

DK Home Support

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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

DK Home Support is a domiciliary care agency. It provides personal care and support to people living in their own homes. It provides a service to a range of people including those living with dementia, physical disabilities and people receiving end of life care. At the time of inspection there were 72 people receiving the regulated activity of personal care.

At the last inspection the service was rated good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring 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. At this inspection we found the service remained good.

The service was previously registered at a different address and this is the first inspection at the provider's new address.

There were two registered managers in post who had been registered with the Care Quality Commission (CQC) since June 2012. A registered manager is a person who has registered with the CQC 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.

Both registered managers were aware of their responsibilities and they were also the owners of the service. There was a robust electronic governance system in place to continually monitor, analyse and improve the service. Real-time audits of the service were accessible and the registered managers regularly monitored these on a daily basis. Notifications were submitted to the Commission appropriately.

People were supported to maintain social relationships and were supported to attend activities that they had chosen in the community. People told us that staff were caring and respectful whilst carrying out personal care. Staff demonstrated a good knowledge of people and their relatives, what people liked and disliked and the best way to support each person.

People had personal and environmental risk assessments in their care files, to ensure the safety of staff and people. Care plans were person-centred and people, their relatives and advocates had all been involved in their care planning and consented to the care provided. The service worked in partnership with health professionals, for example the district nursing team and palliative care team, to ensure people received a high level of quality care. People were supported with their diet and to make well balanced meals. People were regularly asked for their choices for the type of support they received, for example social visits and types of personal care, and for annual feedback.

There were policies and procedures in place to keep people safe. Staffing levels reflected the needs of

people and the service had recently recruited additional staff to support people as their needs changed. Staff were recruited safely and were provided with an in-depth induction. The training team at the service continuously assessed the skills of staff and provided an on-going training programme, which was delivered face to face or via e-learning. The service provided information to staff on best practice guidance and legislation. Staff received regular supervisions and appraisals.

Medicines were safely managed. Staff supported people with their medication. There was a business continuity plan in place to enable people to receive their care in emergency situations.

There was a comprehensive complaints and compliments policy in place at the service. People told us they knew how to raise a complaint. No complaints had been received at the service but the registered managers told us what action would be taken if one was received. Some people receiving the regulated activity were accessing an advocate, and the service promoted and supported the advocacy service. People received service user guides which included information about the service, safeguarding and complaints.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

DK Home Support

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.

We carried out a comprehensive inspection of DK Home Support on 29 October, 02, 05 and 07 November 2018. The inspection was carried out by one adult social care inspector.

The first day of inspection was announced and we carried out telephone calls to relatives and staff on the following three days of inspection. We gave the service 48 hours' notice of the inspection visit because the service provides a domiciliary care service and we had to make sure staff would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they play to make. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events that happen within the service, which the provider is required to send to us by law.

Prior to our inspection we sought feedback from the local authority contracts monitoring and safeguarding adults' teams, and reviewed the information they provided. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services to obtain their feedback. We used the feedback gathered from these parties to inform our inspection and judgements.

During the inspection, we spoke with two people who used service, three relatives and seven members of staff including both registered managers, a training co-ordinator and support staff. We reviewed the care records for eight people and the recruitment records for four members of staff. We reviewed documentation and had discussions with people who used the service, their relatives, and staff.

Is the service safe?

Our findings

People and their relatives told us that they felt safe and well cared for by staff. One relative told us, "He's in such safe hands. They even make sure there's nothing lying about so we don't have an accident." One person told us, "I'm confident I'm always safe when they are here. I wish they could be here more."

DK Home Support had safeguarding policies and procedures in place to keep people safe. In the staff office there was information about the local safeguarding team and people had access to this via information provided to them by the service. Staff had received safeguarding and whistleblowing training and were aware of what to do if they saw any form of abuse or a concern. A member of staff said, "I would ring the office or speak to [registered managers] or ring the phone number for the Council." Staff knew their role in keeping people safe. Safeguarding concerns were appropriately escalated to the local authority and the CQC. There was only one safeguarding concern raised by the service since the last inspection. The registered managers had appropriately actioned this and worked in partnership with the police, Clinical Commissioning Group and local authority with this. Lessons learned were shared with staff.

Accidents and incidents continued to be recorded, investigated and all actions were documented. The service shared outcome with people and staff. People's care records showed personalised risk assessments and environmental risk assessments which included appropriate mitigation measures to support people in their own home. These were reviewed regularly or when people's needs changed. We saw all risk assessments had been regularly reviewed since the last inspection and as people's needs changed.

Medicines continued to be managed safely. Medicines administration records (MARs) were checked regularly and were correctly completed. Staff had their competencies checked regularly by spot checks and these were all clearly recorded.

Staff recruitment continued to be safe. All staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. We reviewed staffing levels at the service and these reflected the assessed needs of people and were regularly reviewed when people's needs changed.

There were infection control procedures in place and people told us staff always used personalised protective equipment (PPE) whilst delivering personal care.

Is the service effective?

Our findings

People in receipt of care from DK Home Support had their support assessed and delivered in line with current national best practice standards and guidance, such as the National Institute for Clinical Excellence (NICE) guidance and the Medicines Act 1968.

Before supporting people, staff received an in-depth induction, to make sure they had the correct skills and knowledge to support people. Staff received on-going training to maintain their knowledge and skills. Staff records showed training completed by staff and there was a training matrix in place to monitor when staff required refresher training. A member of staff said, "Training is fantastic. Sometimes it's in the office or online. We get it when it's due." Since our last inspection the service had worked to improve the training available for staff and had created a training room within the new office building.

