

Descare Ltd

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Inspection report

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17 January 2023

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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

Descare Limited is a domiciliary care service that provides personal care to people in their own homes. At the time of our inspection, there was a total of nine people receiving support. Only two people were receiving personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People were receiving safe care and treatment from regular and familiar staff. People and their relatives spoke positively about the care and support they were receiving. They told us the staff were kind, caring and treated them with respect. People were supported to lead the life they wanted with the support from staff. This included maintaining friendships, taking part in meaningful activities of their choice, and to continue to live in their own or the family home.

Staff had received training and were supported by the management team. Checks were completed before they started working with people. Risk assessments had been completed where there were gaps, such as a missing reference whilst they were following up to ensure a second reference was in place.

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. Care was planned with people and where relevant their relatives. Comprehensive assessments of people's support needs were completed to ensure suitable skilled staff were matched with people.

There were systems to monitor the quality of the service. The registered manager and the management team had good oversight of the service. The registered manager was very hands on and worked alongside staff. They understood with growth of the business more formal systems needed to be in place to ensure people were receiving a quality service. A deputy manager had been employed to assist with these formal arrangements.

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

Rating at last inspection and update

This service was registered with us on 8 December 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Descare Ltd

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 an inspector and an Expert by Experience who completed telephone calls to people and their relatives. 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

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 short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 January 2023 and ended on 17 January 2023. We visited the office/service on 12 January 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with the registered manager, the compliance manager and the deputy manager during the site visit. We spoke with one person who used the service, four relatives and four care staff via the telephone. We contacted health and social care professionals and received three responses.

We reviewed a range of records including two people's care records, a sample of daily diaries and medicine records. We looked at two staff files in relation to recruitment, supervision and training. We viewed a variety of records relating to the management of the service such as incidents and accidents and quality assurance audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff. Staff had completed training on safeguarding adults and children.
- People and their relatives told us the service they received was safe. Comments included, "Well protected and absolutely safe with the carers being there", "They keep him safe" and "110% safe".
- Staff understood their roles in safeguarding people and the importance of sharing concerns with the management team. Comments included, "No hesitation in reporting would speak with the manager who would deal with it", and "I would report to the office any concerns, but I can report to CQC or the local authority".

Assessing risk, safety monitoring and management

- People were kept safe. Systems were in place to ensure information was gathered before people started with the service. The registered manager met with people, their relatives and liaised with the funding authority to ensure they could meet the person's individual needs. This was an opportunity to discuss any risks and any support needed.
- Environmental risk assessments were carried out of people's home. This ensured the environment was safe for both the person and the staff member delivering care.
- Staff confirmed they had access to risk assessments and the person's care plan to enable them to provide safe care and support to people. Risk assessments were kept under review.

Staffing and recruitment

- Staffing was safe and planned. People and their relatives confirmed they had regular and familiar staff. A relative told us, "The carers are never rushed; they are very reliable". A social care professional told us, "Care staff from Descare are reliable, punctual and families do send positive feedback about them and their work".
- The service used an electronic planning system. This enabled the management team to monitor visits to people to ensure staff arrived on time and stayed for the full duration of the call. The registered manager told us there had been no missed calls.
- Safe recruitment practices were being followed. The provider ensured safe recruitment decisions were made. This included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were some gaps in obtaining a second reference for some staff. This was being rectified and a risk assessment was in place to explain the rationale for employment and safeguards in place. For example, for one member of staff they were working alongside a more experienced member of staff until all the necessary

checks had been completed.

Using medicines safely

- Systems were in place to ensure this was done safely should people require support with their medicines. This included policies and procedures and clear information in people's care plans on the support they needed with their medicines.
- Staff had received training in medicine administration. The registered manager told us they were planning to introduce an annual medicine competency check for staff.
- People's medication records could be accessed remotely by the office staff to enable them to be monitored in real time as these were electronic.

Preventing and controlling infection

- Staff had received training in preventing and controlling infection. Staff confirmed they could access personal preventative equipment (PPE), such as gloves, aprons and masks. Where people were vulnerable staff continued to wear facial masks.
- People and their relatives commented positively in respect of the practice of staff. Comments included, "The hygiene standards are very good from my observation" and "Hygiene standards are impeccable".

Learning lessons when things go wrong

- There had not been any accidents since the service started supporting people. Assurances were provided that any incidents and accidents would be investigated, and action taken to reduce any further risks to the person. There was a section for the management team to record any lessons learnt on the documentation in respect of incidents, accident and complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Before people received a service, their needs were assessed. This was to ensure their needs could be met and enabled the service to plan the resources the person needed to keep them safe. This enabled them to ensure people were matched with the right staff.
- People received care and support that was planned and delivered in line with their identified needs and wishes.
- A social care professional told us, "From the initial stage they present as a reliable and professional service". They confirmed they met with the management team and the care package would only commence when appropriate staff had been identified to support the person.

Staff support: induction, training, skills and experience

- People received care and support from staff who had the right mix of skills, knowledge and experience to deliver it effectively.
- New staff received an induction when they started working at the service. This included working alongside experienced staff to enable them to get to know people and the support they needed.
- Staff confirmed they were supported to complete the care certificate as part of their induction process. The care certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- Staff confirmed they had received training that equipped them for their role. Staff told us that training was completed online. The compliance manager told us they were planning to put on additional face to face training in respect of moving and handling, first aid and medicines training. This was being rolled out to all staff.
- Staff said they received regular support from the management team. Formal supervisions and spot checks were being introduced. Some staff had received an annual appraisal of their work.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans included information about people's health conditions and the support they needed to maintain good health. Relatives confirmed that care staff will make contact with health and social care professionals as needed, including emergency services.
- A relative told us, "The carers have supported my son very well to medical appointments like dentists". and a person told us, "I've needed support to see health professionals and doctors and this has always been handled well with the carers full support".

