

Dennyson Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Dennyson Care limited is a domiciliary care agency based in the London Borough of Redbridge. The service provides personal care to adults living in their own homes. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection, the service was providing personal care to approximately 82 people. CQC only inspects where people receive personal care.

People's experience of using this service and what we found:

While the provider had sent us some notifications, they had not always sent us all relevant notifications in a timely manner, as they are required to do.

The registered manager did not have a programme to regularly assess care worker's competency to manage medicines. There was therefore a risk that people might not always be protected against the risks associated with medicines. The provider did not always monitor care calls in real time to ensure people always receive their calls at the time planned and agreed with them.

The provider's quality assurance systems had not identified the above shortfalls so the necessary improvements could be made.

There were processes in place to safeguard people from abuse and guidance for staff to follow to keep people safe from harm. Risk assessments were completed and reviewed. Staff wore appropriate Personal Protective Equipment (PPE) such as face masks and disposable gloves and aprons to protect people from the risk of cross infection.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. Staff told us they were supported by the registered manager to perform in their roles. There was a procedure for reporting incidents and accidents in the service and learning lessons from them to prevent re-occurrence. 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.

People and relatives told us staff were kind and caring. They praised the caring and inclusive nature of the service. People's privacy, dignity and independence were respected and promoted. People and relatives were actively involved in their care planning and delivery.

People received care that was responsive to their needs and preferences. People's communication needs were assessed and met.

People achieved good outcomes from their care. People, relatives, and staff all spoke highly of the support

they received from the management team. The registered manager and nominated individual maintained oversight of people's care. The management team also took on caring roles, this ensured they built and maintained a close relationship with people and their relatives.

The provider promoted a positive culture and person-centred service. Feedback from people and relatives was received. There were quality assurance systems in place for the provider to continuously improve the service.

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

Rating at last inspection

The last rating for this service was good (published 7 June 2019).

Why we inspected

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

Enforcement and Recommendations

We have identified a breach of regulation in relation to good governance.

We have made recommendations for the provider to improve the way they assessed staff competency to support people with their medicines and around effective systems to monitor care calls.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

Dennyson Care Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 2 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 older people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 May 2023 and ended on 22 May 2023. We visited the location's office on 15 May 2023.

What we did before the inspection

We used information gathered as part of monitoring activity that took place 10 March 2023 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. 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

We spent one day in the office location reviewing documentation and discussing this with the registered manager, 1 care coordinator and the quality manager, who is the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 8 people's care records and medicine records, 12 staff files, policies relating to the running of the service and governance records. After the site visit we spoke with 4 people using the service and 2 relatives about their experiences of the care provided and 5 care workers.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people were not always safe and protected from avoidable harm.

Staffing and recruitment

- Staff were generally deployed to ensure people received their calls on time and staff stayed the length of the calls, but for some people this did not always happen.
- The provider used an electronic call monitoring system. Staff were required to log in and out of calls by using their smartphone. We looked at the call monitoring data from 1 March to 30 April 2023. More than 87% of calls we analysed were manually logged and did not reflect the actual times of entry and exit from people's homes.
- In the small sample of calls that were not manually logged there were signs of lateness, for example 22% of the 928 calls which were recorded were 45 mins late. Fifty-four calls required two care workers present and out of these 17 calls appeared that there were not two care workers present or they did not arrive at the same time. This meant people could be at risk of not receiving their care calls at the time planned for them.

We recommend the provider review their monitoring system to ensure real time monitoring of calls so people received their calls as planned for them

- Staff told us that there were enough staff and that they had enough time for care visits and any travel between these. People and relatives told us staff were punctual. One person told us "Yes [they arrive on time] The only one or two times [they were late], and they called me. Sometimes they leave five minutes before with permission, yes, because sometimes they get earlier. It depends on the buses."
- There were systems to help ensure staff were suitable to work at the service. These included recruitment and background checks on their identity, right to work in the UK and any criminal convictions. The provider also sought references and assessed staff knowledge and competencies before offering them employment.

Using medicines safely

- Medicines were managed appropriately but the provider had not always ensured staff had the skills to support people with their medicines in a safe way.
- While staff had received training to support people with their medicines, they had not always received annual competency assessments as per national guidance, to ensure they had the skills to support people with their medicines safely.

We recommend the provider follow national guidance on assessing staff competency with medicines and supporting people with medicines.

- Medicine Administration Records (MAR) were completed by staff after they supported people with the safe administration of their medicine. MAR sheets were completed by staff and records showed people received their medicines as prescribed, where applicable.
- People told us they were well supported to take their medicines. One person told us, "I can do it [take medication] myself but sometimes they take it out of the box for me. They come to make sure I take my medication. They write it in the book."

