Dignity In Life Ltd

Dignity In Life

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

The inspection took place on 27 June 2017 and was announced. This was the first inspection for this service.

Dignity in Life offer a range of domiciliary care services, including cooking, cleaning and personal care.

There was a manager in place at the service who was going through the process of registering with the Care Quality Commission. 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 who used the service told us they felt safe. Staff files we looked at evidenced a robust recruitment procedure and staff we spoke with told us there were enough staff to cover the work. All staff had undertaken training in safeguarding and staff we spoke with demonstrated a good understanding of safeguarding issues and were confident to report any concerns.

Individual risk assessments were in place and these were updated on a regular basis. Accidents and incidents were recorded and followed up with actions such as contacting other professionals or making a referral to another agency.

There was an appropriate medicines policy in place and all staff had undertaken medicines training and their competency was assessed and regularly checked. There was a clear protocol for reporting any medicines errors.

There was a thorough induction programme in place, which included mandatory training. Refresher training and extra courses were on-going. Supervisions and appraisals had been undertaken regularly.

Care files included a range of personal and health information, documenting people's support requirements. Nutritional information was included and where an issue was identified, for example when weight loss was being monitored, food and fluid charts were completed. Special diets, such as diabetic diet, were highlighted within the records.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA). Staff were aware of the principles of the MCA and about how to contribute to making decisions in people's best interests.

People who used the service told us they were happy with the support and with the staff. Staff we spoke with were able to tell us how ensured people's dignity and privacy were respected.

We saw from the care records we looked at that equality and diversity was respected. The service tried to

match up people who used the service with workers who had the appropriate skills and knowledge, for example relating to language and culture. People's religious and spiritual beliefs were documented and respected in terms of care delivery and support.

There was evidence in the care files of the involvement of people who used the service and their families in care planning and reviews. There was a service user handbook given out to prospective users of the service and families.

We saw that care files were person-centred and included personal preferences, likes, dislikes and interests. This helped staff members deliver care in a person-centred and individual way. Some people received an outreach service to support them to activities and events.

The service had an appropriate complaints policy and procedure. Complaints were logged and followed up appropriately.

There was a manager in place at the service who was going through the process of registering with the Care Quality Commission.

People who used the service and staff members told us the management were supportive and approachable. Staff meetings took place on a regular basis and gave staff a forum to raise concerns and make suggestions.

A number of audits were undertaken regularly and there were regular visits to people who used the service to check on their welfare. Satisfaction surveys were given out for people to complete and their views and opinions were noted and acted on to help improve care delivery.

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.

People who used the service told us they felt safe. Staff files evidenced a robust recruitment procedure. All staff had undertaken training in safeguarding and staff we spoke with demonstrated a good understanding of safeguarding issues and were confident to report any concerns.

Individual risk assessments were in place and these were updated on a regular basis. Accidents and incidents were recorded and followed up with appropriate actions.

There was an appropriate medicines policy in place and all staff had undertaken medicines training. There was a clear protocol for reporting any medicines errors.

Is the service effective?

Good

The service was effective.

There was a thorough induction programme in place and refresher training and extra courses were on-going. Supervisions and appraisals had been undertaken regularly.

Care files included relevant health information. Food and fluid charts were completed where a nutritional issue had been identified. Special diets, such as diabetic diet, were highlighted within the records.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People who used the service told us they were happy with the care and support and with the staff. Staff we spoke with were able to tell us how people's dignity and privacy were respected.

Equality and diversity was respected and the service tried to

match up people who used the service with workers with whom they were compatible.

There was evidence in the care files of involvement of people who used the service and their families in care planning and reviews.

Is the service responsive?

Good

The service was responsive.

Care files were person-centred and included personal preferences, likes, dislikes and interests. This helped staff members deliver care in an individually tailored way.

Some people received an outreach service to support them to activities and events.

The service had an appropriate complaints policy and procedure. Complaints were logged and followed up appropriately.

Is the service well-led?

Good

The service was well-led.

There was a manager in place at the service who was going through the process of registering with the Care Quality Commission.

People who used the service and staff members told us the management were supportive and approachable. Staff meetings took place on a regular basis.

A number of audits were undertaken regularly and there were regular visits to people who used the service and satisfaction surveys for them to complete.

Dignity In Life

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 checked 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.

The inspection took place on 27 June 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to be sure someone would be in the office to facilitate the inspection.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC) 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 care service. This person had experience of people with a range of care needs.

Prior to the inspection we contacted the local authority commissioners of the service and the local authority safeguarding team and contacted four health and social care professionals. This was to ascertain their views of the service.

Before the inspection we reviewed information sent to us by the provider in the form of notifications of significant events that they are obliged to send to us. We also received a completed provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with the manager who had been in post since January and was in the process of registering with the CQC. We also spoke with four members of staff and nine people who used the service to gain their views about the care provision

We looked at a number of records held by the service. These included five care records, five staff personnel files, training and supervision records, meeting minutes, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. Comments included, "Oh yes I certainly do feel safe"; "We both feel very safe, we are extremely happy"; "Extremely safe"; "Oh yes indeed, I have no problem with safety or the care workers"; "Yes I do, I am classed as partially blind, safety is important to me. I feel safe in all the care workers' presence"; "I always feel safe"; "Oh yes indeed".

