

Care Worldwide (London) Limited

Dana Home Care

Inspection report

18 Lodge Road
London
NW4 4EF

Tel: 02031918899

Website: www.danacarelimited.co.uk

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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: Dana Home Care provides personal care to people across five supported living locations. At the time of the inspection, 13 people over the age of 18 with learning disabilities, were using the service.

People's experience of using this service:

The provider had made improvements to the service since our last inspection on 21, 22 and 28 November 2017.

New procedures had been embedded which resulted in medicines being managed safely. People received their medicines as prescribed.

Required checks were completed to ensure new staff were suitable for their role.

People and relatives told us the staff were kind, friendly and dedicated. Staff were knowledgeable around people's needs.

Processes were in place to ensure that people could raise concerns. Complaints were investigated and responded to.

The provider used their staff, leaders and management team to achieve compliance with the regulations. The provider had provided the necessary support to enable satisfactory organisational change.

Governance of the service had improved. Checks and audits were carried out to determine the quality of the care. The provider had promptly acted on some areas already identified for improvement. The provider had also submitted all required notifications to CQC.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

More information is in our full report.

Rating at last inspection: At our last inspection, the service was rated "requires improvement". Our last report was published on 23 January 2017.

Why we inspected: All services rated "requires improvement" are re-inspected within one year of our prior

inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Effective findings below.

Dana Home Care

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by two inspectors and an 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. Our expert-by-experience had knowledge about personal care provision for adults within the community. The expert-by-experience supported the inspection by making telephone calls to people who used the service and their relatives.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people with a learning disability living in a supported living setting allocated staff 24 hours per day.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service three days' notice of the inspection site visits because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

Inspection site visit activity took place on 17 January 2018. We visited three supported living houses to speak with people, review medicines and care records. We visited the office location on the same day to see the manager and office staff; and to review staff recruitment and training files and policies and procedures.

What we did:

Our inspection was informed by evidence we already held about the service such as, notifications received.

We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House.

We spoke with three people who used the service and six people's relatives.

We spoke with the registered manager, service manager, two deputy managers and five support workers.

We reviewed five people's care records, five staff personnel files, audits and other records about the management of the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection on 7 November and 8 November 2017, this key question was rated "requires improvement". This was because we identified concerns with medicines management and safe staff recruitment. At this inspection, we found the service had taken steps to improve the safety of people's care. Therefore, the rating for this key question has improved to "good".

Staffing and recruitment:

We received positive feedback from relatives about staffing levels. A relative told us, "The staff level is very good. Sometimes I do unannounced visits just to see what happens behind the scene and everything looks fine."

Staff told us they felt enough time was available to carry out planned and reactive tasks for each person, so that people received unhurried support in line with agreed care plans.

Staffing levels were increased when demand increased, for example when people had external visits or appointments.

Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Recruitment practices were strengthened since our last inspection. A check of all staff files had been completed to ensure that the required checks had been completed.

Checks included asking for a full employment history, obtaining a criminal history check from the Disclosure and Barring Service, verifying right to work and obtaining references from prior employers.

Using medicines safely:

The provider had implemented improved processes to ensure that medicines were safely stored, documented and administered.

Weekly checks were completed to ensure that stock levels corresponded to Medicines Administration Records (MAR's). We checked a sample of medicines on inspection and found that stocks balanced.

MAR's were completed accurately with no errors. Where people had been prescribed an 'as needed' medicines for when in pain or when anxious or distressed, there were clear protocols in place to ensure that these medicines were administered only when necessary.

Medicines were stored securely in an organised cupboard. Temperatures were checked daily.

Staff had received training in medicines management and had their competencies to administer medicines assessed by a senior staff member.

Systems and processes to safeguard people from the risk of abuse:

All people we spoke to told us they felt safe with staff from Dana Home Care. Relatives told us they felt confident that their loved one was safe. A relative told us, "They make sure when he goes out he has his phone, he is carrying a little notebook with him with some of the information. They know where he is going, the time is coming back."

Staff received training around safeguarding and whistleblowing. Staff were knowledgeable around what constituted abuse and knew how to report concerns, including external bodies.

The registered manager and assistant manager knew what constituted safeguarding and openly reported any allegations or actual issues to the local authority.

The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management:

Staff showed us they were aware of how to safely and effectively respond to emergencies.

The environment and equipment was safe and well maintained. Records showed us the provider and external agencies monitored food hygiene, tested appliances, gas, heating, alarm and lighting systems, checked lifting and fire safety equipment, and identified and fixed faulty equipment. Each person had a detailed 'Personal Emergency Evacuation Plan' in case of fire.

Staff we spoke with understood the individualised support required to reduce the risk of avoidable harm and demonstrated a desire to use the minimum interventions or restrictions possible to ensure people's safety.

Where people experienced periods of distress or difficulties related to a mental health problem, staff showed us they knew how to respond effectively. They understood and respected people's preferences, which approaches worked to enable the person to relax or to feel better in mood, and when to refer to or discuss with external professionals.

Risk assessments were comprehensive, person centred and updated regularly. Assessed risks included harm in the community, mental health relapse, behaviour that challenged and the risks associated with health conditions such as irritable bowel syndrome and epilepsy.