Systems and processes to safeguard people from the risk of abuse

- There were suitable systems in place to help protect people from the risk of abuse. The provider had procedures for safeguarding and whistle blowing. Staff received training in these.
- Staff demonstrated a good understanding of what to do if they thought someone was being abused, they gave examples of the different types of abuse to look out for and to whom they would report it to.
- The management team recorded safeguarding concerns and took action to investigate incidents of abuse and inform the local authority. We saw a record of the investigations into incidents.

Assessing risk, safety monitoring and management

- The provider assessed and managed risks to people's safety to help prevent them coming to harm. The assessments were comprehensive and covered people's home environment, mobility, skin integrity, oral health and health conditions such as diabetes. Guidance for staff was included with actions they needed to take to reduce risks.
- Risk assessments were regularly reviewed and updated to reflect changes in people's needs.
- Staff received training to manage risks for example to understand how to safely move people and to reduce the risk of falls.

Preventing and controlling infection

- People were protected as much as possible from the risk of infection.
- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks, and gloves to help reduce cross infection risks.
- The provider had an infection control policy in place which was up to date and provided direction to staff on reducing the risk of the spread of infections, including COVID-19.
- People using the service told us the staff wore PPE at all times.

Learning lessons when things go wrong

- There were systems for learning when things went wrong.
- The staff recorded incidents, accidents and any concerns in the logbooks which were kept at the person's home.
- The registered manager investigated incidents and maintained a record of the investigation, incidents were also reported to appropriate external bodies.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The provider had assessed people's needs before they started using the service. This was so the provider could find out whether they could meet the person's needs.
- Assessments considered people's different needs and choices. The person, and their relative, had contributed to these assessments. Information was used to help create personalised care plans. These had been reviewed when people's needs changed.
- A relative told us they and the person using the service met with the registered manager for the initial assessment. They were able to contribute their ideas and also explained that these needs had been reassessed following changes in the person's condition.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to support the needs of the people using the service.
- All staff completed training and a thorough induction which included a range of training, shadowing experienced workers, medication and record keeping, communication and consent, conflict resolution, manual handling.
- People using the service and their relatives told us they were confident in staff because they were well trained. One person told us "They are well trained".
- Staff told us they felt well supported. They said they had regular opportunities to speak with managers and were always able to seek advice and support. They took part in regular team meetings, supervision meetings which took place every 6 weeks and annual appraisals of their work. Staff felt they received the training they required to meet the needs of their clients.

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

- People's care plans included information about people's nutrition and hydration needs. The registered manager worked with people who used the service and their families to understand the importance of good nutrition.
- Staff received food safety and hygiene training. People who required support with mealtimes were given enough to eat and were provided with a balanced diet by staff. People told us they were happy with this support. One person told us "They [staff] always ask me what I want for breakfast, toast, fried eggs. How I like my tea with milk. I have high blood pressure so they know what I should eat."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to help make sure people's healthcare needs were met. The provider worked with district nurses, social workers, and commissioners for people who needed this support.
- Care plans included information about people's healthcare needs.
- One person told us "They [staff] contact the doctor if I tell them about my aches and pains."
- The provider ensured people's health and wellbeing was regularly assessed.

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.

- The provider had worked within the principles of the MCA. They had obtained people's consent where possible and had assessed people's capacity to make decisions when needed.
- Staff confirmed they had received MCA training. One member of staff explained the importance of giving people the choice about their care and if they do not have mental capacity they will speak to the relative or raise it with their line manager.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 well treated and respected. They, and their relatives, told us the staff were kind, caring and they had good relationships with them.
- Some of the comments from people using the service and their families included, "They are very helpful, friendly. They get my medicine for me and ask if I need any shopping. They always ask what they can do for me. We have a little chat. It's nice to have someone come in everyday." Another person referred to the service as "10 out of 10" "Yes, definitely. Because they keep me clean, they also do a bit of housework and make sure I have everything in the fridge, give me my food. I have every confidence [in them]."
- People's cultural and religious needs were recorded in care plans and this enabled staff to know people's equality and diversity needs well. The provider matched staff to people preferences. People told us that their preference of care worker is always listened to. One person told us that they prefer female care workers so the registered manager only sent female staff to support them and confirmed they have two different females who supports them.

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

- People and their relatives had been involved in developing and reviewing their care plans. They explained their choices were reflected in these and changes they had requested had been respected.
- People were able to make choices and be involved in decisions about their care. One comment included, "I am in charge of decisions. They follow my lead." Another comment was "My care is very easy. I prefer having women and I get two ladies."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Comments from people's relatives when asked whether their privacy and dignity are respected included, "Yes as I say, they have been well trained."
- People were supported to be independent as much as possible. Care plans included information about what people could and wanted to do for themselves. One person told us staff were always encouraging them and supported them in what they want to do.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People received personalised care which met their needs and reflected their preferences. They were happy with the support they received. People and their relatives explained they had been involved in planning their care. They were able to make choices, and these were respected. A person told us, "I can make different decisions. I will tell them if I feel able to do something on my own now. I am slowly getting better."
- The service had been flexible and made changes to people's planned care in response to changing needs and requests from the person.
- Care plans were well written and gave personalised details. There were clear tasks for staff to complete so they met people's needs and they kept records to show they had completed these in the person's logbook.

