

Dwell Homecare Limited

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Inspection report

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Date of inspection visit:
25 April 2019

Date of publication:
29 May 2019

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:

Dwell Homecare Limited is a domiciliary care service, registered to provide personal care to people living in their own homes. At the time of the inspection the service was providing personal care to 10 people.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Any concerns or worries were listened to and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive and meaningful relationships with people.

People told us they felt well cared for by staff who treated them with respect. The provider ensured people had regular staff, meaning people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their work.

Audits were completed by the registered manager to check the quality and safety of the service. This information was shared with the wider staff team.

The registered manager managed and supported the staff team in their roles to ensure people received a good service.

More information is in Detailed Findings below.

Rating at last inspection:

This was the first inspection of the service.

Why we inspected:

This was a planned comprehensive inspection which took place on 25 April 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we inspect again as part of our

inspection programme. If any concerning information is received, we may inspect again 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.

Dwell Homecare Limited

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:

The inspection team consisted of one adult social care inspector.

Service and service type:

Dwell Homecare Limited is a domiciliary care service. Staff deliver personal care support to people living in their own homes. At the time of inspection, the service provided personal care to 10 people 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 six days' notice of the inspection visit, this included a weekend and two public holidays. We gave this notice because it is a small domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service. We visited the office location on 25 April 2019 to speak with the registered manager and to review care records and policies and procedures.

What we did:

We reviewed the records held about the service. This included notifications received from the provider. Notifications are specific events that the Provider are required to tell us about by law. We reviewed the Provider Information Return (PIR) submitted by the registered manager. This told us what the service had achieved and what they intend to develop in the future. We require the provider to submit this information

annually and it provides us with information to plan our inspection.

During this inspection we spoke with the registered manager, two care staff and two relatives of people using the service. We looked at three people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, staff supervision activity, staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, and the provider's audits and overview information about the service. On 7 May 2019 we telephoned and spoke to two relatives of people that use the service to ask for their experience of the care provided.

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

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "It's about how to protect a customer and how to basically protect their right to live in safety without abuse and neglect, and how to report it. We learnt the 6 principles of safeguarding."
- Relatives explained to us how the staff maintained people's safety, one relative told us, "We feel [name] is safe, if we didn't we would speak to the District Nurse and ask their advice and ring Dwell."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risk of harm.
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member told us, "The risk assessments are at the house and with the manager. Before we start the call, we read the Care Plan."
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.

Staffing and recruitment

- There were sufficient numbers of skilled staff to meet people's needs. The registered manager ensured that people had a consistent staff team. One relative told us, "There is always a mixture of 4 staff, we know them, [name] knows them well and recognises them, [name] has formed a bond with them."
- Each person's staffing needs were assessed on an individual basis, prior to the commencement of the service and reviewed regularly as people's individual needs changed.
- Relatives told us people received care in a timely way. One relative told us, "They are always on time."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Peoples' medicines were managed safely. People received their calls at the right time to ensure medicines were given at the correct intervals. Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
- Staff completed training to administer medicines and their competency was checked regularly.

- The registered manager completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff. One audit record showed a care worker had identified an additional medication had been added to the chart and reported this to the registered manager, who appropriately dealt with it.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as disposable gloves and aprons during personal care, to help prevent the spread of infections. Relatives we spoke to confirmed this. A staff member told us, "We have personal protective equipment, (PPE), gloves are provided to prevent cross infection, washing your hands is important. We clean beds with anti-bacterial spray."

Learning lessons when things go wrong

- At the time of inspection, the service had not experienced any accidents, incidents or safeguarding events and had not received any complaints. There was a system in place for recording these events, should they arise, and this included a trend analysis assessment and preventative action.

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

Good: ☐ 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's needs were assessed before the service began to provide support and relatives of people using the service confirmed this.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed. One staff member told us, "Before we start the call we read the Care Plan in case of change, the registered manager gives us a call to let us know when things change."

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The registered manager had a good system to monitor that all staff had regular training and refresher training to keep them up to date with best practice. Training methods included, on line, face to face, on the job and competency assessments. One staff member told us, "I asked for additional training in dementia, the manager arranged it."
- New staff were well supported and either had health care qualifications or were completing a nationally recognised induction, The Care Certificate. This covered all the areas considered mandatory for care staff. A staff member told us, "I had induction training, I was a bit nervous, but I shadowed the registered manager, she made me feel really supported and confident. If it wasn't for her I wouldn't have done the job." A relative told us, "The staff have training, they don't complain they say they have to do training and also the on-line training. I know the manager is strict that it is done."
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their future development. One staff member told us, "We have a 3-monthly meeting with the manager to discuss our progress, it covers any concerns and extra training."

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

- Relatives of people using the service told us they were happy with the support received with meals and drinks. One relative told us, "They always leave a drink out for [name] before they go." A staff member told us, "In training we learnt about the importance of a balanced diet."

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

- We found that staff were supporting people by working in partnership with other agencies such as the District Nursing service and Physiotherapists.
- Staff monitored people's health care needs, made effective use of GP services, and communicated with people's relatives. One relative told us, "They know who the GP is, they have called them in the past and then let me know."

