DTC Homecare Limited

Barley Close

Inspection report

11 Barley Close
Hibaldstow
Brigg
DN20 9RU

Tel: 07725724660

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12 February 2019
18 February 2019

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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: Barley Close is a domiciliary care agency. It provided privately funded personal care to people living in their own homes in the community. This was a very personalised service of care from one individual to a small number of older people in the local community of Hibaldstow in North Lincolnshire.

Not everyone using Barley Close received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service supported eight people when we inspected.

People's experience of using this service: The provider / registered manager (provider throughout the report) was also the only carer in the service. They had yet to embed their quality assurance system to monitor service delivery. We made a recommendation about finding support networks to assist them in this.

People experienced an effective service through care delivered in line with guidance and the law, a trained provider, support systems (in waiting) for new staff, good nutrition and healthcare support and collaborative, adaptive working arrangements. People were protected from abuse and risk using effective and robust systems.

People received caring and compassionate support that respected their privacy, dignity, independence and the choices they made. Support met people's needs and was anti-discriminatory.

People experienced responsive and person-centred care. They exercised choice and control of their lives and satisfaction with any concerns or complaints and were involved in the running of the service. They had the prospects of sensitive support with end of life care needs.

People received quality care from a dedicated and caring provider. People experienced a growing and improving service. They benefitted from a provider that worked well in partnership with other agencies, organisations and the local community.

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

Rating at last inspection: This was the first rating inspection of the service, which was registered in March 2018.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Barley Close

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and one assistant inspector carried out this inspection.

Service and service type: The service is a 'domiciliary care agency' providing care to adults with a range of disabilities or conditions living in their own homes.

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: We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office providing care. We needed to be sure they would be in.

Inspection site visit activity started on 12 February 2019 and ended on 18 February 2019. We visited the office location on 12 and 18 February 2019 to see the manager and to review care records and policies and procedures. We visited one person in their own home on 12 February 2019 and spoke with others on the telephone shortly after the inspection.

What we did: Before the inspection we gathered information from notifications the provider sent us. Notifications are used to inform us about certain changes, events or incidents that occur. We could not use information in the Provider Information Return (PIR) because the provider had not yet finished filling it in. We asked them to complete it as part of this inspection. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We asked the local authority contracting and safeguarding teams for feedback about the service.

We spoke with the provider, a person who used the service and four relatives. We spoke with a contracts

officer from the local authority. The provider did not yet employ any staff. We looked at care files belonging to two people and a new file for the first staff member in the process of being recruited. We viewed records and documentation relating to the running and monitoring of the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

- The provider protected people from harm or abuse. They had systems to manage risks, accidents and incidents.
- Systems included the referral of incidents to the local authority safeguarding team and the assessment of risks.
- The provider was trained in safeguarding people from abuse and understood their responsibilities. However, this was several years ago and needed updating.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.
- Risk assessments identified risks and described the actions to take to reduce the risk of harm. The provider monitored people's safety and sought advice and support from other professionals where necessary.
- People's environments and care activities were risk assessed.

Staffing and recruitment.

- Staffing levels were safe and met people's needs.
- The provider's service was small and they worked alone, following a lone working policy.
- Recruitment systems were safe and robust. One staff was in the process of being recruited. A recruitment file in progress showed the checks that were being made on their suitability.
- People said the support they received from the provider was invaluable. They welcomed the introduction of potential new staff member to the service.

Using medicines safely.

- The provider safely supported people with taking medicines.
- The provider's role in managing medicines was small, as people arranged the ordering and collecting of their own medicines. The provider prompted and handed medicines to people and recorded when they had been taken.
- The provider was trained in safe management of medicines and followed best practice guidelines.

Preventing and controlling infection.

- The provider protected people from the risk of infection.
- The provider understood about safe practice and was trained in infection control and management. They used gloves and aprons to protect people and themselves.

Learning lessons when things go wrong.

● People were protected from repeated harm or injury.
● The provider monitored accidents and incidents and drew upon experience to prevent further harm to people.

Good

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.

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.
- The provider effectively assessed people's needs and choices and delivered care that was person-centred and tailored to preferences.
- People's rights and choices were respected.

Staff support: induction, training, skills and experience.
- The provider did not yet employ any staff.
- Structures were in place to induct, train and support staff when they were employed. The provider had a comprehensive package of information, documents, policies and systems for their use. They subscribed to a known company for support with compliance of the regulations and delivering training.
- The provider had completed essential training and reviewed when their training needed to be refreshed. They also planned to complete other relevant training as the service grew.

Supporting people to eat and drink enough to maintain a balanced diet.
- People were appropriately supported with preparing meals and eating well. They were assisted with food planning and making healthy choices with nutritional needs.
- People's food and fluid intake and weights were monitored with their consent. Professional advice was sought when necessary.

