

Dignity Direct Homecare Limited

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Inspection report

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Date of publication:
17 June 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Dignity Direct Homecare Limited is a domiciliary care service providing personal care and support to people living in their own homes. At the time of our inspection there were 26 people 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

People received safe care from staff who knew them well. There were safeguarding policies in place and the registered manager and staff knew how to identify and report concerns.

There were enough staff available to support people. Staff had the necessary training and experience. Risks to people were assessed, managed and reviewed. Medicines were managed in a safe way. There were infection control procedures in place.

People and their relatives told us staff who supported them were kind and caring and treated them with respect. Staff understood the importance of respecting people's diverse needs and promoting independence.

People had access to health and social care professionals where required in a timely way. People were supported by staff to maintain a balanced diet where this was part of their care package.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were trained and supported to understand their roles and responsibilities.

Auditing and quality assurance processes were in place to enable the service to identify where improvement was needed.

The service worked in partnership with other agencies to make sure people received the right care and support.

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

Rating at last inspection

This service was registered with us on 22 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 

Dignity Direct Homecare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector and one 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 18 May 2022 and ended on 25 May 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with the registered manager who was also the nominated individual, the branch manager, a care co-ordinator and three care staff. We also spoke with one person who used the service and seven relatives of people using the service.

We looked at a range of documents and written records including three people's care records, two staff recruitment records and information relating to staff training and the auditing and monitoring of service provision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the provider to validate evidence found. We continued to look at records the registered manager shared with us, and responses from health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- There was a safeguarding policy and procedure in place which included information about the local authority, relevant local contact details and how to report safeguarding concerns.
- Staff received training in safeguarding and were knowledgeable about the different types of abuse and how to report them.
- Comments from relatives included, "I would say yes, he's very safe" and "I think mum is safe, and I'm always around."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were identified and well managed.
- People's care plans included risk assessments about current individual care needs and their home environment. Control measures to reduce risks, such as trip hazards, were set out in the risk assessments for staff to refer to.
- Accidents and incidents were documented, reviewed to look for trends, and lessons were learnt where appropriate.
- Procedures were in place to make sure staff knew what to do in the event of an emergency. For example, if they could not gain access to a person's home.
- There were systems in place to reflect on events and ways of working. Staff were encouraged to share their learning and discuss best practice.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People received consistent care from staff who knew them well.
- Recruitment procedures were safe and thorough. Staff files contained references and other appropriate background checks.
- People and relatives told us staff were on time and had enough time to care for people safely. One person said, "Timekeeping is pretty good, on one occasion (staff) was late, but they called me directly." A relative told us, "I'm fine, they come every day and I'm happy. Everyone is really good at their jobs." People told us they did not experience any missed calls.

Using medicines safely

- People received their medicines by trained staff as they had been prescribed.
- Medicines administration records (MARs) were kept in people's homes. The MARs showed which

medicines people were prescribed and when they were given.

- The MARs were returned to the office every month and checked by the registered manager. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated.

Preventing and controlling infection

- Staff had completed training in infection prevention and control and were provided with the personal protective equipment they needed. One staff told us, "We get all the PPE we need from the office."
- The provider had relevant policies in place to support effective infection prevention and control.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 thoroughly prior to commencing the service.
- Care plans evidenced clear information around how care and support should be delivered.
- People's support needs were reviewed regularly to ensure care continued to be delivered as required. A relative told us, "There was a review meeting, someone came and filled out a form. All the changes that we discussed were made."

Staff support: induction, training, skills and experience

- Staff were given a thorough induction prior to commencing work, which included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider provided ongoing mandatory training, such as moving and handling, safeguarding adults and first aid.
- A staff member confirmed that they had received an induction and on-going training. They said that they felt they had received good support from staff and the management team when they joined.
- Staff received supervision and an annual appraisal and told us they felt well supported. Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink in line with their care plan. A relative said, "I'll make the breakfast, lunch and tea, but the carers are happy to give snacks like a cup of tea or a piece of cake if we ask. They might have cooked an egg or something too."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- Staff ensured people had access to health and care professionals when needed.
- People were encouraged and supported to be as independent as possible in managing their own health, for example ringing for GP or district nurse appointments. If people were not able to manage their appointments, their family would usually do this, with staff supporting where necessary.
- Staff recorded any concerns around people's health, if appointments had been requested or made and the outcomes.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with other professionals. For example, when people's needs changed they made referrals to health and social care professionals to ensure people received the support they needed.

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 MCA 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.