We looked at five staff personnel files which included evidence of a robust recruitment procedure. Each file contained an application form, interview notes, an offer letter, proof of identity, two references and a Disclosure and Barring Service (DBS) check. A DBS check helps ensure potential employees are suitable to work with vulnerable people. Each new worker was given an employee handbook containing guidance for all staff issues.

We asked staff members if they felt there were enough staff to cover all the work. They told us there were and that if someone was off sick, the existing staff managed to cover the shortfall effectively. One staff member said, "We manage to get it all covered. If we need it, it is arranged". The manager told us they were in the process of trying to recruit more staff so that the service could take on more service users. She assured us that new service users would not be accepted until enough staff were in place to support them.

The service linked in with the local authority safeguarding policy and procedures. All staff had undertaken training in safeguarding during their induction programme and undertook regular refresher courses. Staff we spoke with demonstrated a good understanding of safeguarding issues and felt confident to report any concerns. They were aware of the location of the policy, which they could access if they needed to. Staff were also aware of the whistle blowing policy, which was in place to support staff to report any poor practice witnessed. Staff were confident they would report anything they were worried about and this would be followed up appropriately.

Individual risk assessments were in place for each person who used the service. These were updated on a regular basis. Accidents and incidents were recorded appropriately within people's care files and accompanied by a body map to demonstrate exactly where the injury was. These were followed up where necessary with actions such as contacting other professionals or making a referral to another agency.

We asked staff if they were supplied with enough personal protective equipment (PPE), such as plastic gloves and aprons for use when delivering personal care. All told us there was plenty available, which could be picked up at the office when required. This equipment helped prevent the spread of infection.

There was an appropriate medicines policy in place and all staff had undertaken medicines training. Their competence in this area was assessed and regular checks were made by the manager to help ensure they remained competent. There was a clear protocol for reporting any medicines errors.

Good

Is the service effective?

Our findings

People who used the service told us they felt the staff had the skills and training to carry out the work effectively. They told us staff arrived on time and completed the tasks required. Comments included; "Yes they complete all the work"; "They are on time all the time, they stay and finish all the work, never rush off."; "Most of the time they are good, only the odd slip up. This Saturday gone I had a care worker come at 8.30am, washed and dressed me, another care worker turned up an hour later for the same job. The office failed to let the care worker know someone came"; "Very happy with the timing, care workers always complete all the tasks for me"; "We are happy with the timings, they also complete all the work, they stay for the whole time"; "I have no complaints about the timing, tasks completed, they are not in a rush"; "They are nice girls, they are good, trained, all jobs done right"; "The work is done properly, no complaints".

We looked at staff personnel files and saw that each new employee undertook a thorough induction programme which consisted of orientation to the service, reading policies and procedures, training and shadowing a more experienced worker. Training records evidenced that all employees were required to undertake mandatory training and regular refresher training. They were also offered extra training courses which were relevant to their jobs. One staff member told us, "The training I had was amazing. I requested first aid training and right away they said yes".

Supervisions and appraisals had been undertaken regularly and the manager had plans to create a training matrix and supervision matrix to help her have an overview of when these were due. Although this was not yet in place, all staff were up to date with training and supervisions.

Care files included relevant health information and within some care files we saw a summary of care needs and tasks. This was a helpful quick guide for staff to refer to, outlining the level of care required and tasks to be carried out. The manager told us she was in the process of including these summaries in all care files. We saw that there was nutritional information and, where relevant, food and fluid charts were completed. Special diets, such as diabetic diet, were highlighted within the records.

There were assessments within the care files for issues such as self-medication, to help ensure this was safe. We saw that where equipment and aids were used there was a log of any defects so that these remained fit for purpose.

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. Staff had undertaken MCA training during their induction and they told us people were asked for verbal consent prior to any care being administered. Staff we spoke with demonstrated a good understanding of the principles of the MCA and

were aware of best interests decision making. We spoke with the manager about adding a little more documentation around capacity into the care records to ensure people's abilities to make decisions were clearly outlined. This was implemented immediately following the inspection.

Good

Is the service caring?

Our findings

We spoke with nine people who used the service. All told us they were happy with the service and the staff. One said, "I have a team of three care workers, we have banter, I am happy". Another told us, "I am extremely happy with the care workers, they are very nice girls". Other comments included; "We are happy, they do everything we need them to do, they are very respectful to us, kind and caring at all times"; "The care workers are very good indeed, we have banter, they talk to me, they make me laugh"; "I could not be happier, I have no complaints whatsoever"; "I am extremely happy with the care workers"; "The care worker is a true gentleman; never raises his voice, always speaks to us with respect, always kind and caring. We are extremely comfortable with our care worker"; "Oh yes very good indeed".

