

District Care Ltd

# District Care Ltd

## Inspection report

157 Victoria Road  
Lowestoft  
Suffolk  
NR33 9LP

Tel: 01502566544

Date of inspection visit:  
12 October 2016

Date of publication:  
06 December 2016

### 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

District Care Ltd provides personal care and support to people living in their own homes. When we inspected on 12 October 2016 there were 72 people using the service. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

A registered manager was 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.

People we spoke with and their relatives were complimentary about the care provided. They told us they received safe and effective care by care workers who were kind and compassionate.

Systems were in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Care workers had developed good relationships with people who used the service and understood the need to obtain consent when providing care.

People received care and support which was planned and delivered to meet their specific needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required people were safely supported with their dietary needs

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and used to improve the service.

There was an open and inclusive culture within the service. Staff spoke highly of the management team and told us they felt supported in their roles. Office staff and care workers understood their roles and responsibilities in providing safe and good quality care to people. An effective quality assurance system was in place and as a result the service continued to develop.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm. Care workers received training and understood their roles in recognising and reporting any signs of abuse. The service acted appropriately to ensure people were protected.

There were sufficient numbers of skilled and experienced care workers to meet the needs of people who used the service.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Care workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

Care workers knew people who used the service well, respected their preferences and treated them with dignity and respect. People's independence was promoted and respected.

People and their relatives were complimentary about the effective relationships that they had with the management and their care workers.

People and their relatives were involved in making decisions

about their care and these decisions were respected.

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

**Good** ●

The service was responsive.

People received personalised care which was regularly reviewed and amended to meet changing needs.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

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

**Good** ●

The service was well led.

There was an open culture at the service. People and the staff were asked for their views about the service and their comments were listened to and acted upon.

The management team were approachable and a visible presence in the service.

The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

# District Care Ltd

## 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 visited the office on 12 October 2016 and with their permission visited three people in their own homes. We also carried out telephone interviews with people who used the service and their relatives.

This inspection was announced, and undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that a senior member of staff would be available on our arrival.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with twelve people who used the service, and four people's relatives. We spoke with the registered manager, senior coordinator and coordinator. We also spoke with and received electronic feedback from six care staff. In addition we received comments about the service provided from four community professionals.

To help us assess how people's care needs were being met, we reviewed nine people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

People we spoke with commented that they felt safe and comfortable with the care and support they were being provided with. One person said, "I feel safe; they [care workers] are very capable and I trust them all. They [care workers] look after me well; know my routines and lock up securely when they leave." Another person said, "I am 100% safe. The carers [care workers] are polite and respectful of my things and I never feel uncomfortable in my home." One person's relative told us about their experience, "[Relative] is safe with their carers [care workers]. I have a really good relationship with the carers [care workers]. They work with me to ensure [relative] is safe and well. The carers [care workers] are very diligent and alert to anything that might be a worry."

People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People also said that the staff made sure that they secured their homes when they left, which made them feel safe and secure. A relative said, "All the carers [care workers] are smart and presentable in their uniforms and have the correct equipment to do their job. They call out to [relative] to let them know they have arrived so they don't get a fright and always lock up when they go."

Systems were in place to reduce the risk of harm and potential abuse. Care workers had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures [the reporting of poor practice] and their responsibilities to ensure that people were protected from abuse. Care workers knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures.

The management team recognised risk and took proactive action to support, reassure and protect people including their staff. A work alone policy had been implemented which supported care staff through a 24hour on call service run and monitored by the office team. Where care workers were out alone in bad weather they were required to confirm when they were home safe to the on call team. Acknowledging that their staff worked in rural areas, the provider had implemented a winter policy to ensure that the service was not disrupted. This included investing in two vehicles suitable for snow and icy conditions that management could use to safely collect and deliver the care workers to their calls. In addition the registered manager advised us that all employees were being equipped with District Care hats, scarves, torches and personal safety alarms.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions or dementia, had

clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people's risk assessments were current, reflected their individual needs and they received safe care.

