

# Domiciliary Care Services (UK) Limited

## Knighton Road

### Inspection report

28 Knighton Road  
Leicester  
Leicestershire  
LE2 3HH

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16 January 2017

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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

This inspection took place on 16 January 2017 and was announced.

Domiciliary Care Services (UK) Limited is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were 88 people using the service. People's packages of care varied dependent upon their needs. There were 33 staff employed who provided people's care.

The previous comprehensive inspection of 4 January 2016 found improvements were needed and a breach in the regulations. The focused inspection of 3 November 2016 found the service to be compliant with the regulations.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety and welfare was promoted by staff that understood and had received training on their role in protecting people from potential harm and abuse. Safety and welfare was further promoted through the assessment and on-going review of potential risks to people. Where risks had been identified measures had been put into place to reduce their likelihood, which were recorded within people's records and understood and implemented by staff.

Staff upon their recruitment had their application and references validated and were checked as to their suitability to work with people, which enabled the provider to make an informed decision as to their employment. Staff underwent a period of induction and training, which included their being introduced to people whose care and support they would provide. Training provided to staff and staff understanding of their role and responsibilities meant people were supported appropriately with all aspects of their care, which included support with their medicines.

Staff understood the importance of seeking people's consent prior to providing care and support. Staff were aware of people's rights to make decisions and were able to tell us how they encouraged people to express their opinions on their care and support. Staff liaised with a range of health care professionals and kept in contact with people's family members where they had concerns about people's health.

The open and inclusive approach showed by staff from the service to people meant those using the service and family members had confidence in contacting staff at the service, knowing they would be listened to. This had a positive impact on people. For example, staff from the service were able to provide information and liaise with other agencies to ensure people's needs were met. The service provided was flexible to meet people's individual needs and people spoke positively about the attitude and approach of all staff.

The provider had acquired and continued to implement a quality audit system, which assisted them in determining whether they provided quality care and support to people within their own home.

## 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 is safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge. Safe recruitment systems were followed to ensure staff were suitable to work with people who used the service.

People received support with their medicine which was managed safely.

### Is the service effective?

Good ●

The service is effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

The provider and staff had an understanding of the Mental Capacity Act 2005 and understood their role in promoting people's rights and choices in all aspects of their care and support.

People were provided with support, where required, to meet their dietary requirements.

People were supported by staff who liaised effectively with health care professionals, to promote their health and welfare.

### Is the service caring?

Good ●

The service is caring.

People were supported by a consistent group of staff, who they

had developed positive professional relationships with.

People or their representatives were involved in the development and reviewing of care plans, which recorded their views about their care.

People were supported by staff that were committed to the promotion of people's rights and who listened too and respected people's wishes.

### **Is the service responsive?**

**Good** ●

The service is responsive.

People's needs were assessed prior to receiving a service and were regularly reviewed. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People had not raised any concerns or complaints, however they were knowledgeable as to how to raise a concern and confident that their concerns would be listened to.

### **Is the service well-led?**

**Good** ●

The service is well-led.

The registered manager provided an open and inclusive service which enabled people using the service and their family members to seek advice and support.

People's views and that of their family members were sought and information was provided and shared about the service.

Systems for monitoring the quality of the care were in place. The registered manager had received positive comments from those using the service, family representatives and social care professionals involved in people's care.

# Knighton Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 16 January 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by one inspector.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

To assist us in understanding the experience of people who used the service, we spoke via the telephone with three people who use the service and family members of four people.

We spoke with the provider, registered manager, operations manager and three care staff.

We looked at the records of three people who used the service, which included their plans of care, risk assessments and records detailing the care provided. We looked at the recruitment files of three staff, including their appraisals. We looked at the minutes of meetings and a range of policies and procedures.

## Is the service safe?

### Our findings

People we spoke with told us they had confidence in the staff. A family member said, "My wife feel's safe and confident as she has regular carers who know her, she has full trust."