We spoke with four staff members and asked how they ensured people's dignity and privacy were respected. One said, "I have good training, I am aware of how to fully respect and give dignity to my clients at all times I am kind and caring towards the service users". Another told us, "I always ask if the person wants me to leave the room when they are using the toilet".

There was an appropriate policy in place relating to confidentiality. Staff members we spoke with were able to give examples of how they ensured confidentiality for people who used the service. One staff member said, "We never mention names outside, or talk about any issues relating to people we care for".

We saw from the care records we looked at that equality and diversity was respected. Many of the people who used the service were Asian and English was not their first language. The service tried to match up people who used the service with workers who were compatible with them. They ensured staff had the correct skills with regard to language and culture. People's religious and spiritual beliefs were documented and we saw that special diets, such as Halal foods, were adhered to as required.

There was evidence in the care files of involvement of people who used the service and their families in care planning and reviews. The service also ensured they sought people's views via regular monitoring visits by the manager and giving out satisfaction surveys for people and their families to complete.

There was a service user handbook given out to prospective users of the service and families. This included the background of the service and their aims and objectives. There was information about choice and standards, involvement, care delivery, safety, skills of the staff and confidentiality. This document was to be updated once the manager had been registered with the CQC.

Good

Is the service responsive?

Our findings

People we spoke with said the service was responsive to their needs. Consistency of carers was important to them as they felt they could then build up a relationship with the workers. Comments included; "I have the same girls coming to see me"; "We have the same care worker. The care worker also speaks the same language, this is a great help for us"; "Yes I have the same care worker"; "Yes same care workers, only when they go on holiday I have different people but no issues at all"; "Six days the same person, one day different, it is only when I have new care workers when my regular ones are on holiday, a little issue as I have to tell them what to do".

A health professional we contacted told us, "Everyone seems to be happy with [the service] as they have regular carers most of the time and the agency are flexible with changes or increases. Most people we have with this agency are Asian and they are provided with female carers who speak the same language, which they prefer".

We saw in the five care files we looked at that people's likes and dislikes, preferences, family, social history and interests were recorded. People's spiritual and religious beliefs, ethnicity and preferred language were also documented. This helped staff members deliver care in a person-centred and individual way. Some people received an outreach service to support them to activities and events, for example attendance at day care. Care plans and risk assessments were reviewed and updated on a monthly basis or sooner if changes were made.

The service had an appropriate complaints policy and procedure. Complaints were logged and followed up appropriately. We saw there had only been one recent complaint and this had been addressed in a timely and appropriate manner.

There was a complaints, suggestions, compliments form in each individual's file, which they could complete at any time to raise a concern or suggest improvements to the service. The manager told us they visited people on a regular basis and encouraged them to raise any concerns via these visits as another way of gathering feedback.

We asked people if they knew how to make a complaint. One person said, "We have the telephone number, no need to use it as everything good". Another told us, "We are very happy with this company. No complaints at all". A third commented, "No need to contact the office as I have never had a concern". A health professional commented, "We have a few people who use this agency and have no complaints or issues".

The recent surveys completed by people who used the service had been very positive in all areas including care, dignity, respect around customs and traditions, culture and background, knowing how to complain. Comments included; "The carers go above and beyond their duties to help us both"; "Carers will change the times if I am going out if I let them know"; "I like the carers that look after me and they do more than I ask"; "Care staff are friendly and helpful and also make my family included in my care"; "The carers do everything

required to a high standard".

One person had commented that there had been a mix up at the office and a visit had been missed, but his had been sorted out effectively. Another had asked that times be more regular. We saw that this had been addressed to the person's satisfaction.

Good

Is the service well-led?

Our findings

There was a manager in place at the service who was going through the process of registering with the Care Quality Commission. 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.

We asked people who used the service if the management were supportive and approachable. Comments received included; "The company is very supportive"; "I am really happy. Management and care workers are smashing"; "We are very happy with the management, the staff are brilliant, the care workers are good"; "Smashing management team"; "No issues with the management. They are good"; "Sometimes I have to shout at them, if they send new care workers, but it is getting better"; "Everything is good".

Staff also told us management were supportive towards them. They were able to contact a member of the management team out of hours for support and advice. One staff member told us, "They [management] are always prompt to reply right away. Our management is amazing. They help us out any way they can". Another said, "We are all one. We can get hold of the managers any time".

Staff supervisions provided an opportunity for employees to discuss their progress, training requirements and any other issues. We saw minutes of staff meetings, which were undertaken in two separate groups on a two monthly basis. The manager explained that having two separate groups for staff meetings made it easier for more staff members to attend. We saw that discussions at the meetings included staff workload, training needs, any client issues and concerns, health and safety and management issues.

We saw a number of quality assurance audits that took place regularly, such as monthly care plan audits. The manager also visited people who used the service on a regular basis to carry out spot checks on the workers and speak with the individuals. These visits were documented and any issues identified, either with the staff member or the individual's care, were followed up with appropriate actions. Staff files had also been audited to ensure all relevant documents were included within them. People who used the service were also encouraged to offer feedback via regular satisfaction surveys. This helped facilitate continual improvement to care delivery.