

Danum Homecare LTD

Danum Homecare Ltd

Inspection report

15 Stable Gardens
Sprotbrough
Doncaster
DN5 7LQ

Tel: 01302 857217

Website: www.danumhomecare.co.uk

Date of inspection visit: 29 July 2014

Date of publication: 12/01/2015

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was announced. The last inspection took place on 8 January 2014 and was a follow up from non-compliance regarding requirements relating to workers identified in November 2013. The service became compliant in this area during the January inspection.

During the inspection we visited five people who used the service and spoke with 22 people via telephone. We also spoke with the manager, five team leaders and four care workers.

Summary of findings

Danum Homecare is a domiciliary care agency which provides personal care to people in Doncaster, South Yorkshire. They deliver care and support to approximately 250 people in their own homes.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We saw there were systems in place to protect people from the risk of harm. We observed some staff responded well to people and understood their individual needs.

There were usually enough staff with the right skills, knowledge and experience to meet people's needs. However we spoke with people who used the service and some people told us that their carers were often late and sometimes missed the call completely.

Suitable arrangements were in place to support people to maintain a healthy intake of food and drink. Staff were aware of nutritional issues and ensured these were met effectively.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Support plans contained enough information to explain how to meet the person's needs. People told us that they had been involved in developing their support plan and felt they contributed on an on-going basis.

We visited people in their own homes and observed staff who had developed good relationships and were respectful.

The manager told us they were confident that all staff had a good understanding of the Mental Capacity Act 2005. Staff we spoke with told us they had received this training.

Some people we spoke with said they felt comfortable raising concerns and but some did not receive follow up or feedback. Others did not feel they would be listened to.

The provider had a system to monitor and assess the quality of service provision. However this was not always effective.

Summary of findings

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 safe.

There were usually enough staff with the right skills, knowledge and experience to meet people's needs. However we spoke with people who used the service and some people told us that their carers were often late and sometimes missed the call completely.

The manager told us that people were introduced to their carer, where possible prior to them delivering care. People we spoke with said this did not always take place. One person said, "I would like continuity of staff or at least to know which carer is coming." We spoke with the registered manager who told us that staff work in small teams of between four and eight carers. This was to ensure people knew who were visiting them.

We found that safeguarding procedures were in place and staff knew how to recognise, respond and report abuse. They had an understanding of how to safeguard people they supported.

Care records contained risk assessment associated with people's care and support and staff were knowledgeable about risk and how to work with people to limit risk occurring.

Recruitment processes were safe and thorough and included pre-employment checks prior to the person starting work.

Requires Improvement



Is the service effective?

The service was effective.

We spoke with staff and found that they received appropriate training. We were told that most training was completed via e-learning. Staff felt that training gave them confidence to complete their role effectively.

People were supported to maintain good health and have access to healthcare services where required. We spoke with staff who told us what action they would take if someone required emergency assistance. Staff told us that they would speak with their team manager and the family of the person if they felt they required medical treatment such as a GP.

People who used the service were, where required, supported to have sufficient to eat and drink and to maintain a balanced diet. We saw that care plans were in place to identify assistance required in this area. This identified what people liked and disliked and their individual choices.

Good



Summary of findings

Is the service caring?

The service was caring.

We saw that people were supported to make their own decisions and staff respected them. We spoke with staff and observed some staff working with people and we saw they had a good understanding of their needs and how best to support people.

People who used the service told us they felt respected and saw the carers as their friends.

Staff we spoke with gave good examples of how they respected people and ensured privacy and dignity was maintained.

Good



Is the service responsive?

The service was not responsive.

People who used the service had their needs assessed and received individualised support. People who used the service and their relatives told us that their care plans had not been reviewed for a long time.

We looked at nine care plans and some of them did not clearly inform the carer how to assist or support the person. For example one care plan said the person required medication and needed prompting, but gave no instruction as to how to carry out this task.

The service had a complaints procedure but did not always respond in a timely manner, to concerns raised. Some people we spoke with felt they were not able to raise concerns and management were not very often available.

Requires Improvement



Is the service well-led?

The service was not well-led.

We saw the service had systems in place to monitor the quality of service provision but did not monitor trends.