Staff were trained in safeguarding as part of their induction so they knew how to protect people from avoidable harm. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service.

The provider had a policy and procedure for the management of people's finances where staff were required to undertake shopping for people. People's care plans included clear guidance for staff as to how people's finances were to be managed. Systems were in place to ensure people's financial transactions carried out by staff were audited with receipts from transactions being kept to protect people from financial abuse.

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. These were recorded in people's care plans. For example, some people were at risk due to their physical health. We saw clear guidance for staff which stated that they were to remain with the person at specific times to promote their safety. Whilst for a second person there was information for staff in the person's care plan as to specific equipment to be used to promote safety when providing personal care. This supported the promotion of people's safety.

People's care plans provided clear information for staff on the security of people's homes, upon arrival and departure. This included ensuring people who had a 'pendant', which was linked to a call centre; close to them should they require assistance in an emergency. In some instances a key safe was installed where people were unable to answer their door. A key safe is a secure method of externally storing the keys to a person's property. This helped to ensure people's safety within their homes whilst enabling staff access to the person's home.

Risk assessments were regularly reviewed and comments from people using the service and staff providing a person's care were listened to and acted upon. A person using the service spoke to us about this aspect of support they had received. "I'm having difficulty with a step between my breakfast room and lounge, it's high and I'm worried I may fall. They (staff from the service) made arrangements for someone to sort it out. I'm having an additional step installed to make it easier for me."

Staff were knowledgeable about their role in supporting people should they arrive at a person's home to find them in need of urgent support. A member of staff told us they had found someone on the floor on one occasion and they had contacted emergency services and followed their advice by not moving the person and providing reassurance. They told us they had contacted staff at the office to inform them and had waited with the person until the emergency services arrived.

The registered manager told us the number of staff people needed for each call was agreed when their needs were assessed. For example, some people needed two staff to assist them with transferring from one place to another. Records showed that people had the number of staff they needed. The registered manager told us staffing numbers were subject to review and adjusted if people's needs changed.

We looked at staff records and found people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

People and relatives told us they were satisfied with how staff managed people's medicines. One person said, "I take my medicine myself, however they (the staff) check with me that I have taken it, it's reassuring." "The girls (staff) apply a medicine patch for me when I need it; I keep a record on my calendar. The staff sign records to confirm it's been applied."

The registered manager told us staff assist or prompt people with their medicine by reminding them to take it. Staff supported people when the medicine has been packaged by a pharmacist within a monitored dosage system. This ensured that the medicine people take was the correct medicine and has been prescribed by a health care professional, to promote people's safety and health.

## Is the service effective?

### Our findings

We looked at the records of staff and found that they were supervised and had their work appraised, which included having their competency assessed to undertake people's care and support. A person using the service told us that staff underwent 'spot checks' that were carried out by a member of the management team and that they were always given notice to ensure they were in agreement. Staff we spoke with confirmed that 'spot checks' were carried out by managerial staff to which they received feedback to enable them to improve the care they provided. We looked at 'spot checks' reports which showed they covered a range of areas, such as the effectiveness of staff's ability to communicate and provide the care and support as detailed with the person's care plan. This assisted the provider in determining whether the service being provided was of a good quality.

Staff have attained or are working towards qualifications in health and social care. Of the 33 staff employed, 32 had attained a National Vocational Qualification (NVQ) in Care at level 2. Two members of staff was working towards The Qualifications and Credit Framework (QCF) at level 3 and one member of staff working towards level 4. (QCF having replaced NVQ). This shows a commitment by the provider and staff in the delivery of good quality care to people through continued development of staff knowledge and skills.

Staff spoke to us about the training they had undertaken and how they implemented this in their day to day care and support of people. "Training on how to respond to someone who has fallen was informative, telling us not to move people, or offer them a drink, but to keep them comfortable and offer reassurance." And, "How positive communication, can help people's well-being, by being positive in what you say and smiling."