All new care staff who did not have previous qualifications or experience in health and social care, received a detailed induction in line with the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective and compassionate care. The service had a training room located at the head office to deliver face to face training in certain modules, for example manual handling. Staff received training in MCA and the Deprivation of Liberty Safeguarding (DoLS).

Staff received regular supervisions and appraisals. A member of staff told us, "We have regular supervisions and [registered managers] are always in touch to give updates and just check in with us as a team."

The service worked in partnership with health professionals, for example GPs and district nurses, to make sure people received responsive care. We saw records showing visits from health professionals and people told us staff helped them to access these when needed. One relative told us, "When he was discharged from the hospital the staff worked with the hospital so he could come home." A relative told us, "They've walked her to the doctors before when she was poorly and called them out when she was really unwell." People using the service and their relatives all consented to their individual care plans and helped to shape these, which was clearly documented.

Some people received support to maintain a health balanced diet. We saw planned visits to prepare meals and people's preferences for meals was recorded. One relative told us, "Sometimes they encourage him to eat more to help keep him healthy. They always check what he's had to eat and drink." A relative told us that they had supported their relative in applying for adaptations to their home when their needs had changed.

Is the service caring?

Our findings

People and their relatives told us that the staff from DK Home Support continued to be caring and kind. Comments included, "They are lovely. I love them", "They can't do enough for him" and "I couldn't ask for nicer, caring, loving people". One staff member told us, "I've got to know [person] and their family quite well. We have a lovely relationship. I enjoy going on the visits."

One person using the service had an emergency at home. The service supported the person and cared for them during the day. All staff spoke very fondly of the people they were supporting. A relative commented, "If you were to give them a rating it should be exceptional. Care is second to none."

People and their relatives were involved in their individual care planning and this was documented in people's records. Consent was sought prior to support starting. Two people receiving the regulated activity were in the process of having an advocate appointed. The service promoted this and ensured that people's support requirements and choices were respected. Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, race, age, disability or religious belief.

People told us that staff were respectful of privacy and dignity whilst providing personal care. One relative told us, "He didn't like getting help at first but the staff are great. They support him right so he is happy to have the help now." Care plans detailed how to support people whilst ensure privacy and dignity was maintained, for example using towels whilst providing support during baths.

Is the service responsive?

Our findings

DK Home Support provided person centred care to people. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. We saw reviews of care plans and regular assessments of people's needs. There were corresponding risk assessments for each care plan and mitigation measures.

Care files contained initial assessments for people when they first moved to the service, detailing what care they needed and how that care was to be provided. These assessments were undertaken in partnership with people, relatives and professionals. Care plans were reviewed regularly and people could tell us who supported them.

Each care plan we viewed was person centred and contained a detailed breakdown for what support would be provided at each visit for carrying out people's care. Care files included details on how people would like to be supported with end of life care and staff had received training in the delivery of this. We saw evidence of end of life care which had been provided in partnership with palliative care nurses. One relative of a person who had received palliative support told us, "They were fantastic with [person] and with us."

The service ensured there was a holistic approach to meeting people's needs. Care plans included sections on social, emotional, cultural and religious needs as well as people's physical needs. Daily notes were kept for each person and stored within their care records. These contained a summary of the care and support delivered and this helped to ensure staff had the latest information on how people wanted and needed to be supported as and when their needs changed. Staff regularly updated each other about people's needs via the telephone, to make sure that staff provided consistent levels of support.

People told us they were supported to access shops and the local community by staff. Some people received social visits from staff to minimise the risk of social isolation. A relative told us, "They talk to [person] and when it's nice they sat and had a cup of tea in the garden."

There was a comprehensive complaints policy in place at the service. There was a clearly documented process for recording and responding to complaints. No complaints had been received since our last inspection. People, relatives and staff knew how to raise a complaint if they needed to. One person told us, "Why would I complain? That means there's something bad and I can tell you it's the opposite. It's great."

Is the service well-led?

Our findings

There were two registered managers in post who had been registered with the Commission since June 2012. A registered manager is a person who has registered with the CQC 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. This was in line with the requirements of the provider's registration of this service with the CQC. Both registered managers were also the owners of the business and were involved greatly in the day to day running of the service. They were aware of their legal responsibilities and had submitted statutory notifications as and when required. A notification is information about important events which the service is required to send to the Commission by law.

The registered managers had a clear vision and strategy for the service and had development plans in place to further improve the service provided. Our observations during the inspection and conversations with staff showed that everyone was working together to create a personalised and caring service to people.

The registered managers were both present during our inspection on site. They provided us with all of the information and records we required to carry out the inspection. Both managers knew people in receipt of care from the service well. One relative told us, "[Registered manager] is always available. I had a problem once and she was here straight away to sort it out." Staff felt supported and encouraged by the management team and were happy working at the service. One member of staff said, "They are in touch throughout the day. When I first started it took me a while but [registered manager] was always approachable about things."

Staff we spoke to told us that there used to be regular staff meetings but these had not been as frequent recently. Staff commented that they have regular communication throughout the day as a team and updates are always given. The service carried out surveys of people, relatives and staff to receive feedback. This feedback was used to improve the service and help to shape the future of the service. For example, people had requested respite care and the registered managers were actively researching this as additional service provided.

We saw evidence of partnership working between the service and the local GP, nurses and other professionals. There was a robust quality assurance framework in place. The registered managers carried out daily, weekly and monthly audits of the service via a new computer system and we saw evidence of these. Any issues which were identified during these audits were actioned and documented. The registered manager's also carried out a quality assurance audit of the service on a real-time basis from the monitoring system.

The service had their latest CQC inspection rating on display and it was also displayed on their website. This allowed for people in receipt of care from the service, relatives, visitors, professionals and people seeking information about the service, to see our previous judgements.