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Desire Care - Burton

Inspection report

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17 March 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Desire Care – Burton is a home care service providing personal and care support to people who live in their own homes. At the time of our inspection the service supported 100 people.

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

We have made a recommendation in relation to COVID-19 testing guidance.

Governance systems were effective in monitoring and mitigating risks to people. Improvements had been made to care plans which were detailed and person-centred.

Staff wore appropriate Personal Protective Equipment (PPE) to reduce the risk of cross contamination and infection.

Relatives told us they felt people were safe, staff generally arrived on time, and two carers arrived when this was identified as a need. Relatives also told us they felt the service was well managed.

There were enough suitably trained staff available to support people safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Staff administered medicines as prescribed and recorded this accurately in peoples MARS (Medication Administration Records) which were regularly audited to ensure concerns could be identified and addressed promptly.

We saw partnership working between different professionals and health organisations in people's care folders.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 April 2021). At our last inspection we found a breach of the regulations in relation to quality monitoring systems. The provider completed an action plan after the last inspection. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Why we inspected

We carried out an announced inspection of this service on 17 March 2022.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed following this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Desire Care - Burton

Detailed findings

Background to this inspection

Inspection team

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 an inspector, an inspection manager 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.

Service and service type

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

Registered Manager

The service is not required to have a manager registered with the Care Quality Commission because the provider is also the manager. This means they are solely, 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 more than 24 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.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. 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 sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with nine members of staff including care staff, a care coordinator, a quality assurance manager, and the provider/manager.

We reviewed a range of records, including six people's care folders and medicine records plus multiple care notes. We looked at seven staff files in relation to safe recruitment.

After the inspection

The Expert by Experience made phone calls and spoke with two people who used the service and eight relatives of people who used the service.

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to management of the service; including quality assurance records, policies and staff training records.

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. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe. One person told us, "They (care staff) make me feel safe when they are here." Another person told us, "Care staff do everything I want them to do. Care staff do what is written down."
- A relative told us, "Care staff are aware of the safety aspects of looking after [relative's name]." While another relative told us, "I feel safe with the support care staff provide... I know if I am not here care staff will still look after [relative's name] as well as I do."
- Staff knew how to keep people safe, how to report their concerns and how to access the safeguarding policy.

Assessing risk, safety monitoring and management

- People's health conditions were recorded in their care folders and documentation was updated. Staff knew how to support people in line with their care needs.
- One person told us, "They help me to be independent by encouraging me to do things, when I struggle they understand."
- A relative told us, "My relative feels secure with them because care staff understand their needs". Another relative told us, "Care staff use a hoist to get my relative out of bed. Care staff know how to lift and how to use the hoist correctly."
- Staff told us they have training and we saw staff training records.

Staffing and recruitment

- People had regular care staff who usually arrived on time.
- One relative told us, "[Person's name] has the same staff, the times vary slightly depending on their previous visits."
- Staff were recruited safely. Necessary recruitment checks, including Disclosure and Barring Service (DBS) checks were in staff folders. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff completed Medicine Administration Records (MARs) when they had supported people with their medicines and these were audited regularly. Systems were in place to monitor and identify any issues to be addressed.
- People and relatives told us medicines were given at the right times.

- Medicines were managed safely by suitably trained staff. We reviewed training records showing how staff received training in safe medication administration.

Preventing and controlling infection

- People and relatives told us staff always wore Personal Protective Equipment (PPE) in their homes.
- Staff told us they wore PPE in people's homes and changed this in-between every call. Staff told us they always had access to PPE.
- All staff were completing weekly COVID-19 tests. However, not all staff were consistently following the COVID-19 daily testing guidance. This guidance changed during the inspection and the provider told us they would ensure they had a system in place to monitor that staff were testing in line with the updated guidance.

We recommended the provider keeps up to date with the most recent Department of Health and Social Care COVID-19 guidance.

Learning lessons when things go wrong

- Lessons had been learnt from previous inspections and from the local authority quality monitoring visits. Management addressed any outstanding actions in their local authority action plan, and we saw improvements had been made after the previous inspection.
- Monitoring systems in place were effective and identified where improvements could be made.

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 requires improvement. At this inspection we have rated this key question good.

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

At our last inspection we found the provider had a lack of robust systems to identify issues and make improvements. This was a breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

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

- The provider worked hard to instil a culture of care which truly valued and promoted people's individuality and protected their rights. This was reflected within people's person-centred care plans.
- Staff told us they had training and they had competencies checked regularly. Staff training records reflected this.
- We saw how management addressed staff training needs identified in the audits carried out by management. Further training around language had led to improvements in this area.
- Staff told us they felt supported by management. One member of staff said, "All [managers] are approachable." Another member of staff told us, "The manager is really friendly" and continued, "It is a good place to work - I am happy."

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; Working in partnership with others

- The provider understood their responsibility when things went wrong, they us, "I have a duty to ensure people are safe and supported."
- The provider told us they, "work together with other professionals". We saw correspondence to and from a variety of professionals in people's care folders.

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

- The manager had systems in place to identify and analyse incidents and concerns. Feedback was then passed on to the staff team in a timely manner.
- A relative told us, "The manager visits to check up on the carers every three to six months."
- Staff told us they had spot checks. This meant the provider was ensuring the staff provided a safe level of care and staff members received feedback on their own performance. Staff told us they received recognition

for their work.

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

- People were involved in the service and asked for their views. All the people and relatives we spoke with told us they had received questionnaires. We saw the analysis of the responses received.
- People told us the service was well-managed; they knew who the managers were and felt listened to. One person said, "Of course I would recommend them to others, I am very happy apart from when they are late, but it only happened once." Another person said, "I am happy with the service. Everything is going according to plan. I would recommend them to anyone."
- Relatives told us they received questionnaires. A relative told us, "I would recommend them to anyone." Another relative told us, "I have spoken to the manager a couple of times on the phone. I feel [manager's name] listened to me." Another relative said, "The manager has been to our home to ask questions about the care [person's name] receives".
- The provider explained how they respected people of different cultures and the service employed people from different backgrounds and cultures to better support the people using the service.