

Domus Live-in Care Limited

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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

About the service

Domus Live-in Care Ltd is a domiciliary care agency that specialises in providing live-in care services. Live-in care is where staff employed by the service live with people in their homes, providing personal care and support as required. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 15 people using the service.

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

People were safe using this service. Staff were trained to safeguard people from abuse and knew how to minimise identified risks to people's safety. Staff followed current practice when providing personal care and when preparing and handling food which reduced hygiene risks

There were enough staff available to meet people's needs. Managers carried out recruitment checks to make sure staff were suitable and fit to support people. Staff were provided with relevant training to help them meet people's needs. They were supported by managers to review and improve their working practices so that people experienced high quality care and support.

People received the care and support that had been planned and agreed with them. People's preferences for how this was provided were respected and staff delivered this in line with their wishes. People were encouraged to pursue their interests and hobbies. Staff knew people well and understood how their needs should be met. Managers checked with people at regular intervals, the care and support provided was meeting their needs.

Staff were kind and caring. They supported people in a dignified, respectful way which maintained their privacy and independence. People had a choice about who they received care and support from. Managers made sure wherever possible this was from the same staff, so this was provided in a consistent way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to stay healthy and keep well. Staff supported people to eat and drink enough to meet their needs and to take their prescribed medicines. Staff understood people's healthcare needs and how they should be supported with these in a timely and appropriate way. Staff worked well with other healthcare professionals involved in people's care. When people became unwell, staff sought help for them promptly.

People and their relatives had no concerns about the care and support provided by staff. They knew how to make a complaint if they needed to. Managers monitored and reviewed the quality of service that people experienced. They undertook regular checks on staff to make sure they were carrying out their duties appropriately and to a high standard. Managers sought people's views about how the service could

improve.

There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated and people would be involved and informed of the outcome.

Managers understood their responsibility for meeting regulatory requirements. They worked proactively with other agencies and acted on their recommendations to design the care and support provided to people.

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

Rating at last inspection

The last rating for this service was good (published 8 July 2017).

Why we inspected

This inspection was planned based on the previous rating of 'Good'.

Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

Domus Live-in Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke to the registered manager and the care services manager. We also spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included the care records of four people using the service, medicines administration record (MAR) for four people using the service, two staff recruitment files and other records relating to staff training, supervision and to the management of the service.

After the inspection

We spoke to three people using the service, two people's relatives and two staff members. We asked them for their feedback about their experiences of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe using the service. One person told us, "I feel perfectly safe with them."
- Relatives also said their family members were safe. A relative told us, "Things are going well and I feel [family member] is safe at home with them."
- Staff were trained to safeguard people from abuse. They understood how and when to report safeguarding concerns to the appropriate person or authority to investigate. A staff member told us, "I feel quite happy raising concerns quickly. I had to do one recently and the managers were very responsive. It's up to me to make sure people are safe."
- The registered manager liaised with the investigating local authority when a safeguarding concern was raised. They promptly made any recommended changes and improvements to help keep people safe.

Assessing risk, safety monitoring and management

- Managers carried out assessments to identify risks posed to people from their specific health and medical conditions and by their home environment. This information was used to develop guidance for staff about how to manage these risks to keep people safe.
- Staff were knowledgeable about risks to people and knew what action to take to make sure these were minimised.
- Managers made sure equipment owned by people and used by staff to support them, for example hoists, had been serviced, maintained and were safe to use.
- Staff were trained to deal with emergency situations and events if these should arise in people's homes or when supporting people out in the community.

Staffing and recruitment

- At the time of this inspection people and their relatives had no concerns about the availability of staff to meet their needs.
- Appropriate checks were undertaken on staff that applied to work for the service. They were also required to complete health questionnaires prior to starting work. These checks helped to make sure staff were suitable and fit to support people.

Using medicines safely

- Staff had been trained to administer medicines. They had access to information about people and their prescribed medicines and understood how people should be supported with these.
- Staff recorded the medicines people were given and when, on medicines administration records (MARs). Our checks of MARs indicated people received their prescribed medicines when they needed these.