People who used the service gave mixed views about the service. Some people felt the communication between the person and the office staff was a problem.

Requires Improvement



Danum Homecare Ltd

Detailed findings

Background to this inspection

The inspection team consisted of a lead inspector and two 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.

We inspected the service on the 29 July 2014. At the time of our inspection there were approximately 250 people using the service. We visited people in their own homes and

spoke with staff and people who used the service. We also looked at documentation relating to people who used the service, staff and the management of the service. We looked at 9 care plans.

Before our inspection, we reviewed all the information we held about the service including notifications received by the Care Quality Commission. The provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

Through discussions with staff and people who used the service we found there were usually enough staff with the right skills, knowledge and experience to meet people's needs. We spoke with people who used the service, one person said, "My carer gives me extra time if I need it, they (the carer) are lovely." Another person said, "The staff are trained to meet my needs. They know what they are doing." However some people we spoke with told us that carers were sometimes late for the visit and sometimes missed the call completely. We spoke with one person who had missed a call and was told the carer would be with them shortly, but the carer never turned up. The team leader had been made aware of this at the time but nobody went to offer the person support. One person said, "The carers are often late and they never ring to say why." Another person said, "The new staff are not trained in people skills. They try to break the ice but become too familiar. They don't read my medical history."

We spoke with people who used the service and most people said they felt safe. One person said, "The staff are ever so good and treat me with respect." Some people told us that they were concerned about shortage and turnover of staff. People told us that when they have new carers they are not always introduced. One person said, "I have had lots of different carers who I have not been introduced to, so at times I don't feel as safe as I should."

The manager told us that people were introduced to their carer, where possible prior to them delivering care. People we spoke with said this did not always take place. One person said, "I would like continuity of staff or at least to know which carer is coming." This meant there were occasions when people who used the service did not know who to expect. We spoke with the registered manager who told us that staff work in small teams of between four and eight carers. This was to ensure people knew who were visiting them.

Some people told us that the carers were sometimes late for the call. One person said, "They are supposed to come at 8.00am but on two occasions they have arrived at 10.30am and I told them I was not happy."

We spoke with the manager who told us there was a high turnover of staff. They also said that recruitment was a none stop process, and held interviews every week. This was due to the demand for the service and there were always packages of care being requested.

We spoke with four care workers and five team managers about their understanding of safeguarding vulnerable adults. We found they had a good knowledge of safeguarding and could identify the types of abuse, signs of abuse and they knew what to do if they witnessed any incidents. Staff we spoke with told us that they had received training in safeguarding which is completed via e-learning. Some staff told us that they had also completed a workbook.

The service had policies and procedures for safeguarding vulnerable adults. Staff told us the policy and procedure was kept at the office.

Care and support was planned and delivered in a way that ensured people's safety and welfare. The nine care plans we looked at included risk assessments which identified risks associated with their care. These included food preparation, bathing, repositioning, and domestic tasks. Risk assessments we saw had existing measures in place and highlighted the likelihood of the risk occurring.

We spoke with staff about how they ensured risk assessments were adhered to. Staff were aware of the risks associated with the care and welfare of people they supported.

There were effective and safe recruitment and selection processes in place. Pre-employment checks were obtained prior to people commencing employment. These included two references, (one being from their previous employer), and a satisfactory disclosure and barring service check. The manager took lead in this area and ensured that all new employee checks were received. This helped to reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

Staff had an awareness of the Mental Capacity Act and told us they had received training in this area. Staff were clear that when people had the mental capacity to make their

Is the service safe?

own decisions, this would be respected. We saw that where people lacked capacity, decisions were made in the person's best interest and took into account what the person likes and dislikes.

Is the service effective?

Our findings

We spoke with staff and found that they received appropriate training. We were told that most training was completed via e-learning. Staff felt that training gave them confidence to complete their role effectively. We saw certificates and a training matrix which confirmed training had taken place. Staff we spoke with said they would speak with their manager if they felt they had a training need in addition to the mandatory training provided. We also saw the training matrix identified training staff had completed and training to do. This was monitored by the owner and an administration worker. When a training course was due to be completed it was flagged up on the system. This alerted the management to arrange for the training to be completed.

