

Damorcare Ltd

Damorcare

Inspection report

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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

Damorcare is a small domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. On the day of our inspection, there were 14 people using the service.

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

The registered provider promoted a culture which was inclusive and focused on the people being supported by the service. They had extremely high standards and continually checked the support people received to make sure it was in line with what had been agreed.

There were effective systems in place to keep people safe. Visits were punctual where people who needed time-specific support. The registered provider had a good awareness of risk within the service and ensured staff knew what to do to keep people safe. Care staff were enabled to develop their skills through training, guidance and effective supervision of the support they provided.

People were cared for by a small team of care staff who knew them very well and treated them with dignity and respect. Effective and ongoing communication between people, families and the service meant support was tailored flexibly around people's needs. Staff worked effectively to support people to maintain their health and wellbeing.

There was an open culture where people, families and staff felt able to speak out. Investigations into concerns were open and information was used to make a difference to the service people received.

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.

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 13 July 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Damorcare

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency, providing personal care to people living in their own homes. The registered provider was also the registered manager, in day to day control of the service. They are referred to in this report as the 'registered provider'. Registered providers and managers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Inspection activity started on 19 June 2019 and ended on 3 July 2019. We visited the office location on 2 July 2019.

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the registered provider would be in the office to support the inspection. When we initially rang the registered provider to announce the inspection they told us they were away from the service. We therefore arranged the office visit when they had returned.

What we did before the inspection

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received from the provider. Statutory notifications notify us of deaths and other incidents that occur within the service, which enable the Commission to monitor any issues or areas of concern. We used all of this information to plan our inspection.

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.

During the inspection

We spoke on the phone with three people who used the service about their experience of the care provided. We met with two members of care staff and the registered provider.

We reviewed a range of records, including three people's care records and medication records. We looked at records relating to the management of the service, including staff files and quality audits.

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; Learning lessons when things go wrong

- Staff knew what to do if they were concerned about a person's safety. They told us they felt able to speak out openly and the registered provider always took their concerns seriously.
- We saw examples where the registered provider had worked with the local authority when they were concerned about a person's safety. Their internal investigations were practical and in-depth, with a focus on sorting things out and ensuring information was used to improve the service.

Assessing risk, safety monitoring and management;

- The registered provider had excellent oversight about the individual needs of the people they supported, including areas of specific risk such as people living on their own.
- People had individual risk assessment, where senior staff had considered issues such as the safety of the property.
- The registered provider was aware of the risk to staff and supported them to remain safe.

Staffing and recruitment

- There were enough safely-recruited staff to keep people safe. The registered provider still supported people and stepped in to fill any gaps, where necessary.
- Rotas were arranged efficiently and safely around people's needs and to achieve this the registered provider had negotiated flexible timings with people. We looked at the rota on the day of the inspection and saw the timing of one visit was fixed to ensure a person received their time-specific medicine as required. Other visits were arranged flexibly, for instance around one person's hair appointment or another person's club. The people we spoke with confirmed they were happy with this arrangement.
- A member of staff told us, "We stay the time people need and there is never double booking."

Using medicines safely

- Staff received the necessary training and guidance to support people safely with taking their medicines. Care plans detailed the support needed, such as the need for staff to observe a person until they had taken their tablets, in case they forgot to take them.
- A member of staff described how they supported a person who initially refused their medicine at the beginning of a visit. "I encourage and explain to them slowly that it is important for their health. I try again throughout the visit and by the end they do take the medicine." Their approach demonstrated an excellent balance of skill and respect which achieved good outcomes for the person.

Preventing and controlling infection

- Staff confirmed there were gloves and aprons available when required.

- Care plans included advice on how to minimise the spread of infection. We noted examples where the registered provider was meticulous in this area, responding promptly to protect staff and people.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 registered provider or senior care staff carried out assessments of people's needs and put in place care plans so staff knew what support was required.
- The quality of care plans had continued to improve since our last inspection, in particular they had become more person centred. Advice to care staff was now more detailed and this process was ongoing.

Staff support: induction, training, skills and experience

- Staff received training and guidance to develop their skills. The registered provider personally oversaw this process, adapting their approach for each member of staff.
- Care staff worked well together. They met with the registered provider every fortnight to discuss people's needs and any changes they needed to be aware of.
- Senior staff carried out regular supervision meetings and competency checks with care staff and these were used to make things better. The registered provider had observed a member of staff supporting a person to move in bed and advised them of a better way to provide the support.

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

- Care plans provided guidance to ensure staff offered food and drink in line with people's preferences. One person's care plan stated, "Offer me a strong cup of tea with a drop of milk and two sweeteners."
- When staff were concerned a person was not eating or drinking enough they communicated well with families and made sure referrals to health professionals took place where necessary.

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

- People's wellbeing was a priority for the registered provider and care staff. They were attentive and adapted care in response to people's changing needs.
- Staff communicated well with families to ensure people had access to health and social care agencies when required. They supported a relative to contact district nurses when there were concerns about deterioration to a person's skin condition.