Staff told us they were supported. They said the management team were available to answer any queries they had. This included staff contacting senior staff by telephoning the on-call system, which was available out of office hours. Information from the out of hour's service was discussed each morning to ensure effective communication. For example the out of hour's service had taken action over the weekend, which had had a positive impact on a person's health and well-being. A member of staff, upon arriving at a person's home, had found the person to be unwell. Staff through the out of hour's service had contacted health care professionals who had visited the person who then organised and provided the appropriate health care support.

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 and applications must be made to the Court of Protection. We found there to be no such orders in place. The registered manager said they had had no cause to assess people's mental capacity.

People's records evidenced decisions they made about their care and support. For example; where people had chosen to remain in bed, declined aspects of personal care or had chosen not to have a meal.

People's plans of care provided guidance for staff to follow to ensure people had sufficient to eat and drink. Staff in some instances were responsible for the preparation of meals. Where concerns about people's dietary needs had been identified staff recorded people's food intake to enable accurate information to be shared with health care professionals to promote people's well-being. People's plans of care directed staff to leave meals or snacks and drinks so that they were accessible to people throughout the day when there was no one with them to provide assistance. If people had particular needs relating to nutrition these were recorded. For example, one person was at risk of choking and had been assessed by a speech and language therapist (a healthcare professional who assesses and advises people with swallowing difficulties). The person had then made their own dietary choices and records showed staff supported them with these.

People's care plans for nutrition were personalised and included information about how people chose what to eat and drink. For example one person's read, '[Person's name] likes pickle added to sandwiches and the crusts cut off. They like two sweeteners in their tea.'

People using the service and their family members said the staff monitored their health and welfare and alerted the appropriate person if they had any concerns. One person told us, "They (staff) have contacted my doctor when I have been unwell and organised a home visit for me." Whilst a family member told us, "They (staff) contact me if they have any concerns about mum's health. It's reassuring to know they have her interests at heart." And, "The staff are genuinely concerned about her health."

Records showed people's health care needs were assessed when they began using the service. Staff were made aware of these in care plans which meant they could support people to be healthy, and alert health care professionals if they had any concerns. If people had particular health conditions information about these was included in their care plans. This helped to ensure staff were knowledgeable about all the needs of the people they were supporting.

## Is the service caring?

### Our findings

People using the service spoke of the attitude and approach of staff in the delivery of personal care and support and how this impacted on them. People's comments included, "I'm very, very happy with them. Very nice 'girls' (staff), they're really friendly and never miserable. They break up my day." And, "Simply, brilliant." Family members also shared their views about the staff. "The staff are absolutely marvellous, laugh and joke and very professional." "We're very comfortable with the staff, we have developed relationships over time, and they're more like family."

People were supported in the main by a consistent group of staff. A family member told us, "We have regular staff." And, "We have a good relationship with the staff as we know them so well and they know us." The registered manager had groups of staff who worked in particular geographical locations, which promoted continuity of care and helped to develop and establish good working relationships. Staff told us how they worked with each other where people required two members of staff and how this was used as an opportunity for staff to be introduced to people as a way of introduction.

People or their family members were involved in the development and reviewing of care, which meant they were able to influence the care and support received. People told us, "I have a care plan; they (staff) do everything they're supposed to." "I have a copy of my care plan; any changes are made if they're needed." A family member told us, "I have been consulted about my mum's care plan."

People's care plans instructed staff to always ensure they asked people about their care on each visit to their home, to ensure people had the opportunity to influence their care. Care plans advised staff they should not leave a person's home until they had assured themselves by speaking with the person that there was nothing else the person required. A person using the service expressed this by saying, "They never leave without asking if there is anything else I need."

People told us their privacy and dignity was promoted and respected. A family member described this by saying, "Staff are very mindful of her privacy and dignity, when attending to such matters as personal care, due to lack of mobility they require assistance in all areas of personal care."