Preventing and controlling infection:

The supported living locations we visited were clean and well maintained. A relative told us, "The home is very clean and well maintained."

People had access to hand washing facilities. Food preparation and storage areas were clean.

Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary. Staff had access to personal protective equipment, including disposable gloves, aprons,

Learning lessons when things go wrong:

Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary. The management team kept an overview of accidents and incidents recorded. The service involved appropriate health professionals if there were repeated instances of behaviour that challenged to review people's medical needs.

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

Good: 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 prior to moving into the service to ensure that the service could effectively meet their care needs. Care plans were developed from the information obtained during the assessment process.

Relatives told us they were involved in all aspects of care planning.

Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, supporting people in line with positive behaviour support plans and supporting people to improve their physical wellbeing by promoting a healthy diet. A relative told us, "Can I tell you something? It's tremendous! My brother's personality changed. Before he used to be aggressive, argumentative, rough. Now you see a different side of him. He talks calmly, he is kind."

Staff support: induction, training, skills and experience:

Staff we spoke with were competent, knowledgeable, and skilled and felt very well supported by managers. Staff had completed training in areas such as manual handling, 'positive behaviour support', safeguarding and the Mental Capacity Act, first aid, and fire safety. They told us they valued this and it helped them improve the quality of the care they provided. They told us they especially valued face to face training provided. The management team maintained a training overview of staff. A person told us, "Sometimes when I get angry I break stuff. I can't help myself. Staff help me and calm me down." A relative told us, "They are trained for my brother's needs."

All staff we spoke with said managers encouraged them to undertake additional training such as National Vocational Qualifications and additional training in areas such as epilepsy and dysphagia.

New staff told us they had completed an induction to the service which had been useful. They were given comprehensive information about the provider, the home, and individual people and had shadowed existing staff.

Staff told us they had regular supervision and annual appraisals, which they found useful. Areas discussed included achievements, concerns, key working, training needs, personal issues affecting work and future development. Staff gave us examples of new training and support coming from discussions in supervision and appraisal.

Supporting people to eat and drink enough to maintain a balanced diet:

People and relatives were positive around support received to have a healthy diet. People told us they were given choice. A person told us, "The best thing is the breakfast." Relatives were positive around the improvements seen to people's health because of support to make healthy food choices. Feedback included, "He looks after himself. He was suffering from diabetes. Can I tell you that now his blood sugar level is fine! He lost weight and quite a few kilos" and "My sister is on a low fat diet. They make sure that she follows good practice. She lost weight since she lives here."

Care records detailed where people needed support for maintaining a healthy diet and detailed people's food likes and dislikes. People told us they were involved in menu planning and encouraged to go shopping.

Adapting service, design, decoration to meet people's needs:

Although the service was registered to provide personal care only, we did not inspect the service for accommodation. However, from our observations from visiting the supported living locations we saw that the services had been adapted and designed to meet people's care needs. We saw that a wheelchair accessible wet room had been installed in one house to meet the needs of a person living there.

We saw people's rooms had been decorated and arranged in ways that balanced respecting their preferences with ensuring safety.

Supporting people to live healthier lives, access healthcare services and support:

Where people required support from healthcare professionals, we saw this was arranged and staff followed guidance provided by such professionals. Care records were updated to reflect any changes to people's care plans and risk assessments.

A relative told us, "His appointments with GP or any other appointment are up-to-date. If I can't take him they will organise someone to go with him."

Each person had a 'Hospital Passport' to help people manage their contact with external agencies effectively.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. We checked whether the service was working within the principles of MCA. Nobody using the service was subject to a judicial DoLS. Care records seen were signed by the person or their legally appointed representative to indicate that they had consented to their care.

Care plans documented where people could make their own decisions and how staff should support people to be as involved as possible in making decisions about their care daily. Staff were knowledgeable in how to ensure people were consulted about their care preferences.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

People and relatives provided consistently positive feedback about the caring nature of staff. A person told us, "The best thing is the carers help me." Relatives told us, "They do whatever they can to look after her in the right way" and "The staff are amazing." Staff spoke about people with kindness and compassion.

We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.

People's cultural and religious needs were noted in their care records and we saw that people were encouraged to attend places of worship if they chose. People were also sensitively and discreetly supported with their sexual needs. Staff showed us they were aware of people's needs, including those related to protected equality characteristics such as age, disability, race and gender, and their choices and preferences were regularly reviewed.

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

Staff we spoke with knew people's preferences and used this knowledge to care for them wherever possible in the way they wanted. Staff told us there was a 'keyworker' system, which allowed them to focus on one person and their care plan, though all staff showed good knowledge of everyone in the home. People confirmed they knew their keyworker and had regular meetings with them. A relative told us, "There are marvellous keyworkers there. They take care of our daughter. She is not very well. She has ups and downs all the times and it must be not easy."

Feedback from relatives and care plans detailed people and families input in the care planning and review process. Relatives told us they were fully involved in this regard. One relative told us, "All the reviews for my sister are up-to-date. They have a record of everything."

People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted, for examples activities and food choices. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.