We spoke with staff who spoke highly of the support, training and guidance given to them. They felt they had been given the skills on induction to carry out their role. They also told us that prior to starting work with people who used the service they would complete a series of shadow shifts. This would usually amount to 10-12 hours. This was to find out if they got along with the people they would be working with and to give the people who used the service time to get to know them. They confirmed that they could do shadowing shifts until they felt comfortable and confident to work.

Staff were able from time to time, to obtain further relevant training. For example some support workers had received further training in preparation for them becoming a team manager. We spoke with team managers who told us they had been promoted from a carer to the team manager position. They told us that they had been supported through the transition.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw that care plans were in place to identify assistance required in this area. This identified what people liked and disliked and their individual choices. For example one support plan stated that the person enjoyed their tea with two sweeteners. Another person required a straw to assist with drinking. Staff we spoke with were knowledgeable about these individual needs and preferences.

We spoke with people who used the service and they told us that where they required support with eating and drinking this was provided. Some people told us they had a carer to assist them with their shopping on a weekly basis.

We spoke with staff about what they would do if they identified any concerns associated with the person's diet. Staff were knowledgeable about when they should contact the GP or other professionals such as the dietitian and the speech and language therapist. They told us they would raise concerns with their team manager. Staff were also aware of people's likes and dislikes and felt it was important to respect the person's choice.

People were supported to maintain good health and have access to healthcare services where required. We spoke with staff who told us what action they would take if someone required emergency assistance. Staff told us that they would speak with their team manager and the family of the person if they felt they required medical treatment such as a GP. We looked at care records and saw they contained contact numbers for health care checks such as dentist, chiropody, GP and community nurse.

We spoke with people who used the service and they felt comfortable and able to discuss healthcare issues with staff. They also said that if they had an appointment staff would visit earlier so they could be ready for their transport.

Is the service caring?

Our findings

Positive caring relationships were developed with people who used the service. During our inspection we visited people in their own homes with a staff member. We observed positive interaction between staff and the people who used the service. Staff were respectful and treated people in a caring way. Staff told us how important it was to build up a relationship with the people they were supporting. One person said, "The carer takes me to the shops. I choose my own food."

The registered manager told us that staff worked in areas and belonged to a small team which was led by the team manager. This meant that staff and people who used the service could build up relationships. The registered manager told us that no more than four staff would be involved in a call which required one carer and no more than eight carers involved in a call which required two people.

We spoke with people who used the service and they told us the staff supported them well. People described staff as friendly and caring. One person said, "Staff are very kind and caring towards me." Another person said, "The staff are very friendly, I would not want anyone else caring for me." Another person said, "I am treated with dignity and respect when personal care is being carried out."

People expressed their views and were involved in making decisions about their care. We looked at nine care plans of

people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Staff and people who used the service confirmed that the person was involved in devising the plan.

We saw staff were aware of individual needs and preferences and these were respected. For example one person we visited had a key safe and the carer obtained entry, they then waited at the door and shouted hello and stated who they were. The carer waited for the person to respond before going any further. This showed respect for the person and their property.

We saw evidence in care plans where people and their relatives had been involved in their care. People had signed to say they agreed with their care plan. We asked people what they would do if they saw something in their support plan which they didn't agree with. People told us that they would discuss this with the carer and the team manager and they felt this would be addressed.

We spoke with staff who gave clear examples of how they would preserve dignity. One person said, "I make sure I get to know the person well and that way I can learn how they liked to be supported." Another member of staff said, "It's important to make sure the person is comfortable and that curtains are closed to maintain dignity and respect when undertaking personal care."

Is the service responsive?

Our findings

This is a breach of Regulation 20 (1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered person did not always take proper steps to ensure that people who used the service had an up to date care plan which reflected their needs.

We looked at nine care plans and some of them did not clearly inform the carer how to assist or support the person. For example one care plan said the person required medication and needed prompting, but gave no instruction as to how to carry out this task. There was no record of what medication was prescribed, where they were kept and what side effects they may cause.

Another care plan stated that bed rails were in place to assist with safety. There was a risk assessment in place but only instructed the reader that the bed rails were in place. There was no documentation to explain if staff were to check the bed rails were safe and how to carry out this task to ensure the safety of the person.