People we spoke with were very complimentary about the approach of staff in the delivery of their care and support. They told us their privacy and dignity was understood and recognised by staff and that the approach and caring attitude of staff had a positive impact on them and their daily lives.

People's care plans provided guidance for staff on the promotion of their privacy and dignity, through consultation and also by their actions when delivering personal care. For example by the use of towels to cover people, thus promoting people's dignity. Staff who we spoke with told us they believed the promotion of people's privacy and dignity to be very important. A staff member told us, "I always ask people what they want, for example did they want a wash or a shower. Sometimes people don't want either as they're unwell and wish to stay in bed. It's important that we listen to what people say."

## Is the service responsive?

### Our findings

People had an initial assessment of their needs in some instances carried out by a social worker where their care package was funded. The registered manager or other staff employed by the provider undertook an assessment of people's needs by visiting them within their own home or their current place of residence. A family member told us the registered manager had come out to their home to undertake an initial visit, to introduce herself and to assess the relative's need and to assess the environment for its safety with regards to providing safe care. A second family member told us their relative's needs had been assessed whilst they were in hospital.

Assessments were used to develop care plans, which were person centred, 'Person centred' is a way of working which focuses the actions of staff and the organisation on the outcomes and well-being of the person receiving the service. Care plans detailed how staff made sure people were appropriately cared for and we looked at how this was documented. For example, a person's care plan specified how the person liked their hair to be done. Whilst other care plans instructed staff to ensure drinks, snacks, reading material or television remote controls were left close by so the person could reach them.

People's plans of care detailed the time of the call and the number of staff involved. People we spoke with told us that in the main staff arrived on time and that they stayed the agreed length of time until the tasks they were required to perform had been completed. People told us that staff asked them if everything was okay before they left.

Plans of care provided an overview as to people's needs, with recently developed plans of care containing greater detail, such as the location of people's personal effects that were required to support them with their personal care. This meant staff did not need to be unnecessarily intrusive in people's homes by looking for items, where people themselves were unable to provide them with the necessary information.

Care plans were regularly reviewed the frequency of review being dependent upon the needs of people. Where people's needs had changed, commissioners funding people's care were informed. Records showed how people's care plans had been updated to reflect people's changing needs. For example, a person requiring support with catheter care and for a second person, their care package had decreased, which meant they required one less visit a day. A family member told us, "Her (relative's) care package has decreased from four calls a day to three as her needs have changed."

Staff told us they spoke with the registered manager if they identified any changes in people's needs. They were able to share with us examples of how this information had been used to review people's care plans to reflect a change in their needs. For example, a person was considered to not be walking as well as they used to and found it difficult to get into the shower. The registered manager had made a referral to the appropriate agency and a step was provided to enable the person to access the shower. Their care plan had been updated to reflect this.

People spoke to us about the flexibility of the service, they told us how they contacted staff at the office if

they needed to re-arrange the times of staff visits. A family member told us how staff arrived early in some instances so that they could help her get her relative into the taxi as she required the use of a wheelchair and found it difficult to do this without the assistance of staff from the service.

The service had an electronic call monitoring system that enables staff within the office to monitor the arrival and departure time of staff to people's homes. The system which requires the consent of the person receiving the care means that staff contact the office to inform them of their arrival and departure. This enables the service to identify missed or late calls in order that the service can respond by ensuring any delays in care being provided are acted upon. We found by speaking with people using the service and their family members, that they very rarely experienced late calls. People's comments included, "They're always on time." "The service runs smoothly and promptly." "They always turn up, you can depend on them."

A copy of the 'Service User Guide', was given to each person and contained information as to the providers' policy and procedure for raising a concern or complaint which included information as to how complaints would be managed. The policy and procedure in addition stated how complaints were used to bring about improvements to the service. The policy and procedure in addition provided contact details for external agencies which people may wish to contact. The registered manager told us they had not received any complaints within the last 12 months and we found no records of complaints being made. People using the service and family members told us they had not found a need to raise a complaint or concern, however they told us they knew how to make a complaint and had confidence that action would be taken. People's comments included, "I have no concerns, and I'd ring the registered manager. You can't improve on 100%." "I have no concerns, I know who to contact if I was worried about anything."