Respecting and promoting people's privacy, dignity and independence:

Relatives told us that they were satisfied that people were treated with dignity and respect. One relative told us that staff support had resulted in improvements to how a person's continence was managed. They told us, "My brother was incontinent and had quite few issues around it but here you always see him cleaned and

tidy."

Care plans identified goals for people to work towards which were reviewed on a regular basis. Many of the goals identified promoted people's independence dependent on their abilities. For example, for some people it was assisting in household chores and for others it was seeking employment or educational opportunities. A relative told us, "He is now trying to learn something different. They offered him to go to volunteer at a charity shop once a week."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection on 7 November and 8 November 2017, this key question was rated "requires improvement". This was because we found that there were shortfalls in the provider's processes around investigating and responding to complaints. At this inspection, we found the service had taken steps to improve in this regard. Therefore, the rating for this key question has improved to "good".

Improving care quality in response to complaints or concerns:

People and relatives told us they could raise concerns to staff and the management team and were confident that any concerns would be listened to and investigated. People told us, "I talk to the staff or the manager. Yes, they sort it" and "I feel listened to." Relatives told us that they had never raised a complaint or concern. They were all aware of the complaint's procedure and they knew what to do. They told us that they felt at ease to speak to the management or any member of the staff who were always willing to help.

Since the last inspection, we saw that one complaint had been raised which was investigated and responded to. We saw that actions resulting from the complaint had been completed.

Staff knew how to make complaints should they need to. They told us they believed they would be listened to and acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

People were supported to engage in activities based on their preferences. On the day of the inspection, we saw that people were supported to access the community and attend day centres or educational institutions. Some people did not have activity planners, as they chose on the day what they wanted to do such as go out by themselves.

People and relatives told us that they were supported by staff to lead active lifestyles. For example, one person told us about a college course they had recently completed based on a hobby they were interested in. Feedback from relatives included, "My brother suffers with anxiety and it was difficult for him to go out but now he is fully occupied all the time, he does activities he never did before" and "She has adapted quite well here. She has friends and do activities."

People's care plans included information on what the person could do for themselves, and guidance for staff on how to support the person to be able to do things themselves in areas such as personal care, eating and drinking, maintaining good health, communications and managing their finances. Care plans were reviewed regularly and updated.

End of life care and support:

At the time of the inspection, the service was not providing care for people at the end of their lives. The registered manager told us this was an area they struggled with as many of the people who lived at the service did not understand the topic. We were advised of a person who had lived at the service for many years who recently passed away. Staff had worked alongside the palliative nurse team to ensure that the person could remain at the service as per their wishes. The service also liaised with the local synagogue to ensure the person's religious needs were met at the time.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 7 November and 8 November 2017, this key question was rated "requires improvement". This was because we found systems used to ensure good governance of the service required improvement. Some incidents had not been notified to CQC as required by legislation. At this inspection, we found the service had taken steps to improve the governance of people's care to ensure quality outcomes. Therefore, the rating for this key question has improved to "good".

Planning and promoting person-centred, high-quality care and support:

We received consistently positive feedback from people and relatives regarding the overall service received and how that impacted on their quality of life. A person told us, "The best thing is the support I get with my behaviour." Relatives told us, "I am so happy for my brother now. This is the right place. I would highly recommend this place to others" and "I am convinced that the service wants to make sure that every single service user gains full independence."

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

Since the last inspection, the manager had notified CQC of required matters, such as safeguarding concerns and occasions when the police were called to the service. At this inspection, we found no further concerns in this area. The registered manager and senior staff were knowledgeable around CQC notification requirements.

The service had recently recruited a new service manager who was in the process of reviewing policies and procedures at the time of inspection. There was a clear management structure in place at the service. Staff told us senior managers from the provider often visited the home and we saw these managers knew both staff and people and their needs.

Engaging and involving people using the service, the public and staff:

Staff told us they felt listened to and supported by managers. One staff member said, "I love my job: we get so much support." Another told us, "If I'm unsure about anything at all, I can always ask." Staff told us managers were visible and approachable, available any time of the day or night, positively encouraged feedback and acted on it to continuously improve the service.

Regular meetings took place for both staff and people who used the service. Records of January 2019 people's meetings showed that menu planning, activities and how to raise a concern was discussed. Staff meetings detailed that people's care needs, policies and procedures were discussed.

Continuous learning and improving care:

Since our last inspection, the service had implemented a comprehensive system of audits to monitor safety, quality and make improvements when needed. This was particularly evident in the improvements seen to how medicines were managed. A senior staff member told us that since the last inspection the management team regularly met to review improvements and discuss new ideas. They told us, "I have independence to create things."

A new manager commenced employment in November 2018 and told us they were reviewing current systems in place and looking to further improve quality assurance processes in place. Areas they were planning to focus on was recruitment, medicines, health and safety and activities.

Regular checks were completed daily for health and safety of the services, infection control and cleanliness, temperatures of fridges and medicines storage. We found all areas checked on inspection to be satisfactory.

Working in partnership with others:

The service worked in partnership with a range of health professionals to ensure people's physical and mental health needs were met. For example, people regularly attended medicines and psychiatrist reviews.