There were sufficient numbers of care workers to meet the needs of people. People and their relatives told us that their care workers usually visited at the planned times and that they stayed for the agreed amount of time. People said that there had been no instances of any visits being missed. One person told us about the care workers that cared for them, "I do feel safe with the carers [care workers]; they are a nice trustworthy bunch. It can be a pain to have to start again when a new one [care worker] starts but we all have to start somewhere I guess and they normally have one of the regular ones [experienced care worker] with them to show them the ropes. Thankfully they [office] don't change my carers [care workers] and there is at least one regular one [care worker] all the time." Another person said about the care workers, "I have my regular carers [care workers] that come. I know you can't always have the same person as people get sick or are on holiday but never had a stranger turn up. I know everyone who comes to see me and when they are due to come." A relative described how the management team tried wherever possible to ensure people received a consistent service from a care worker team who were known to them. They said, "We have three to four people who regularly come and know [relative] well. They will cover one another so it works really well. Sometimes when a new carer [care worker] starts they come along to shadow one of the more experienced ones. The office always lets us know in advance if that is going to happen."

Staffing levels were based on the assessed needs of people and the length of time needed to meet those needs. The rota was completed to ensure that all scheduled visits to people were covered. People and relatives told us they received the rota in advance either in the post or electronically. One person said, "The communication about who is coming and when is good. I know who to expect and the office call me when there are any changes. Doesn't happen often so we have settled into a good routine." One relative said, "The visits are known a week before, a rota is sent to my [relatives] through the post, so we always know the time and the names of the carers [care workers] who are due to attend."

People were protected by the provider's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Staff told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. The majority of people self-administered their own medicines. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed or if they needed further support.

Those who required support told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "They [care workers] help me manage. Remind me to take my pills and check if I need any pain relief. They fix me a drink so I can take them." Another person said, "Sometimes when my legs get sore they have to put cream on my legs or help me when I have antibiotics."

Care workers were provided with medicines training. Regular medicines audits and competency checks on

care workers were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

However systems in place to record people's medicines were not robust. The medicines administration record (MAR) only stated 'contents of blister pack given'. There was no reference to or record of what medicines were in the 'blister pack' to provide guidance to care workers. We discussed this with the registered manager and they took immediate action to actively work with the local pharmacies to improve the systems for recording medicines in line with best practice. Following our inspection we received confirmation that the registered manager had implemented a corresponding record to show what medicines had been prescribed and were being administered to each person. The registered manager's quick response provided assurances that the service's medicines procedures and processes were safe.

# Is the service effective?

## Our findings

### Our findings

People fed back to us that they felt that their care workers had the skills and knowledge that they needed to meet their needs. One person commented, "I have a regular team of carers [care workers] who are all delightful, very skilled and extremely capable of helping me. They are all well trained and definitely know what they are doing." Another person said, "My carers [care workers] are very skilled and competent. They helped me to get back on my feet. They were not fazed by the specialist equipment I needed and this gave me the confidence to trust them and try it and it worked. I am much more mobile and able to get about more." A third person commented, "They [care workers] are trained to a good standard and able to do what is required of them. I have grown fond of them." A relative told us, "They [care workers] are given the right training to do the job. [Person] is safe and well cared for." Another relative was positive about the moving and handling practice they had seen undertaken by care workers, "They use the equipment, chatting all the while to reassure [person]. Whenever I have seen them using it I have no complaints; it is done very well."

Care workers were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. This meant that care workers were provided with up to date training on how to meet people's needs in a safe and effective manner. In addition there were further courses designed to provide care workers with information about people's specific needs and how to support them. This included training in dementia, peg feeding, stoma care, pressure area care and end of life.

Systems were in place to ensure that care workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. A new member of staff told us that part of their induction was to shadow more experienced colleagues. They said that this was good because they could then meet people and see how they were cared for. Care workers told us that the training they were provided with gave them the information they needed to meet people's needs effectively. Care workers told us that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, and seek advice and receive feedback about their work practice. The management team described how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

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

the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they were asked for their consent before care workers supported them with their care needs for example to mobilise, with personal care or assisting them with their medicines. One person said, "Each time they [care workers] come they ask what I need and they [care workers] make sure I am happy for them to go ahead. Should I ever say no this is respected." We observed this practice during the home visits, for example, when assisting people to mobilise, or when a choice had to be made care workers listened and respected people's decisions. One person told us, "They [care workers] always check and ask me first if I need help, they don't just do it". Care workers and the management team had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office.

Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, one care worker told us how one person had repeatedly refused to have personal care. They had respected this but were concerned and reported this to the office to make them aware of the potential risks. This action triggered a care review with the person and their family to explore how care workers could best support the person to ensure their safety and wellbeing.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person commented, "They will rustle something up for me and get me a warm or hot drink depending on what I like. Before they leave they check I have everything I need and if I have forgotten anything or would like a hot drink before bed they will get it for me. I appreciate this." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support when required. One person's relative said, "The office will contact me straight away if they have a concern and let me know if they have rung the doctor. They let me know of any changes or upcoming appointments and what needs to be done. I appreciate this as I am not local so it is important to have good communication." Another person's relative commented, "The carers [care workers] are alert to any changes in [person's] health or wellbeing and act quickly if they are concerned. They [care worker] noticed when [person's] mobility had deteriorated. They arranged for the doctor to visit and update the family."

Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

## Is the service caring?

### Our findings

People we spoke with told us that their care workers were caring and always treated them with respect and kindness. One person said, "I think they are all a lovely bunch who make my life more bearable. They are very sweet and good to me. We rub along together quite nicely." Another person commented, "[Name of care worker] is wonderful I could not have anyone better. They never complain and work very hard. They have a laugh and joke with me and I feel relaxed and comfortable around them." A third person described their positive experience of the staff approach, "I am treated very well. They do a grand job. Tip top. Very respectful and considerate. I am never rushed and they stay the time they should. I look forward to their visits."

Feedback from relatives was complimentary. One relative commented about the care workers, "Am very pleased with the carers [care workers] and the care package in place. The carers [care workers] are approachable and interact well with [person]." Another relative described the positive interaction they had seen between care workers and their family member encouraging them with daily life skills. They said, "[Person's] needs are met. They [care workers] come several times a day and get [person] up and encourage [person] to wash, help [them] dress and get [their] meals and drinks encouraging [person] where they can to do things for themselves."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered. People told us how they were asked for their preferences, including visit times, and wherever possible this had been accommodated.

People told us that they felt that their care workers listened to what they said and acted upon their comments. One person said, "I can't do as much as I used to now but every day with their help I pick out what I want to wear and they [care workers] help me to get ready." Another person commented, "I was involved in my care plan, they [management] listened to what I wanted and made it happen. I have reviews roughly twice a year with someone from the office. Any changes I ring up and let them know." A third person told us, "They [care workers] listen to me, and the care is very good. I have no concerns or anything to complain about. Everything is how it should be and as I requested. I am very satisfied. My only regret..... now I know how good things can be I wish I had got help sooner."

People were supported to express their views and were involved in the care and support they were provided with. Records showed that people and, where appropriate, their relatives and/or representatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records One person who had been with the service a long time said, "Been with them since [year] and can't fault them. They [management team] come round once a year to check if I am OK with everything and ask if I want to change anything Even the manager checked in with me to see how I was following a hospital stay. That was nice. I have on occasion rung the office to make changes to visit times

and never been an issue." Another person commented, "Someone from the office will ring me up or pop round and check I am happy with the care. I had an increase after I came out of hospital to help me manage but now things are back to how they were." Another person described how they had regular review meetings involving, "Me and chap from the office every six months. I feel I am able to suggest things and any changes are discussed; changes tend to be at my instigation after I have spoken to the carers [care workers]."

People's care plans provided enough information to enable care workers to know what people's needs were and how they were to be met. One person told us, "I have a folder [care plan] and they [care workers] are always writing things in there." One care worker said, "The care plans are helpful to know what needs doing but I still check with the person first just to make sure nothing has changed and that they want me to continue."

People's independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected. This included closing curtains, shutting doors and using towels to cover them when supporting people with personal care to maintain their dignity. We saw that people's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

## Is the service responsive?

### Our findings

People told us they were satisfied with the care provided which was responsive to their needs. One person said that when they were being supported with their personal care needs, the care workers were, "Very gentle, good at putting me at ease. Feel comfortable with them. They are very kind and attentive; anticipating what I need often before I do." Another person commented, "They [care workers] do everything that I need." A third person said about the care workers approach, "They always ask me what else do you want me to do, and say your phone is in reach on the side table and check I have a drink beside me. I am more than satisfied." A relative commented, "[Person] is treated with total kindness, never rushed and they [care workers] stay the whole time and on occasion longer if needed."