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.

- People's communication and sensory needs had been assessed and planned for with clear instructions included in care plans for staff to overcome any communication barriers.
- One care plan of a person with a speech impairment, detailed that staff must ensure [person] is not rushed and allow them to finish their sentence. Obtain consent, use good body language, eye contact to promote effective communication. In addition there was a specific section detailing the person's communication needs, communication aids, communication issues/disability, preferred method of receiving information.

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 using the service were supported to take part in different social and leisure activities. Some people had support to go shopping, to walk in parks, access community activities and to take part in activities at home, such as gardening and cooking.
- People's social and leisure interests were detailed in care plans to ensure that people were encouraged and supported to access the community as much as possible to avoid social isolation.

Improving care quality in response to complaints or concerns

- There were appropriate systems for responding to complaints. People were aware of these and knew who to speak to if they had any concerns.
- The provider had investigated complaints and responded to complainants with details about the actions they had taken. They also gathered feedback about whether complainants were satisfied with the outcome and any changes to the service made as a result of the complaints.
- One service user told us they complained about some care staff and management took immediate action and changed the care workers.

End of life care and support

- At the time of the inspection no one was being cared for at the end of their lives and no one had life limiting conditions at the time of inspection.
- There was a policy for end of life care and support and the registered manager had an understanding of 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider operated systems and processes for monitoring and improving the quality of the service or mitigating risks, but on a few occasions these had not been very effective.
- The provider did not operate a robust system to regularly assess staff competency to support people with their medicines. This meant there was a risk people might not be appropriately supported with their medicines.
- The systems to monitor care calls to ensure people received care and support at the times planned for them were not very effective. This was because they did not always provide real time data so the provider could identify where there may be shortfalls so action could be taken promptly to ensure people received their calls as they needed.
- The provider was not fully aware of their legal responsibility to notify the Care Quality Commission (CQC) of all important and notifiable events or incidents.
- The provider did not have a robust system in place to engage and involve people using the service. We saw records of completed survey questionnaires from people using the service. However some people told us they have never been asked to provide their feedback regarding the service.

We found no evidence people were being harmed, but failure to effectively operate systems and processes to monitor and improve quality and to monitor and mitigate risk was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager held regular team meetings to discuss learning and topics such as recording incidents, call logging and changes to people's needs and care plans. One staff member told us that they found meetings useful because the manager discusses any updates and changes with care plans. "The Last meeting the manager raised about pressure sores management was useful."
- Staff surveys were completed by staff these covered questions on safe, effective, caring, responsive and well led and a comment box. The comments were satisfactory. The management team told us staff surveys were reviewed, analysed and took action following feedback received to help improve the service.
- Staff supervision meetings were conducted every 6 weeks, and an annual appraisal. Staff could discuss their wellbeing, job satisfaction, concerns and performance.

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 provider understood their responsibilities under duty of candour. They had investigated accidents, incidents and complaints and had been open and honest with the people involved, about the incidents and the outcomes of their investigations. We saw a record of their investigations into complaints and incidents and accidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service were happy with the care they received. Some of the comments included, "The carers are very nice and caring. So friendly, like a sister." Another comment was "They are very friendly and talkative. They are mostly on time, and we have a good relationship." A third comment was "They are very helpful, friendly. They get my medicines for me and ask if I need any shopping. They always ask what they can do for me. We have a little chat. It's nice to have someone come in everyday."
- People and their relatives felt the staff were caring and supportive.
- Staff enjoyed working at the service. They said they felt supported, and that the manager was very approachable. One member of staff told us they had a good relationship with management and their clients.
- People using the service, their relatives and staff who gave us feedback all said they would recommend the service.
- The provider had a range of policies and procedures including, safeguarding, infection control, incidents and accidents which reflected legislation and good practice. These were shared and accessible by staff.
- We saw evidence that the provider had taken action when dealing with safeguarding, there was a record of investigations into safeguarding and safeguarding referrals made to the local authority. The provider completed audits of client's logbook and MAR chart checks to safeguard and monitor any risks.
- Performance issues were managed by the management team. Records showed action was taken to address any performance issues with staff members to prevent any reoccurrences.

Working in partnership with others

- The registered manager worked closely with the local authority to place people into the service after hospital discharge.
- The staff worked with other professionals to make sure people's needs were met. They liaised with external healthcare professionals, such as social workers, district nurses and family members.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems to assess, monitor and improve the quality of the service.</p> <p>Regualtion 17(1)</p>