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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The registered provider and care staff told us all the people receiving care from the service had the capacity to make decisions about their daily life. Where one person's memory and capacity to make decisions had recently deteriorated the registered provider had contacted social care professionals to alert them.
- Staff described how they offered people choice. A member of staff told us, "I show a person different clothes or food and give them different options."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager led by example in creating a caring ethos at the service. They communicated with people in a dignified way. During our inspection we observed a phone call with the relative of a person being supported. The call was personalised and showed how well the registered provider knew the family. They told the relative, "I'll pop in and see you soon." Throughout the day people rang to speak to the registered manager and they received a warm and caring response.
- The size of the service meant staff knew people well. A member of staff told us, "We visit every client before we start caring for them on our own, as we are a new face."
- A person told us, "They have a job to do and do it. They don't rush the job." The registered provider had highlighted to staff an incident where a member of staff had supported people in a rushed way. They asked staff to communicate better and be focused on the person they were supporting rather than the task.

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

- The needs of the person were central to the care. The registered manager had reminded a member of staff about communicating every stage of support, to ensure they were involved and knew what was happening.
- A person explained how staff listened to them, which meant they could attend weekly activities which were important to them. They said, "We are happy with them because compared to other agencies they were able to be flexible with times."

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in a respectful manner, supporting people's varied lifestyles. For instance, one care plan stated a person may wish to have a drink and some time to themselves before having personal care.
- Staff described to us how they provided care and demonstrated a respectful attitude, which promoted people's dignity.
- The registered provider discussed how a person had regained their independence and as a result support had reduced over time.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us staff provided the necessary support to meet their needs. A person said, "I am very pleased with them, they do whatever I ask."
- The size of the service and the way rotas were arranged enabled staff to adapt support around people in a personalised and sensitive way. We asked about the differences in visit times from one day to the next and the registered provider said, "[Person] had a bad night that day and we know we must not rush them, so we stayed a bit longer."
- Senior staff carried out reviews of care with people to ensure the service they received continued to meet their needs. These reviews were practical and effective, for instance a person's support was adapted when they said they needed more assistance with their laundry.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered provider ensured people could understand the information they received about the service. Care plans were written in plain English and much of the communication was also passed on verbally.
- A person had specific needs around communication and these were outlined in detail in their care plan.

Improving care quality in response to complaints or concerns

- People knew who to contact if they had a concern. A person told us, "I have got to a number to ring if I have a problem."
- Complaints were investigated thoroughly and openly, with detailed discussions with staff and people as appropriate. The registered provider was personally involved in resolving concerns and making sure the support improved as a result.
- Compliments were also captured, for instance a person had written in and said, "Staff go beyond the call of duty, they have obviously been extremely well-trained."

End of life care and support

- End of life care was provided in a supportive and enabling manner, as appropriate. Staff worked sensitively with families and people to ensure the support was dignified.
- Care plans provided staff with the necessary information to meet people's needs and the registered provider was arranging end of life training for all staff.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. The registered provider promoted high-quality, person-centred care.

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

- The registered provider ensured people achieved good outcomes and received the support which had been agreed. This personal involvement was achievable because the service had remained small.
- Care staff told us the registered provider was extremely strict and had high standards. "If there is a small complaint, like the food is not warm enough, they will go on the visit with us and show us what to do."
- The registered provider described a number of incidents where they demonstrated an inclusive and open approach, ensuring the service was accessible to people from a variety of backgrounds and circumstances.
- We met the care staff responsible for carrying out many of the visits and they impressed us with their dedication and the value they placed on their role. One of them told us, "Our job is a big responsibility and we need to be focused."

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; Continuous learning and improving care

- We found the registered provider was open and communicated well when things went wrong. For instance, they let a person know how they had worked with a member of staff to improve their practice after observing poor practice.
- The registered provider had developed networks with other registered providers and professionals as part of continuous learning, and to reduce their isolation.
- The registered provider had a thirst for developing their service, they had used examples of best practice and the findings from our last inspection and from concerns to improve the service. For example, care plans had been adapted to be more person-centred.

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

- There was a focus on keeping people's information confidential and the registered provider described how they shredded information regularly. We discussed the need to balance this with ensuring information was available if required, for example if an outside agency needed to carry out an investigation.
- The exceptional communication between senior and care staff meant everyone was clear on who was doing what, such as contacting a social worker when a person's needs deteriorated.
- The registered provider had started to share some of their responsibility and oversight to other senior staff. This was essential to ensure the service was sustainable and continued effectively if they were absent.
- The registered provider was constantly checking the quality of the support and responding promptly as

required, for example communicating with staff to advise them how to adjust the support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Communication with staff was regular and open. All staff were required to be fully integrated and involved in the service.
- The registered provider worked closely with the local authority to ensure the service was sustainable, developing rotas which were well organised and manageable.
- The registered provider used an external company to ask people what they thought of the support received. We noted the comments from this feedback reflected what we found during the inspection, especially around the personalised approach of the service. One person had said, "Being a small company they were very personal. Good to see familiar faces every day. Any problems that arose were always dealt with swiftly and appropriately."