

Denise Quality Care Services Limited

# Denise Quality Care Services Limited

## Inspection report

Thurrock Centre for Business, Unit 1  
2 George Street  
Grays  
Essex  
RM17 6LY

Tel: 01375809802

Date of inspection visit:  
29 March 2018

Date of publication:  
11 June 2018

## 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

Denise Quality Care Limited provides care services to people within their own home in the Thurrock and Essex area. Care services include personal care, a sitting service and domestic services. The service provided is either through private arrangement or social services funding. At the time of our inspection, the service was providing support to eight people.

Our last inspection of this service in June 2017 highlighted a number of concerns and we imposed conditions on the service that they could not take on new care support packages without prior application to the Care Quality Commission. The service was previously rated Inadequate overall and placed in special measures.

The provider wrote to us to inform us of the actions they had taken since to improve the service. Significant improvements had been made since our last inspection, such as improved recruitment process and managerial oversight over the running of the service. We also received monthly reports from the local authority to evidence sustained improvements by the service with the support of the local authority. In addition, the willingness of the service to work with the Local Authority to make necessary improvements were required. The rating overall is requires improvement because the provider will need to demonstrate that their quality assurance and safety processes are robust enough to sustain good quality care delivery over time and independently of external support, and once the service increases the number of people they support.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff delivered support effectively and care was provided in a way that promoted people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Trained staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits carried out by the manager, which identified any improvements needed and actions were taken. A complaints procedure was in place and had been implemented appropriately by the manager.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was safe. However, the rating remains as requires improvement until such time as the provider can show sustained improvements and continued safe care independently of external support and when they increase the number of people they support.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely. People were supported by sufficient staff to meet their needs.

Medication was managed and stored safely.

### Is the service effective?

**Good** ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The service carried out Mental Capacity Assessment to assess people's ability to make informed decision in regards to care.

People had access to healthcare professionals as and when needed to meet their needs.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

### Is the service responsive?

**Good** ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

**Is the service well-led?**

The service was well led. However, the rating remains as requires improvement until the provider can demonstrate that their quality assurance processes are robust enough to sustain good quality care delivery over time and independently of external support and once the service increases the number of people they support.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards

**Requires Improvement** 

# Denise Quality Care Services Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 29 March 2018 and 6 April 2018, and was announced. It was carried out by one inspector. The inspection consisted of a visit to the office of the service on the 29 March 2018; this was then followed up with telephone calls to people using the service on 6 April 2018. We also reviewed action plans and information shared to us before the inspection by the Local Authority.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events, which the provider is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with two people who used the service, one relative and the provider and did converse with the registered manager over the phone. We looked at records in relation to four people's care, six staff recruitment folders and the systems in place for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our inspection in June 2017, we found the service was not carrying all the necessary checks on staff before they commenced employment with the service as well as appropriately assessing, recording and mitigating risk to people. At this inspection, we found that improvements had been made. The rating has been changed to Requires Improvement, although significant improvements have been made by the service with the support of the Local Authority, this will need to be sustained and safe care delivered over time. In order for the service to be rated Good in this key question the service will need to sustain this improvements independently and have the systems in place to ensure continued delivery of safe as it grows.

As no new packages of care had been provided since the last inspection due to the condition we placed on the provider's registration, this had enabled the provider to work through our findings from the last inspection, along with the support from the Local Authority. They have made significant improvements, and have continued to do so, and this has been closely monitored by the Local Authority.

At our last inspection, we found that risk to people was not always assessed and recorded appropriately. During this inspection, we found improvements had been made. All of the eight people's care folders we reviewed had up to date risk assessments in place. We also found staff to have the knowledge they required to ensure the safety of people using the service. Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

At our last inspection, we highlighted concerns around how effective and robust the recruitment process was as we found several of the staff files were missing valuable information to evidence their appropriateness to work with vulnerable adults. At this inspection, we found an effective system was now in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity, and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People and their relatives told us they felt safe using the service. One person informed us, "My carers give me the reassurance I need to make sure I am safe, they always make sure I have everything I need before they go to their next visit". Staff we spoke to knew how to recognise the signs of possible abuse and how and who to report it to. Staff felt reassured that the manager would act appropriately in the event of any concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately. The service had made appropriate safeguarding referrals and when agreed with the Local Authority they had carried out the investigations. Clear information was made available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services.

Staffing rotas showed us there were sufficient staff to meet people's assessed needs. The registered manager informed us that staffing levels at the service were based on people's individual needs. They added the service was continually recruiting staff to ensure there was a good bank of staff to cover sickness and annual leave. Staff informed us that they covered care calls in the same geographical area and added this helped them to respond people's care calls in a timely manner. Staff went on to say if they were running late to their next call they could call the office and provided another member of staff was available, the office would arrange cover, otherwise they would inform the person of the delay. People we spoke to informed that staff always attended they care calls and when someone phoned in sick the management team carried out the care calls.