- Staff had received training on first aid and what to do in the event of an emergency.
- Where people needed support with eating and drinking this was clearly recorded in the plan of care. This included their likes and dislikes.
- A social care professional confirmed the registered manager attended care reviews. They told us, "Descare attends care plan reviews and contributes to the planning. Sometimes suggesting different ways to support the families".

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had completed training in mental capacity and were aware of the importance of involving people and their families in making decisions about their care and support.
- Care records included information on how to support people with making decisions about their care. Staff worked very much with families where they were supporting a young person.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's care was planned with them and tailored to their individual needs. The registered manager was passionate about getting it right for the person.
- Staff had attended training in equality and diversity. Staff spoke about the people they were supporting in a kind and caring way recognising their individual characteristics.
- People generally received consistent support by the same staff, so they got to know them well and developed good relationships with them. A person told us this was very important they received care from regular and familiar staff. They said, "Initially I had different carers, but I have the same person now".

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

- Care records showed that people and, where appropriate, their relatives were consulted when care plans were written. A relative told us, "I'm very satisfied of my involvement and how it stands now". A person told us, "They run everything past me for the plan".
- The registered manager told us they had recently sent out a survey to gain the views of the people they supported and staff. In addition, the newly appointed deputy manager had contacted people and staff to introduce themselves. Moving forward they were planning to do this at regular intervals ensuring views of people were being sought and they were happy with the quality of the care being provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said the staff treated them with respect. Comments included, "The carers have been really good. They are my right hand" and "My son is well respected and they (staff) treat with dignity all the time".
- A person told us, "The carer knows me well enough to know my likes and dislikes", and "The carer has a very friendly personality and doesn't seem rushed".
- People's care plans included what they can do and where they needed support. For example, what clothes a person can put on and where they needed help, or to check to the water temperature was safe prior to having a shower. It was evident people's independence was promoted.
- A relative told us, "They teach him life and social skills such as how to use public transport". It was evident that the provider and staff wanted to empower people to have control and independence in their lives.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's care was planned with them. Care plans contained detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported. A relative told us, "The plan is very individual and well-tailored to my son's realistic needs".
- The service used an electronic planning system. Handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting, which could be viewed by the management team. It also ensured staff had easy access to information about the people they were supporting.
- People's relatives had secure access to the system so they could see how their relative was enabling them to check to see care and support was given at the appropriate time.
- Feedback from health and social care professionals was positive in respect of meeting people's needs. Comments included, "Carers are creative and confident to explore different avenues". They described how a reward chart had been used with a positive outcome for the person. Another professional said that the agency supported some complex young people successfully telling us "I have no concerns".

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 had their communication needs detailed in their care plans. This ensured staff communicated effectively with people.
- One person's care plan was written in an easy read format and included pictures. There was a communication passport to help staff understand what the person was saying in respect of body language and meaning of words used by the person. People and relatives confirmed staff were good at communicating with them.

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 were supported by staff to take part in the activities that they wanted to. For example, one person was supported to go to the gym, swimming, go for long walks and attend a farm placement. They were also being supported by the registered manager to complete a local marathon for charity.
- Comments from people and their relatives included, "The carers are very animated with my son and

engage with his games" and "My son is taken out to public functions and other people have reported how good the bond is between them".

Improving care quality in response to complaints or concerns

- People received a client handbook when they started using the service, which clearly explained how they could complain to the provider.
- People we spoke with told us they had not had any need to complain. There had been some minor concerns raised where a person was not happy with a care worker. This was addressed by the registered manager with a different member of staff being brought into support the person.

End of life care and support

- No one at the time of the inspection was receiving end of life care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created 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 manager worked alongside staff to ensure people received person-centred care, which supported them to achieve good outcomes. They were passionate about providing bespoke care that was tailored to the person.
- The registered manager worked alongside the staff to enable them to get to know the person and to monitor care delivery. A relative told us, "I think the carers have a great personality". "They are very kind". "They always put my sons needs first and his point of view as most important". Another relative told us "10 out of 10 to their commitment".
- The company was still in its infancy. The registered manager told us that they were temporarily not taking on new packages as they wanted to get it right for people and ensure that systems were fully embedded.
- To help the business expand the registered manager had employed a deputy manager in December 2022. They had also employed a manager who would be sole responsible for the part of the agency business that provided staff to care homes, which was not regulated by CQC.

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 registered manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager and compliance manager were open and transparent with us during the inspection. For example, in respect of the recruitment and the chasing up of references for some staff. They had developed an action plan to make improvements.

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

- There were systems in place to monitor the quality of the service provided to people. The registered manager had good oversight of the service because they regularly worked alongside staff. This included reviewing and monitoring care, having oversight of staff training and care records.
- They were aware that as the service grew more formal arrangements were needed such as maintaining records of spot checks that were completed on staff. This was where staff competencies were checked to ensure they were supporting people in line with the provider's policies and procedures providing safe and

effective care. The newly appointed deputy manager confirmed this would be part of their role moving forward.

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

- People and their relatives confirmed they were consulted about the care and support that was being delivered. I would give 10/10 for commitment to my son". "He (staff member) is just a perfect advocate/buddy and he's treated like a close friend".
- Weekly management team meetings were held to discuss care delivery, staffing and any risks.
- Staff confirmed they had regular contact with the registered manager either in person or by telephone. They also confirmed they could visit the office to meet with the management team at any time. There was an on-call system.
- The management team worked with health and social care professionals. This enabled people to access the right support when they needed it. A social care professional told us, "Descare always answer emails and telephone calls and managers are available to discuss difficulties and changes. They are open to adjusting support plans. They listen".