

Domiciliary Care Services (UK) Limited

Knighton Road

Inspection report

28 Knighton Road
Leicester
Leicestershire
LE2 3HH

Date of inspection visit:
03 November 2016

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30 November 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 4 January 2016. A breach of legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now meet legal requirements. This report only covers our findings in relation to the requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Knighton Road on our website at www.cqc.org.uk.

The provider submitted an action plan following the inspection of January 2016 advising us of the action they would take to address the breach of regulations identified by the 4 April 2016.

Knighton Road is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were 87 people using the service. The provider employed 61 staff to provide personal care and support.

This inspection took place on the 3 November 2016 and was announced.

A registered manager is in post. 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.

There were effective systems in place to support communication between the registered manager and staff, to ensure staff had access to up to date information so that any changes in people's needs was understood by all. Members of the management team carried out audits on documentation completed by staff to ensure that records were of a good quality.

The system to appraise and supervise staff had undergone improvement to enable the provider to determine whether the support and care provided by staff was of a good standard. The appraisal and supervision of staff was regularly assessed and improvements if identified were monitored through on going staff appraisal.

The local authority through their commissioning team had found the service to be compliant when assessed against their quality assurance framework.

The provider had acquired and implemented a quality tool kit, which assisted them in determining whether they provided quality care and support to people within their own home. The outcome of people's views once collated was shared with them and included any actions undertaken to bring about improvement. To

further support the commitment of the provider in keeping people informed, the provider circulates a newsletter to people, providing them with information, such as the training staff received so that people could be confident and reassured as to the knowledge of staff in meeting their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was consistently well-led.

People were provided with information about the service. People's views and that of their relatives were sought and analysed. A report of the findings was shared with those using the service. This included information as to how the provider intended to bring about any identified improvements.

Staff were supported by the management team through regular monitoring and appraisal of their work. Management communicated effectively with staff to support them in the delivery of quality 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.

We undertook a focused inspection of Knighton Road on 3 November 2016. This inspection was done to check that improvements to meet a legal requirement planned by the provider after our comprehensive inspection of 4 January 2016 had been made. We inspected the service against one of the five questions we ask about services. Is the service well-led. This is because the service was not meeting a legal requirement.

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.

The inspection was undertaken by one inspector.

We contacted commissioners for social care, responsible for funding some of the people that use the service, and asked them for their views. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with the registered manager and operations manager.

We looked at the quality assurance documents. These included questionnaires reflecting the views of those using the service, records of audits undertaken by the registered manager, and the minutes of meetings and records supporting the supervision and appraisal of staff.

Is the service well-led?

Our findings

At our previous inspection of 4 January 2016 we found that the provider of Knighton Road did not have an effective governance system in place to assure themselves of the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made and that systems had been introduced to monitor the quality of the service. The provider had purchased a quality tool kit that had a range of tools which enabled them to monitor the quality of the service they were providing.

Opportunities for people to comment upon and influence the service they received had been implemented by the provider. The provider, using the quality tool kit, had sought people's views, by asking questions reflective of the five key CQC questions. Is the service safe, effective, caring, responsive and well-led. The registered manager had set a timetable for the sending out of questionnaires to people, questions as to whether the service was safe had been sent out and the responses collated. The findings had been shared with people using the service, with everyone receiving a written report. This supported the provider's commitment to the continued development of the service by listening to people's views to bring about improvement and the sharing of information. The report was delivered by staff when they went to people's homes to provide personal care and support.

The report provided people with information as to the number of people who had completed the questionnaire and the overall score the provider had attained to the question is the service safe, which was recorded as 84%. The report highlighted additional comments people had made and the response of the provider to general issues. Individual issues had been dealt with on a one to one basis, which had included contacting the appropriate relevant professionals, such as social workers.

The report confirmed to people that each person or their representative, in addition to the questionnaires, would continue to be visited twice a year so that their views about the service and their care package could be discussed in person. This was referred to by the provider as client visits for quality monitoring. This meant people could be confident that they would have regular and personalised opportunities to comment and influence the care they received.

In May 2016 client visits for quality monitoring had been undertaken. Those using the service had been given a report detailing the outcome. The report detailed the number of people that had been involved and issues that had been identified by them. Action the provider had taken was detailed within the report. A number of people had stated they were unaware of where to find the complaint procedure. The report assured people that the complaints procedure was amongst the documentation provided to each person when they commenced a service with Knighton Road and confirmed all using the service were now aware of the complaints procedure. This showed the provider's commitment to sharing information with people and meant people could be confident that their comments would be listened to and acted upon.

The provider's commitment to an open, honest and transparent service was further supported by the sharing of information to those who use the service. Newsletters had been introduced, with plans to

produce and circulate these every three months. The newsletter of August 2016 outlined the provider's commitment to seeking people's views and the continued development of the service and how this would be achieved; the newsletter also sought people's ideas about a party.

Systems to monitor the quality of care people received had been strengthened, this had included the reviewing of the system used to supervise and appraise staff. Staff underwent regular 'spot checks' which were used to monitor the quality of the personal care and support people received from staff within their homes. In addition staff were appraised twice a year by the operations or registered manager. Staff prior to their appraisal were asked to complete a self-appraisal, which required them to reflect on what they did well and identify areas for improvement and how they could be achieved, for example through additional training. Staff had indicated areas for training and we found that the training had been planned. This showed how staff comments were listened to and acted upon. We found staff appraisals recorded that managers found staff to dependable and committed in their work. This meant people could be confident that staff who provided their care and support had their competence to deliver quality care regularly assessed.

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 quality of care being provided was monitored through the reviewing of documentation which staff used to record the care and support they provided. This was to ensure that the care and support people received was consistent with their care plan and the provider's policies and procedures and the training staff had received. For example, where an audit had identified an incomplete record, then the action undertaken to address this was recorded. This had included speaking with the member of staff to bring about improvement along with a commitment by a manager to monitor future records to check improvements had been made and sustained.

Records relating to staff had been audited, to ensure the relevant documentation was kept by the provider, to ensure people continued to be supported by staff that had the relevant checks carried out to confirm they were suitable to work with people. This included dates where an updated Disclosure and Barring Service (DBS) check needed to be undertaken. (A DBS provides information as to whether a person has a criminal record, which enables the provider to make an informed decision as to their suitability to work with people.)

External agencies had commented on the management of the service and its ability to deliver care. The registered manager told us commissioners of their service had found them to be compliant when measured against their quality assurance framework. This was confirmed by the adult social care and commissioning division or Leicester City Council. We saw information from a commissioner that the accurate and well-documented information about a person's care record, completed by staff had provided the information they had needed. This showed that the provider's commitment to auditing records to ensure they were correctly completed supported the provider in sharing information with other agencies to promote people's care and support.

The provider told us they were working towards attaining external quality assurance certification to evidence they had a quality management system in place.