- Managers reviewed MARs at regular intervals, to seek assurances medicines had been administered appropriately by staff.

Preventing and controlling infection

- Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce infection risks associated with poor cleanliness and hygiene.
- Staff were also trained in food hygiene so that they were aware of the procedures that needed to be followed to prepare and store food safely in people's homes.

Learning lessons when things go wrong

- Accidents and incidents involving people were fully investigated and managers took appropriate action when needed to address any safety issues.
- Learning from investigations was shared with staff to help them improve the quality and safety of the support provided.
- We saw following a recent incident where a person had sustained an injury, managers took immediate steps to reduce further risks to them and others by making sure people and staff were reminded of risks posed by warming devices such as hot water bottles.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in assessments of their needs prior to them using the service. Managers asked people about their care needs and how and when they would like support to be provided.
- Managers referred to current guidance when assessing people's needs to help plan the type of support they required. For example, where people had specific health conditions, managers referred to current guidance about how this should be managed to make sure staff had the information they needed to do this in an appropriate way.
- Information from assessments was used to develop an individualised care plan for people. These set out people's preferences for how, when and from whom they received their support. This helped make sure support was provided in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- People said staff were well trained. One person said, "I think the staff are very well trained and I have no concerns about their abilities." A relative told us, "[Staff member] is the best we have ever had. She is very professional and very hygiene conscious."
- Staff received relevant training to help them meet the range of people's needs. They had refresher training at appropriate intervals to help keep them up to date with current practice. A staff member told us, "Sometimes you feel working as a carer for the last 10 years that you don't need any more training but there is always something new to learn and refresh yourself on. This is really helpful to me to help my learning."
- Staff had supervision meetings at regular intervals with managers. This provided them opportunities to discuss their role and any further training or learning they needed to help them provide effective support to people.
- Managers were in regular contact with staff providing support and advice when this was needed. A staff member said, "We are in touch with the office all the time but as soon as I have a problem, I can get hold of them straight away."

Supporting people to eat and drink enough to maintain a balanced diet

- There was information on people's records about their preferences for meals and drinks. This helped make sure staff provided people with food and drink of their choice.
- Where people had specialist dietary needs this was noted in their records and staff took this into account when planning and preparing meals.
- Staff recorded what they had prepared and provided at mealtimes. Managers reviewed this information at regular intervals to make sure the support provided was appropriate and people were eating and drinking enough to meet their needs.

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

- People's records contained current information about the support they needed to manage their health and medical conditions. Staff were provided guidance on how to support people with these, to help people achieve positive outcomes.
- We saw for one person detailed step by step guidance was provided to staff on how to manage their specific health condition each day. The person told us, "Originally when I first came out of hospital, there was a few issues about how the care would be done. [Managers] were good at solving that and it was evident that they put a lot of time and effort into getting this right."
- Staff were observant and alerted managers to any changes in people's health and wellbeing. When people became unwell, they sought prompt support for them.
- Staff and managers shared information with other healthcare professionals such as the GP and community nurses when needed to make sure people experienced a consistent, joined up approach in the support they received.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff had received training in the MCA and associated codes of practice. Staff understood their responsibilities under this Act.
- Managers assessed and recorded people's capacity to make and consent to decisions about specific aspects of their care and support.
- There were processes in place where if people lacked capacity to make specific decisions about their care and support, managers would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and kind. One person said, "The ones I have at the moment are very genuine and they are caring." A relative told us, "[Staff member] really understands [family member] and anticipates what [family member] wants. She's really competent and gets on very well with my [family member] and [family member] really likes her."
- People had a say in who they received their support from and people's wishes about this were respected. Managers made sure people received support from the same staff wherever possible so the care and support they received was consistent.
- People's wishes in relation to how their social, cultural and spiritual needs should be met were noted in their records so staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly and their rights respected.