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. We checked whether the service was working within the principles of the MCA.

- People were asked for their consent before they received any care or treatment. A relative told us, "They will ask and talk it through, tell [name] what they are doing." A staff member told us, "We learnt about how to maintain people's rights and make the right decision for them, in their 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

Good: ☐ 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 received care from staff who developed positive, caring and compassionate relationships with them.
- Relatives told us that staff knew people's preferences and cared for them in a way they liked. Each person had their life history and individual preferences recorded, which staff used to get to know people and to build positive relationships with them. A relative told us, "They listen, talk to her", A staff member told us "I know them, I learn about their life, about their past, I take a keen interest in their lives." Another staff member told us, "We learnt about religious requirements for example Halal meat."
- People were always treated with kindness and were positive about the staff's caring attitude. Relatives were complementary in discussions with us about the care people received. A relative told us, "I asked the NHS to keep Dwell when [name] moved to health care. I trust them, they are personable, take an interest in [name]." Another relative told us "They have surpassed any expectations that we had, nothing but compassion, friendly enough without being too familiar and value [name] as a person."

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed that staff involved them when people need help and support with decision making. The registered manager told us "Everyone knows that nothing is too small, we tailor make the care plan to suit their needs and their wishes."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured that people's rights were upheld.
- The registered manager recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs such as their cultural or religious needs were reflected in their care planning.
- Staff and the registered manager were very aware that they were working in people's homes. They told us how they ensured people received the support that they needed whilst maintaining their dignity and privacy. One relative told us "They ask before entering, they know where to go, they ask to use toilet." A staff member told us, "I encourage the customer to do as much as they can, so they feel independent, I cover them with a towel for dignity, if it is 2 carers we don't talk amongst ourselves we talk to the customer only."
- People's confidentiality was respected. We heard from people and staff how care plans and notes were kept securely in people's homes. A relative told us, "They always put their notes and book away in the right place."

Is the service responsive?

Our findings

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

Good: ☐ 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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. When asked about person centred care, one staff member said, "It's all about the customer, their needs first, the service user is central to what we do."
- People were empowered to have as much control and independence as possible, including developing care, support and treatment plans. A relative told us, "[name] wanted to be able to sit up to eat, staff sat with the Physiotherapist to learn and support [name] with muscle stretching exercises, now [name] can sit up and eat rather than be fed with a syringe."
- Relatives told us how the provider would respond to their changing needs, for example one relative told us, "Staff are flexible with the times for [name], so I can go out."
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and wellbeing.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standards (AIS), this included documentation prepared in different languages. This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- People and relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included meeting the registered manager, speaking to the registered manager by phone and surveys. One person had responded to a survey stating, "Fully satisfied that's all that needs to be said." Another person said, "Extremely satisfied with the service offered, even Christmas day cover was provided without interruption, staff are very interactive and friendly and very mindful of customs ie having a daily shower for my parents."
- People and their families knew how to make complaints; and felt confident these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One relative told us, "I have the mobile number for the registered manager."

End of life care and support

- Detailed information was available as to how to keep the person comfortable and maximise their wellbeing. A relative told us, "[name] has asked us to put a review on a site for them, they want good things said, it has been a good experience and not intrusive." We saw that end of life training was included in the training plan. A staff member told us, "I have had training in end of life care, we learnt how to improve wellbeing, making people comfortable at home."

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff expressed confidence in the registered manager and their team. One relative told us, "The registered manager is a bit of a character, she really cares, she is concerned for their welfare." A staff member told us, "The registered manager is very understanding, I know I can rely on her."
- Staff were actively encouraged by the registered manager to raise any concerns in confidence through a whistleblowing policy. One staff member told us, "I raised a concern about a client who needed a hoist, the registered manager arranged for an assessment and a hoist was provided."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was involved in the day to day running of the service including working alongside staff when required. They positively encouraged feedback and were keen to grow the service whilst ensuring people received the best care. The registered manager told us, "I feel in the right place now, taken two years to get all the systems in place and learn the field and nothing is beyond me now, but everything is a challenge."
- Relatives spoke highly of the service and could not identify areas for improvement, one relative told us, "Nothing should change."
- Staff also strived to ensure care was delivered in the way people needed and wanted it. One staff member told us, "Our values are to promote person centred care and maintain dignity, we have core values, integrity, trust and kindness. We have a values tree on the wall in the office, where we all meet."

Engaging and involving people using the service, the public and staff

- People, relatives and staff were encouraged to air their views and concerns. The registered manager visited people and their relatives regularly to seek their feedback.
- The registered manager consulted with staff, at supervision meetings and staff meetings, to get their views and ideas on how the service could be improved. Staff were proud to work for the service, one staff member told us, "It's a lovely place to work. Everyone is very supportive of each other, we work so well together."

Continuous learning and improving care

- The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.
- Staff meetings took place regularly, one staff member told us, "We have had a team meeting in the last 2 or 3 months, they are useful because we see how the other carers work and what their ideas are."

- The provider and registered manager had an ethos of continuous learning and provided regular learning opportunities for staff.

Working in partnership with others

- The registered manager had a communication network to help the service work in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.