

# Domiciliary Care Services (UK) Limited

## Knighton Road

### Inspection report

28 Knighton Road  
Leicester  
Leicestershire  
LE2 3HH

Date of inspection visit:  
23 July 2019

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21 August 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

Domiciliary Care Service, Knighton Road is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were 80 older adults using the service.

Not everyone who used the service received personal care. 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.

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

A family member told us, "From the outset I have been involved with the care package. I would recommend this company 100%, without a doubt. They do what you expect them to do."

People's safety was promoted by staff who followed guidance on how to reduce potential risk. This included the use of equipment to support people moving around their home. People were supported by sufficient numbers of staff who had undergone a robust recruitment process. People were supported with their medicines. Staff training in key safety areas promoted people's safety, which included staff knowledge and understanding of reporting potential safeguarding concerns, and following infection control procedures.

People's needs and expectations of care were assessed, which included assessing people's needs based on their cultural diversity and communication needs. Assessments were used to develop a package of care, to support the person at home. People's needs were met by staff who had the necessary skills and knowledge, which included staff's ability to communicate with people in their preferred language. Staff were supported through ongoing training and supervision to enable them to provide good quality care. Staff promoted people's health by supporting them to take their medicine, and by liaising with health care professionals when required.

People were supported to have maximum choice and control of their life and staff supported them in the least restrict way possible and in their best interests; the policies and systems in the service supported this practice.

People and their family members spoke favourably about staff, and the positive and supportive relationships that had developed. They told us how they were supported by a core team of staff who had a caring and compassionate nature. They said staff considered their privacy, dignity and independence.

People and family members were involved in the development of care plans, which enabled staff to provide the care and support each person had agreed was appropriate to them. People's views about their care were regularly sought, and changes made to people's packages of care, where people's needs changed. People were confident to raise concerns should they arise.

The management team were aware of their role and responsibilities in meeting their legal obligations. Systems to monitor the quality of the service were in place, and used to develop the service and drive improvement. The provider worked with key stakeholders to facilitate good quality care for people, by accessing training and shaping the provision of domiciliary care. They worked with key organisations to keep up to date with good practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published, 7 February 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 ●

# Knighton Road

## 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

The inspection was carried out by one inspector 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 service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to 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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we wanted to ensure someone would be available to speak with us.

Inspection activity started on 23 July 2019 and ended on 25 July 2019. We visited the office location on 23 July 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority who commission some people's care and support. This information helps support our inspections. We used all this information to

plan our inspection.

During the inspection

We spoke with the nominated individual who is also the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the operations manager and four members of staff who provide personal care when we visited the office.

We spoke with four people and five people's family member who spoke on their behalf, by telephone on 25 July 2019.

We reviewed a range of records. This included three people's care records and one person's medication record. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and records showing that the provider sought people's views about the quality of the service they received.

# 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 has 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's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the providers policies and procedures, and the following of local safeguarding protocols.
- People when they commenced using the service were provided with information, which included an explanation of safeguarding, and contact details should people have safeguarding concerns.

Assessing risk, safety monitoring and management

- The assessment and monitoring of risk promoted people's safety. Risks associated with people's care, support and environment were assessed.
- Equipment was used to promote people's safety, which included the use of equipment to move and support people safely. One family member told us, "My [relative] has a hoist. The carers handle things safely and put it [hoist] on charge at night."
- Staff were knowledgeable about potential risks to people, and knew how to reduce risks by following the guidance as detailed in people's records.
- People told us they were safe, which included their reason as to why. One person said, "Yes, I am safe. They [staff] use the key safe and make sure my door is locked."

Staffing and recruitment

- Robust staff recruitment practices and ongoing training supported people's safety. Potential staff were screened for their suitability to work with people, and the training staff undertook meant they were aware of their role and responsibilities in promoting safety.
- Staff rotas were planned to ensure staff had the appropriate skills, competencies and knowledge to meet people's needs. For example, staff who supported a person with a specific health care need had received training from the appropriate health care professional, and were rostered to support the person. Similarly, where two staff were required to support a person safely, the staff rota had been developed to ensure two staff attended the call.
- Staff received training in key topics related to the promotion of people's safety, which included moving and handling people safely using equipment and first aid.
- The registered manager as part of their quality assurance system arranged for spot checks to be carried

out on staff. Spot checks included observing staff to ensure they put into practice the training they had received on moving and handling people safely, and the use of equipment.