Staff working with other agencies to provide consistent, effective, timely care.
- People received the services of doctors, district nurses and other healthcare professionals and the provider shared information with them. The provider acted on healthcare professionals' advice and requested their services when necessary and when given consent to do so.

Adapting service, design, decoration to meet people's needs.
- The provider effectively met people's needs.
- The service was small and adapted to people's choices and preferences. The provider consulted with people daily and changed the care to suit them.

Supporting people to live healthier lives, access healthcare services and support.
- The provider supported people well with their health.
- The provider understood people's diagnoses and assisted them to access visits from health care professionals or attend appointments. They also helped people follow instructions for health care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The provider protected people's rights as their practice only ever followed people's wishes, preferences and decisions.
- The provider had not completed MCA training, but was aware of the principles of the MCA and their responsibilities around deprivation of liberty. They understood if people's capacity was in question then capacity assessments were required and if people were deemed to lack capacity then any decisions could only be made using the 'best interest' approach.
- People with capacity made their own decisions about their care, but also had family members to support them.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence.

- The provider respected people's differences and maintained an equality while delivering the service to them.
- The provider took time to get to know people well. One person shared the same sense of humour with the provider and this underpinned their relationship.
- People and their relatives said the provider was caring, helpful, respectful and showed empathy and understanding. One relative said they were extremely grateful when the provider began to care for their spouse. They said, "If DTC Home Care Limited had not come along I really don't know what I would have done."
- The provider respected people's privacy and dignity.
- Relatives stated the relationships they had developed with the provider were positive. As one relative said, "I feel like the provider is almost family now. They have been so supportive and caring to me as well as my spouse. They know what is important to us both."
- People were encouraged to maintain their independence where possible.

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

- The provider was instrumental in encouraging people to stay in control of their lives.
- People or their relatives decided the support they needed and how they wanted it delivering. This could be changed whenever they wished after negotiation with the provider.
- The service was personal and flexible because it was small. A relative told us, "My family member is very changeable in their mood and needs, but the provider is always aware of this and gives the right support at the right time."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
- The provider responded well to meeting people's personal and individual needs.
- People's support plans were person-centred and devised with input from people and their relatives. They documented information that reflected people's needs and wishes.
- The provider understood about people's diverse needs and responded to them.
- People were not routinely assisted with any activity. They were only supported to maintain their interests through conversation with the provider.
- People exercised choice and control over their lives regarding daily routines and because the service was small the provider adapted to their needs.

Improving care quality in response to complaints or concerns.
- The provider managed complaints to improve the service.
- People and relatives told us they knew how to make complaints, but had so far not needed to. People had spoken with the provider about minor changes in care need and these had been satisfactorily addressed.
- Systems were in place to deal with formal complaints should they be raised.

End of life care and support.
- The provider was equipped to respond to end of life needs.
- There had been no need for this care, so far. Discussion with the provider showed they had experience of supporting people at the end of their lives and knew their responsibilities and where to seek healthcare professional advice.
- Information on people's preferences for their care was in their support plans and documentation was in place for when it was needed.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
- The provider had an informal quality assurance system in operation as they were responsible for all of the documentation and the support to people.
- They had a system available in readiness for when the service expanded. This was in the form of documentation from a reputable company providing compliance information and support to care providers. The provider had no support networks to help them operate it.

We recommend the provider seeks a reputable external source to support them in quality assuring the service and provide some mentoring support.

- They did regularly check the content and information held in people's files and support plans to review the support given. This was to make sure it was relevant and up-to-date.
- The provider was clear about other aspects of their role as a lone individual providing a service of personal care and knew the limitations of a small service. They provided the best care possible and aspired to expanding the service so it could operate its responsibilities fully.
- They met registration requirements and informed appropriate agencies and organisations of events that happened at the service.
- They had satisfaction surveys in readiness and was about to issue these to people and relatives on coming to the end of the first year in business. People had yet to be formally asked their views on service delivery.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.
- The provider demonstrated a commitment to provide high quality, person-centred care.
- Their ethos and dedication to providing a personal service was underpinned by the meaning of DTC Home Care Limited – DTC we were told stood for 'dedicated, trustworthy and caring'.
- They understood their duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
- The provider fully involved people in their care and everything about their support.
- People's differences and preferences were known by the provider and well respected.

Continuous learning and improving care.

● The provider learned and improved service delivery whenever possible.
● Learning for improvement in the running of the service from a business point of view was a slower process, because the provider was the only person delivering care.

Working in partnership with others.
● Partnership working was on a small scale, but effective.
● The provider established strong relationships with people's relatives, doctors, district nurses and the local community. They recognised that networking needed to develop further if the service was to grow in size.