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

- Relatives told us staff consulted their family member and asked for their consent before providing care and support.
- People's capacity had been explored as part of their care assessments and best interests' decisions had been completed where required. One staff member told us, "We give people choice and encourage them to make their own decisions. Where people lack capacity, we get others involve to ensure decisions are taken in their best interests."
- Staff completed MCA training and encouraged people to make their own decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 treated with kindness and compassion by staff. One person said, "The carers that come to me are really kind and caring."
- Staff we spoke with were knowledgeable about people's backgrounds and preferences. They were able to speak at length about the people they supported and what was important to them.
- The registered manager promoted equality and diversity. People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.
- People's protective characteristics such as their disability, age and ethnicity were taken into consideration when supporting them. People and staff were matched according to their individual preferences as well as language requirements. A relative told us, "We've been absolutely bowled over by the carers. (Staff) has been absolutely wonderful all the way through. He turns up on time and he's so lovely. He's a slightly older gentleman, and it's been really great for my husband. He's helping him to walk and will even go and get the paper, he helps wash my husband too. We're so impressed with (staff). He's just a lovely man and we're so impressed."

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

- People and relatives told us they were involved in decisions about people's care and support. People and relatives told us they felt valued and that their opinion mattered.
- People were encouraged to have support from appropriate representatives where they may have needed additional support to make decisions about their care.
- People's feedback, both verbal and written, was sought through regular reviews of care, surveys and telephone monitoring.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One staff member told us, "I always try to encourage people to do what they can, for example, make a cup of tea. If they can't then I am there to support them."
- A relative told us, "My dad is 95 years old, and he was quite independent before. This fall really knocked him. The carer has really been helping with building up that independence again." Another relative said, "They encourage my husband to wash himself. We might pour the water, but he'll use the soap."
- People were treated with dignity and respect and staff told us they ensured people's privacy was protected when supporting them with personal care.
- A relative told us, "(Person) is always treated with dignity and respect".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were personalised and detailed how the person wanted their needs and preferences to be met. Care plans were regularly reviewed and updated to reflect people's changing needs.
- Care plans included information about people's likes and dislikes, family relationships, routines and lifestyle choices.
- Any changes to people's care were updated on their care plan and staff were notified of the changes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person.
- Staff were aware of the individual needs of people and felt they had enough information to communicate with the person effectively.
- A relative told us, "I like the way that they explain things to him."

Improving care quality in response to complaints or concerns

- Complaints had been recorded and the registered manager acknowledged, investigated and responded to complaints in a timely way.
- Actions taken following a complaint were documented in order to improve the service.
- People knew how to raise a complaint or concern with the provider. One relative stated, "I'd call the agency if there was a problem but would at least try to speak to the carers first." Another relative said, "I don't really complain, but I'm quite happy with everything."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with the family and friends.
- The registered manager considered any risk of isolation during the assessment process.
- People were supported to keep active and access the community where this was part of their care

packages.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager was aware of the importance of people being involved in planning their end of life care. Staff received training in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager promoted a positive culture across the service which was reflected by staff.
- The registered manager and the staff team demonstrated a genuine passion about the people they supported and the quality of care they provided.
- Relatives spoke positively about the service and the support they received. One relative said, "I do think the service is very well managed."
- Staff felt the registered manager and branch manager were accessible and approachable and any concerns raised would be dealt with effectively.
- The service had a whistleblowing policy in place. We spoke to the registered manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes.

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 registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.
- The registered manager ensured required notifications had been promptly submitted to us.
- The management team worked to establish and maintain open and transparent communication with people's families.
- Most relatives we spoke with said they would recommend the service to other people.

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

- The registered manager and staff we spoke with demonstrated an understanding of their roles and responsibilities.
- Quality performance was important to the service and they explored different avenues to ensure high standards.
- There were systems in place to identify and manage risks to the quality of the care provided.
- Staff felt supported by the registered manager. They had the opportunity to raise concerns by attending meetings and supervisions.

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

characteristics

- The service engaged well with people who used the service, relatives and staff. A relative told us, " I think the agency is well managed. The carer seems happy in their job". And "All of us communicate quite well with one another."
- Staff felt well supported. One staff member said, "The managers are very supportive, and they listen. It is a good place to work."
- Regular sharing of information kept staff up to date with events. A WhatsApp group ensured all staff were given updates and guidance in a timely way.

Continuous learning and improving care; Working in partnership with others

- The service was committed to continuous learning and improvement.
- A number of audits and checks provided information which was used to inform improvements to areas of work, such as record keeping and care delivery.
- Spot checks were completed with staff to help ensure they continued to provide care as required.
- Regular surveys were undertaken to gain feedback from people who used the service.
- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs.