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Desire Care - Burton

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Desire Care Burton is a domiciliary care agency providing personal care to 56 people at the time of the inspection. The service supports younger or older adults with dementia and people with physical disabilities, sensory impairments or a learning disability.

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

Quality monitoring systems were in place, however some of these were not fully embedded into the service and were not effective at identifying trends and improving outcomes for people using the service.

Care plans did not always reflect peoples' care needs, although staff knew how to support people and knew their preferences well.

People told us they felt safe with the staff that supported them, and staff knew how to recognise signs of abuse and how to report any issues.

People were supported by trained staff who had been recruited safely. People were supported to receive their medicines as prescribed. People were supported in line with government guidance around COVID-19.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an announced focussed inspection of this service on 5 February 2021. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Desire Care on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Desire Care - Burton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focussed inspection prompted in part due to concerns about the quality of care being provided by the service.

Inspection team

The inspection was carried out by one inspector and two Experts 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider who was also the manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and eighteen relatives about their experience of the care provided. We spoke with nine members of staff including the provider/manager, quality assurance manager, a care co-ordinator and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff were supporting them. One person said, "I feel safe with them because I trust them; they are hardworking, honest and attentive to my needs." And another person said, "I don't think I need anything more; I would not be able to live without them."
- Relatives also told us that they felt their family members were well looked after. One relative told us, "[Family member] is very happy with the carers and the help they get from this agency. I can't remember ever having any issues with carers, they do personal care and this is so important for my relative that it is done the way they like to keep them safe."
- Staff were able to tell us about the different signs of abuse, and how they would report any issues. One staff member said, "If I saw anything I wasn't happy with, I'd record it and report it straight away to the office. I could also tell the council or CQC."

Assessing risk, safety monitoring and management

- At our last inspection we found risks to people were not always fully documented in care plans. At this inspection we found peoples' care plans were being updated to include their known risks.
- People and their relatives told us that staff knew them well and were aware of risks to their health. One person told us, "The carers can see if there are any health issues and would spot signs of illness." And a relative said, "The good thing about this agency is that the staff who've been visiting have been consistent, so the carers notice changes. For example, a recent health issue has been picked up straight away through changes in behaviour and eating habits. They also notice if there are issues with [an ongoing condition] that needs escalating to the district nurse or GP."
- Staff were able to tell us about people's individual needs and risks. For example, one staff member was able to tell us the procedure for using a sling with a hoist for a person and the information matched what was recorded in the care plan.

Staffing and recruitment

- People told us staff usually turned up on time for calls and stayed the full amount of time. One person said, "I have a few visits a day and this is what I need, I don't feel rushed and it seems enough time. They do take time with me, especially with [personal care task]."
- Staff were recruited safely, and staff told us they had received an induction and ongoing training which included safeguarding, safe medication handling and infection control, and records confirmed this.

Using medicines safely

- People told us that they received their medicines when they needed them. One person told us, "Carers look after my medications and that is all ok, I have a lot and can forget to take so it's better if they do it as I

don't want to move out from my home so thanks to carers I don't have to."

- Administration of peoples' medicines were recorded on a medication administration record (MAR). These included any topical medicines such as creams. This meant people received their medicines as prescribed.

Preventing and controlling infection

- People told us that said staff used personal protective equipment (PPE) when they were providing care.
- Staff told us they had received training in precautions they needed to take in regard to infection control and to help prevent the spread of COVID19. "We have plenty of gloves, masks and aprons and we had training in how to put it on and off safely."

Learning lessons when things go wrong

- We saw where Issues had been raised or issues identified, these were dealt with. These were discussed with staff to ensure improvements were made to people's care, however recording of these was not always consistent.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of consistent and assured high-quality, person-centred care.

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

At our last inspection statutory notifications in respect of allegations of abuse had not been sent to CQC when required and this meant there was a breach of the CQC (Registration) Regulations 2009 Regulation 18(1). Since the last inspection improvements had been made and therefore there was no longer a breach of or regulation. At the last inspection systems were either not in place or robust enough to identify issues and make improvements and there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and therefore there was still a breach of regulation.

- At the last inspection we identified improvements needed to be made to the quality monitoring systems. At this inspection we found whilst improvements had been made more structure and time was needed to ensure they were embedded within the governance systems.
- Peoples care files were now being updated, However, one person who had recently been discharged from a health service still had old information in their care plan. There was no risk of harm, but there was a risk the person may not be supported in line with their preferences.
- Supervisions and spot checks were being carried out; however, some supervisions were not being fully recorded to ensure actions could be followed up.
- Audits were now in place for other areas of the service, for example medicines. We saw that where errors had been made on MAR charts, or information missing these had been picked up and were being actioned, which included supervisions and re-training if needed. Daily communication logs had been improved and a system was now in place to record where people or staff called the office to report a concern or issue so this could be dealt with.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People we spoke to mostly said that they were able to discuss any issues with the manager. One person said, "I know who the manger is, they are very approachable and listen."
- People and their relatives told us they felt staff knew their individual and diverse preferences and requests

for specific staff genders to support were granted.

- A service user questionnaire had been sent out within the past three months. Although not many responses were received, the majority contained positive comments about the service. These had not been formally assessed to check for any actions that may need to be taken.
- Staff told us they received supervisions and spot checks. One staff member said, "We do get supervisions and spot checks, and since lockdown we've been having staff meeting via video calling."

Continuous learning and improving care

- New systems were being implemented to improve the quality of the service. For example, since our last inspection skin inspection charts and body maps had been introduced. These were being used to improve recording of day to day reporting of any changes in peoples' health. Working in partnership with others
- The manager told us how they worked with other professionals to support people and ensure their safety. For example, one person's eating and drinking had changed so the persons' relative was informed so that they could arrange a GP appointment. Food and fluid charts had been introduced for staff to record any meals or drinks that the person had for monitoring purposes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not yet fully embedded into the service, and we could not be assured that quality assurance processes were fully identifying areas of improvement within the service.