We asked the registered manager about these issues and were told that a two hour care planning session took place in June and another one was scheduled to take place.

We spoke with people who used the service and their relatives. Some people said care plans are in place but they have not been reviewed for sometime. We spoke with the registered manager about this and were told they were in the process of recruiting more administration staff. This would give more time to the registered manager to review care plans.

One person who used the service had raised a complaint in February 2014 and was informed that the complaint was being looked into by the registered manager. In August 2014 we informed the registered manager that the person was not happy with how the complaint had been dealt with and was still waiting to hear from her. We were informed that the registered manager was not aware of this concern

but would look into this. Another person told us that they did not receive feedback from the management about a complaint. Another person said, management are not very responsive to telephone calls from people when carers do not turn up.” This showed that complaints were not always dealt with in a timely manner.

We asked the registered manager how they monitored trends and used complaint to better the service. The registered manager told us they would do this but could not evidence how this was done. There was no overview of complaints so it was difficult to see what lessons had been learned and how trends were monitored.

People received personal care which was responsive to their needs. People’s needs were assessed prior to them using the service and a support plan was devised which involved the person and their relatives. Initially a client assessment report was completed by the registered manager or a team manager. This identified what care and support was required. Likes and dislikes and individual preferences were recorded in their care plan. Staff had a good awareness of people’s choices and they were able to respond to people in accordance with their individual needs and wishes. There was evidence that the person had signed their care plan to say it was an accurate description of their care.

The service had a complaints procedure and but some people did not know how to raise concerns. Others felt that when they had raised concerns they had not been dealt with effectively. Other people we spoke with said they would speak with the carer or the team manager if they had a concern. They also had a number to call the office, this was in their file which was kept at their home. One relative of a person who used the service said, “The team leader is always there, I would complain to them if I had a concern.” All correspondence associated with the complaint was saved in the complaints file. These complaints included concerns around missed and late calls.

Is the service well-led?

Our findings

This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered person did not always have regard for complaints, comments and views made by people who used the service.

People who used the service gave mixed views about the service. Some people felt the communication between the person and the office staff was a problem. One person said, "Management are not very responsive to telephone calls from me when our carer does not turn up." Another person said, "I don't know if I would complain. I don't think Danum want those sorts of questions." Another person said, "I have phoned management couple of times but they're not in, in a meeting or on the phone, I get nowhere." However one person said, "One visit was missed and I called the boss who sorted it out and was very concerned and apologised."

People who used the service were asked about their views about the care and support they received. This was part of the person's annual review of care. A 'service user's views periodic questionnaire' was sent out to the person to complete. However it was not clear how this information was used to improve the quality of the service provided. There were no records to show the responses had been reviewed or analysed and no action plans to improve.

Each geographical area had a team manager who was responsible for the delivery of care and support and management of the staff team. Team managers met with the registered manager once a week mainly to organise rotas, but could discuss concerns if they had any.

Accidents and incidents were recorded on an accident form which the team leader or the registered manager had sight of. The provider informed us that trends were monitored and actions were taken, however this could not be evidenced at the inspection as the registered manager had not recorded this. This did not show how management were proactive in responding to incidents and if they tried to limit the risk of them reoccurring. However, the provider informed us that there had not been any notifiable accidents.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

The staff we spoke with told us that the registered manager completed spot checks to see if they were delivering care in an appropriate manner. The registered manager also checked if staff were using personal protective equipment. Following the spot check the registered manager fed back to the staff member and identified any areas for action.

The provider and the registered manager felt that they did not always evidence what work takes place. They had identified that they needed more administrative hours to allow the registered manager time to develop management protocols such as monitoring the service quality and completing more spot checks with staff. They were looking to recruit someone in the near future.

We spoke with staff who told us that they have team meetings every fortnight and team leaders have a meeting with the registered manager every six weeks. However the last record of a staff meeting we saw was a team meeting which was held in August 2013. Staff felt supported by their team leader and felt they could contact them at anytime.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person did not always take proper steps to ensure that people who used the service had an up to date care plan which reflected their needs.

Regulated activity

Personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The registered person did not always have regard for complaints, comments and views made by people who used the service.