we spoke with were aware of how to whistle blow and said they were aware of the provider's policy relating to this. A staff member said, "I know I could whistle blow if I needed too, but the management here sort any issues straight away anyway".

There was a system in place to monitor the quality of service. We saw that a number of audits were in place. For example, we saw that incidents were monitored and fully investigated by the registered manager to ensure any trends were identified and MARs were checked each month to identify any errors and/or omissions. We saw that issues identified as a result of audits undertaken resulted in the appropriate remedial action being taken. Community supervisors undertook spot checks on staff whilst they provided care in people's homes to ensure the care being delivered was safe and of good quality.

People were asked for their opinion of the service by phone, during visits and were also asked to complete surveys to give their feedback about the service. Most people we spoke with said they had received a questionnaire to complete which asked them questions about the quality of care. Testimonies made by people about the service gathered at the last survey included, 'All my carers are very respectful, polite and professional', 'I found that if there was a problem it is dealt with quickly' and 'The service is prompt and efficient'. Any comments received from the completed questionnaires that were less favourable were dealt with directly with the respondent by the registered manager. The provider told us there had been over a 30%

increase in the level of customer satisfaction from their analysis of their most recent quality survey. We saw that overall the comments received about the service were positive. The registered manager told us that they were planning to develop better systems for communicating the findings and any improvements made as a result of the survey to people using the service, which they had also outlined to us in the PIR they sent to us. This meant that the provider encouraged open communication and encouraged people to give their views and experiences.

The provider completed and returned a provider Information Return (PIR) we requested within the timescales given. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service, we found evidence of this.