#### Using medicines safely

- People were supported to manage their own medicines, where they had been assessed as safe to do so. At the time of the inspection, a majority of family members supported people with their medicines. Staff had received training on medicines and supported people, where required.
- The registered manager as part of their quality assurance system, arranged for spot checks to be carried out on staff. This included observing staff to ensure they followed the person's care plan when supporting them with their medicine, and the signing of the medication administration record.

#### Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care.
- Staff received infection control training. The registered manager as part of their quality assurance system arranged for spot checks to be carried out on staff. Part of the spot check was to ensure staff followed infection control procedures when providing people's care.

#### Learning lessons when things go wrong

- The provider's quality management system supported them to learn from events, including safety incidents and safeguarding concerns, in the event they should occur.

# 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 has 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's needs were assessed to ensure they received good outcomes. Comprehensive assessments, reflective of the Equality Act were carried out, and involved the person and in some instances a family member.
- Assessments considered people's individual needs, which included their age, culture and diversity. They focused on their physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements. A person told us, "I was involved with the care package at the beginning, and it is appropriate now still."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to meet their needs, based on their assessment, which included the ability of staff to meet people's health care needs.
- Staff received training in key areas during their induction and on an ongoing basis. Staff were encouraged to attain vocational qualifications in health and social care.
- Staff were supported through supervision and an annual appraisal, providing them with an opportunity to discuss their training and development. Spot checks took place to observe and assess staff's competence to deliver safe and effective care. A family member told us, "They [manager] do spot checks, unannounced."

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

- People's dietary needs were assessed and detailed within their care plans, in some instance's meals were provided by family members. Where people required the support of staff this was provided. One person told us. "They help me with sandwiches and drinks. At tea time my dinner is cooked and I can have whatever I want." A person's care plan provided detailed information as to how staff were to prepare 'Indian' tea, which included, how much loose tea and sugar were to be added.
- Staff we spoke with told us how they prepared meals consistent with people's wishes, taking into account their dietary needs based on people's health needs, culture, religion and preferences.

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

- People's care was enhanced, as the service worked in a timely and effective way with other organisations involved in people's care, which included doctor's and district nurses.
- Staff worked well with other professionals to promote people's safety and independence. For example,

staff had worked with the community therapy team, which had had a positive impact on a person. A member of the community therapy team had written to the provider, complimenting staff, who had worked with a person. Stating staff had improved the person's confidence, balance and mobility to the point where the person was now walking with some assistance.

- Staff contacted health care professionals on behalf of people if required. A family member told us, "Once when [relative] was unwell the management responded straight away."

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.

- People's capacity to make informed decisions about their health, care and welfare was recorded within their assessment and care plan. People had signed consent forms and care plans agreeing to their care.
- Staff had undertaken training on the MCA, and respected people's decisions to accept or decline care.

# 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 has 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 were supported and respected by staff. People and family members told us staff were always cheerful and pleasant. They said caring relationships had been built between people and staff. A Family member told us, "The carers are very, very nice and respectful. I have mostly the same carers who come every day." A person told us, "I get on very well them [staff] all, they are more like friends. I manage very nicely, and all is well."

- Staff were knowledgeable about the people they cared for, and knew their individual needs and preferences. A family member spoke of how staff understood their relative, and were able to provide the appropriate support, which was important as their relative was living with dementia. The family member told us, "[Relative] has dementia, but the carers speak Urdu and Gujarati with them. The sit in carer also speaks Portuguese, so when [relative] uses a mix of words from all the languages the staff understand."

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

- People and family members were involved in the development of their care plan, and made day to day decisions about their specific care needs.
- People and family members told us staff arrived on time, and they were supported by a core team of staff who knew them well. A person told us, "I have been with the company for two years, and I feel the carers understand me, and my needs." A family member told us, "They [staff] are very understanding and very feeling of [relative] as they aren't well some days."
- Staff told us their rota schedules were developed to ensure there was sufficient time to provide the appropriate support and care for people, which included travel time between visits.

Respecting and promoting people's privacy, dignity and independence

- People's individuality was respected, and staff supported people in a way that promoted their privacy, dignity and independence. Staff told us how they ensured curtains were closed in people's rooms when providing personal care. A person told us, "The carers help me to walk, and do it properly."
- People's care plans provided guidance for staff on the promotion of people's privacy and dignity. Our discussions with staff showed people's privacy and dignity was a key consideration when providing personal care.