People's care records included care plans which guided staff in the care and support that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. People's specific routines and preferences were identified in the records so staff were aware of how to support them. For example, one person's care records explained the order that they preferred to be mobilised and details of the equipment required to safely transfer the person.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. One person said, "Whenever I call the office they are always polite and things are resolved quickly and reasonably." Another person described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "I did mention a while back that I wasn't over keen on one person [care worker] who came. Don't get me wrong they could do the job but I didn't like their manner; personality clash. I wasn't going to make a fuss but when I spoke to [management team during a review] it came up. They [management] were ever so good and changed things. Told me it wasn't a problem and to ring up if ever I need to have a word or change something not to wait. I was really impressed with that made me feel much more at ease. My carers [care workers] are perfect we tick along very nicely."

There had been numerous compliments received about the service within the last 12 months. Themes included 'compassionate and caring staff approach' and 'effective communication from the office'. In addition, several people had taken the time to contact the service to show their appreciation for the support provided to people and their families 'during difficult times' such as when the service was providing support to a people following a hospital discharge and when nearing the end of their life.

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. This included improving the communication processes around changes to visit times. The management team demonstrated how they took immediate action if people indicated they were not happy with the care received. For example changing a care worker or the visit time. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing staff with additional training or taking disciplinary action where

required.

## Is the service well-led?

### Our findings

Feedback from people and the relatives we spoke with about the leadership arrangements in the service were positive. People told us management team were available and approachable. One person said, "Any worries or problems then I ring the office and it gets sorted. They are very good." Another person said, "They [Office staff] provide me with a rota every week. Sometimes [name of care worker] will drop it off if they are passing or it is posted. Any changes they [care workers] tell me when they come or the office rings me. When I have phoned the office I have found everyone to be polite and professional and go to every length to accommodate my wishes." One person's relative said, "They [management team] are very approachable and adaptable to resolving any concerns should they arise. Have no concerns. Communication is very good and we are more than happy with the service provided. I would definitely recommend this service."

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed some of the feedback received from people and relatives and saw that comments were positive. For example, one person said about the care workers, "I have no concerns. I am very happy with my carers."

The service had embedded an open, inclusive and empowering culture. The management team and care workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care workers said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the registered manager was approachable and listened to them. One care worker said, "I love my job. There is a great team of people here. We work hard and all support one another."

People received care and support from a competent and committed work force because the management team encouraged them to learn and develop new skills and ideas. For example, care workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that employee feedback was encouraged, acted on and used to improve the service. For example, care workers contributed their views about issues affecting people's daily lives. This included how they supported people with personal care and how to support them to be more independent. Care workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The management of the service worked hard to deliver high quality care to people. A range of audits to assess the quality and safety of the service were regularly carried out. These included health and safety checks and competency assessments on care workers. Regular care plan audits were undertaken and included feedback from family members, staff and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The provider's quality assurance systems were currently being developed to identify and address shortfalls and to ensure the service continued to improve. They showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.

The service worked in partnership with various organisations, including the local authority, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service. One healthcare professional commented, "The agency [District Care] recognise when there is a concern and make appropriate referrals and follow any advice given."

The service maintained an active presence within the local community raising money for local charities and as part of building relationships sponsored a local football team. As part of continued improvements to ensure a quality service the service had registered to be a dementia friend as part of the Alzheimer's Society's Dementia Friends programme. This nationwide initiative aims to change people's perception of dementia and to make a positive difference to people living with dementia in their community. Plans were underway by the service to roll out additional dementia training to all staff to further develop their understanding of dementia and how it may affect a person. This was led by the house trainer who was a dementia friend's champion (A volunteer who encourages others to make a positive difference to people living with dementia). In addition, the registered manager told us they were developing their links with the local Parkinson and Prostrate Cancer charity to support the service providing appropriate support to people in these areas.