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

- People records showed they and their relatives were asked for their views and involved in making decisions about their care.
- Once people started using the service, managers met with them at regular intervals, so people could continue to express their views and be involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- A person using the service told us, "I was quite worried about 24-hour care at first as I'm quite a private person and I like to be on my own. But this hasn't had an impact and they stay out of my way and come when I need them."
- People's records prompted staff to offer people choice, respect their privacy and dignity and to give people time to do things at their own pace. This helped to ensure staff would be sensitive to people's needs and discreet when providing care and support.
- Staff helped people to do as much for themselves as they could to help them retain control and independence over their lives. We saw for one person they were encouraged by staff to carry out aspects of their personal care themselves to help them maintain some control and independence with this task.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to follow interests and to take part in activities that are socially and culturally relevant to them

- People's records contained information about how their care and support should be provided. This included information about their life history, likes and dislikes, their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed.
- There was also information about people's hobbies and interests and how staff could support people to pursue these when they wished.
- Staff understood people's care and support needs and people's preferences for how this was provided. A staff member told us, "I go through care plans and find out [people's] likes and dislikes and then I build up a rapport with [people]."
- Staff recorded the support they provided to people. Managers checked this information at regular intervals to make sure what had been provided was what had been planned and agreed with people.
- Managers reviewed the care and support provided at regular intervals to make sure this continued to meet people's needs. Staff were informed promptly of any changes required to the support people received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

Improving care quality in response to complaints or concerns

- Feedback from people and their relatives indicated they had no issues or concerns about the quality of care and support provided by staff. One person said, "Yes, it's very good...I have no concerns at all at the moment." A relative told us, "I think they are very good...at the moment it's all fab."
- People and their relatives told us they were comfortable raising a concern or complaint if they needed to.
- There were arrangements in place to deal with concerns and complaints. When a concern or complaint had been received managers dealt with this in an appropriate way.

End of life care and support

- Managers did not routinely ask people and/or their family members about people's wishes for the support they wanted to receive at the end of their life. The registered manager told us this was an area they had

already identified as requiring improvement and had plans in place to make sure this information would be collected. This would ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke highly of the management and leadership of the service. One person said, "[Registered manager] is fabulous. She is extremely approachable and she has a way of making things very clear especially if I'm anxious about anything." A relative told us, "I am very lucky because [registered manager] is exceptionally good. She is very responsive and very present. She's on the ball and she understands. She grasps the situation but does it in a calm and measured way."
- Staff told us they were well supported by managers. One staff member said, "I previously worked for other companies and I think I found the right company to work for. I feel quite happy in my role. The positive factors are I feel free to talk openly about my work and people and I have good support from the manager. You are not afraid of speaking up or talking about any issues."
- Managers gave people and their relatives information about the quality of care and support they should expect to receive from the service. Managers then met with people and their relatives at regular intervals to check the support being provided was meeting their needs and to the expected standard.
- Managers used spot checks and staff supervision to make sure staff understood people's care and support needs and delivering these as planned.
- People and their relatives were provided regular opportunities to have their say about the service and how it could improve. People and relatives told us managers responded positively when suggestions were made.
- Staff were also encouraged to give ideas and feedback about how the care and support they provided could be continually improved for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers were open and honest when things went wrong and proactive about putting things right. They investigated all accidents and incidents that happened and made sure people and relatives were kept involved and informed of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Managers and staff understood their roles and responsibilities to the people using the service.
- There were systems in place to monitor and review the quality of service that people experienced. This included regular reviews of people's care and support once they started to use the service and a rolling

programme of unannounced spot checks on staff to review their working practices and competency when undertaking their duties.

- The registered manager understood their legal responsibilities and when to submit statutory notifications about key events that occurred at the service as required. This helped us check appropriate action was taken to ensure people's safety and welfare in these instances.

Working in partnership with others

- Managers worked closely with other agencies such as the local authority and healthcare professionals. They made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure the care and support provided was up to date with current practice and helping people to achieve positive outcomes.