# 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 has 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

- People's care plans were outcome focused and personalised, as they had been written with the involvement of the person, and in some instances a family member. Care plans were signed by the person, reviewed and updated to meet their changing needs.
- People received timely care and support. The provider had an electronic call monitoring system, which meant staffs arrival and departure time from a person's home was monitored by the system. The system alerted office-based staff if a member of staff had not arrived at a person's home within the agreed call time. This enabled office-based staff to contact the staff member and update the person who was waiting for the staff member to arrive.
- People's support and care was provided within the times agreed between them and the provider. People spoke of the reliability of the service. One person told us, "The carers are on time, and we have had no missed calls." A second person told us, "The carers come four times a day, and are on time."
- People were supported by a core group of staff, which promoted consistency of care. A family member told us, "Things are absolutely fine. [Relative] has been with the company for 4 years. They have had the same carers and they know them. Sometimes the carers give extra time and never complain. They do things how I like them to. The carers are like family, they interact with the rest of the family."

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 were understood and met. Assessments of people's needs and care plans detailed people's communication needs, and provided guidance for staff on how to communicate with people effectively. For example, staff supported people who could speak in the person's preferred language.
- People who had a sensory impairment, had clear guidance detailed within their care plan for staff to follow, which included how staff were to approach a person with a visual impairment so that the person knew a member of staff was present. The person's care plan informed staff were to explain all care interventions, before any support was provided.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were recorded and investigated, which included information as to any

action taken by the provider. The provider had received one complaint about the timeliness of a person's calls.

- People we spoke with were aware of how to raise concerns, but told us they had never had to do so. People, when they commenced using the service were provided with information, which included information on how to raise a concern or complaint. A person told us, "The company is good, I have no complaints at all."

#### End of life care and support

- The service was not supporting people with end of life care at the time of the inspection. People's records included information as to their next of kin, and general practitioner in case staff needed to contact someone in an emergency.

- People's care plans referenced if a person had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place.

- Staff had received training on end of life care, and would liaise with health care professionals following guidance and advice, so as to provide appropriate care and support.

# 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 has 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

- People were at the centre of the service and received care that focused on their individual needs. Staff were supported to provide good quality care, as they were monitored, and regularly met as a team to talk about care practices.
- The registered manager had an open-door policy. Staff regularly visited the office or contacted them by phone. Staff spoke positively of the support provided by both the registered manager and operations manager, which included supporting staff when celebrating festivals. For example, staff told us, when staff celebrated Eid and were fasting, they were not asked to work additional hours. Staff told us, the staff team reflected a diverse group, which meant they recognised, celebrated and supported each other.

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

- The management team understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

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

- The registered manager and operations manager were supported by a supervisor and care co-ordinator, all having key areas of responsibility. The management team worked effectively as a team to ensure people who used the service received good quality care. Planned improvements were detailed within the Provider Information Return (PIR) and within the minutes of meetings.
- The provider understood their legal responsibilities. For example, the rating from the previous CQC inspection was displayed within the service and on the website.
- Staff performance was monitored, and staff were supported. Staff meetings were used to provide feedback for staff as to what was working well, and what areas required improvement.
- Audits were undertaken on the accuracy and legibility of records, which included daily notes and medicine administration records completed by staff about people's care.
- The provider had a certificate from the information commissioners' officer with regards to data security.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were regularly sought about the quality of the service. An annual survey was sent to people, seeking their views about the service. Information from surveys was collated, and people received feedback from the provider, including any actions to be taken, which was shared with them in a newsletter. A family member told us, "Now and again we have surveys."
- People's views were also sought through visits to their home, and contact by telephone. This was confirmed by people we spoke with. A person told us, "The manager rings up and checks things." A second person said, "A lady from management comes around and checks." People's views were listened to and acted upon. For example, a family member told us, "The carers and the company are very understanding. I asked them if they could change my sitting call day, and the reply was yes. They are very accommodating."

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continuous learning and improvement, and had been accredited, following the successful implementation of a quality management system. The system supported the provider to continually review the service it provided, in order to identify and drive improvement.
- Members of the management team attended provider forums organised by local commissioners, where good practice and the future of service development was discussed. The provider was registered with UKHCA (United Kingdom Homecare Association) who provide support and updated information, to domiciliary care providers.
- Managerial staff and some care staff had completed the 'Training Passport for Generic Healthcare Tasks, devised by Leicester, Leicestershire and Rutland Health and Social Care Protocol. This enabled staff who had completed the course to provide additional health care monitoring, and provision of health care related tasks.