## Is the service well-led?

### Our findings

People using the service and family members spoke positively about the quality of the service they received and what it meant to them, their comments included, "I don't know how to say, thank you, they're (staff from the service) are really approachable." "Very satisfied with what they provide." And, "From my point of view, it's made an immeasurable difference, to know they're (staff) coming to look after her in a professional way."

People using the service and their family members spoke of the contact they had with the registered manager and other office staff. All spoke positively, telling us they had regular communication via the telephone, visits, newsletters and questionnaires which sought their views about the service. People's comments included, "I have regular contact with [registered manager's name] they visit us to review the care plan and ask us how things are going and if there is anything they could do to improve." And, "We're sent questionnaires asking for our views and I've had a newsletter which gives me information about the service." And, "We get information about what's happening updates and information."

The registered manager shared some of the written comments people and their family members had made when their views about the service were sought. They included, 'I am very happy with the help and care I get, from my carer, always cheerful, and helps myself, and my husband to carry on in bad times.' 'My mum has been very happy with the care she receives from her carer. They are friendly and have a chit chat with her while doing their work. They are attentive in her care and if any concerns arise about her health they will be attentive and let me (her daughter know). All in all we are happy with the care my mum has received.' And, 'The care and attention given by your staff is excellent. I am not pressurised to do anything I don't want to and all my requests are met with warmth and understanding.'

The open and inclusive approach of the registered manager and staff meant people were confident to seek advice and guidance. People told us how the registered manager and other staff provided them with information and guidance. A family member told us, "When we were struggling, [registered manager's name] made us aware of equipment we could access to make things easier. She provided us with contact details and arranged for an assessment of our home so that we could have adaptations made." And, (staff from the office) made recommendations and gave advice about equipment. They made a referral to an occupational therapist so we could be assessed for equipment."

Staff had the opportunity to attend regular staff meetings and received information weekly. This enabled the provider and staff to share information for the benefit of those using the service. For example, each week staff were given their rota for the forthcoming week so they knew whose care and support they were responsible for providing. Staff were in addition given information about any specific changes. For example where people had been discharged from hospital, or when the frequency or timing of their support had been altered. This meant people using the service could be confident that staff had up to date information about their needs.

The provider told us they continued to work towards attaining external quality assurance certification to

evidence they had a quality management system in place, to provide evidence of their commitment to the provision of a quality service. As part of the commitment to delivery of a high quality service the registered manager and operations manager had attained qualifications in health and social care and were working towards gaining additional qualifications in business administration and management.

Staff were supported by the registered manager along with other office based staff, through supervision, appraisal, team meetings and spot checks carried out on their care practices and through meetings. Effective communication systems were used to ensure information was shared efficiently so action could be taken. This included the out of hours service and the use of telephones for staff out in the community delivering care contacting office based staff with updates as to people's welfare.

The registered manager and staff since the CQC inspection of January 2016 have implemented changes to bring about improvements to the service. People's care plans contain a greater range of information about people's lives, their preferences for how they receive their care and their expectations. Audits carried out for the purposes of quality assurance were more robust in that they contained greater detail and now covered new areas. For example auditing of staff files to ensure all documentation was up to date and accurate and auditing of financial records where staff undertook shopping for people. This evidenced the registered manager's and staffs commitment to continually develop the service through quality monitoring.

The registered manager shared letters written from staff employed by the local authority that were involved in aspects of people's care which meant they liaised with staff from the service. Contents of the letters were complimentary, stating that staff from the service worked well with them to ensure people received a good quality service, which in part was due to the consistent group of care staff employed and the commitment of the registered manager and other staff to go above and beyond what was expected of them. Comments also reflected on the high level of care and professional standards in their dealings with people using the service, families and professionals.