In June 2017, we found that the administration of medicines by staff for people needed improvement as staff administering medication had failed to ensure that people received their medication as prescribed. At this inspection, we found that the required improvements had been made. People and staff told us all medication was safely, securely stored in people's homes and in line with their choices, and the service had a procedure in place for the safe disposal of medication which involved contacting the pharmacist to arrange for unused medication to be disposed, where they were responsible for this level of support. The registered manager informed that since the last inspection they had put medication storage boxes in each person's home.

Medication Administration Records (MARS) we checked were correctly completed with no unexplained gaps or omissions, and people we spoke to informed that this all tallied up and they had never gone without their medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications. The provider showed us records of the monthly audits and medication counts that had been completed since our last inspection. These confirmed that the provider was taking all the necessary to ensure that people who required support with their medication were receiving medication in a timely manner.

# Is the service effective?

## Our findings

At our last inspection in June 2017, the Registered Manager and provider informed us that most staff had received training to carry out their role. However, the registered manager/provider was unable to show us records to evidence this. At this inspection, we found staff at all levels had improved their knowledge and skills, which would help them to provide good quality care to people and staff records, confirmed this. At this inspection, we saw improvements and care was being delivered effectively.

People told us they found staff to have a good knowledge and skill level on how to best meet their needs. One person informed us, "The carers have got to know me well and most of the time they will come in and greet me and start preparing my breakfast or lunch without even having to ask me, as they already know what I like, which is really nice."

Staff told us they had attended training when they started working at the service. Staff confirmed that they also attended refresher courses as and when required. The manager informed that they regularly reviewed staff's training folder and arranged for all staff to undertake necessary training modules. Records we reviewed confirmed this. Staff informed us that they also received regular supervision and this gave them the opportunity to sit down with the manager to discuss any issues they may have on a one to one basis.

At our last inspection, the service was unable to provide us with any records or planned schedules for staff supervision, appraisals and training records for staff working in the service. At this inspection we found staff had received supervision and meetings to discuss people's care and the running of the service and were encouraged to be open and transparent about any concerns they may have. Staff said, "We have informal and formal supervision at least once a month and if we need to speak to the management team we can speak to them at any time." The registered manager informed us that they regularly held discussions with staff to acknowledge areas of good practice and improvement, which helped to improve the quality of care being provided.

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.

We checked whether the service was working within the principles of the MCA. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. At our previous inspection, records we reviewed showed that the service had not always assessed people's ability to make an informed decision about their care and support. At this inspection we found significant improvements; staff members visited, assessed and reviewed people's ability to make a decision and a support plan relating to this was now in place for each person where required. Records and MCA assessments we reviewed confirmed this.

People informed us they were supported to have enough food and drink and were always given choice

about what they liked to eat. One person we spoke to informed us, "Before staff leave they always make sure I have both hot and cold drinks and finger foods that I can eat until the next call." One staff member we spoke to said, "We do not always have enough time to support with eating, however we ensure that we leave people with enough food and drink when we leave them, we record this in the care records and at the next call we check and record how much people would have eaten." Records we reviewed confirmed this.

Where required, the service supported people with their healthcare needs. The manager told us that they held regular conversations with people's doctors and district nurses to discuss people healthcare needs as and when required.

# Is the service caring?

## Our findings

Although some people and their relatives at our last inspection in June 2017 told us staff were caring and kind, our findings showed this was not always consistent, people and their relatives told us staff interactions were limited and not personalised. At this inspection, we found improvements had been made. All care plans had been reviewed to ensure they were personalised to each individual's needs. The service had worked closely with all people, professionals and relatives to undertake individual ways of providing care for all the people using the service and this was all recorded in the care plans.

People told us they received a good service from kind and caring staff. One person told us that the staff were always very positive and always seemed have the person's interests to heart. The person also said they found most of the care staff to be respectful and care for them in a dignified way.

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people using the service and this was recorded in the care plans. One care plan we looked at showed that the service had ensured that the person was supported with tasks such as cleaning their house thoroughly once a week and with minimal support the person could maintain the cleanliness for the rest of the week.

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had review meetings with the management team to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs and we do so as well". This confirmed that relatives and people had good communication with the registered manager.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips into the community to do their own shopping. One person informed us, "At least once or twice a month staff will take me into the high street so I can do some shopping and then bring me back home and help me unpack my shopping".

People confirmed that they were involved in their care and support and participated in care planning reviews. The registered manager informed us that where people did not have support from friends or relatives they would request advocacy services to support them. An advocate is someone who supports a person to have an independent voice and enables the person to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

At our last inspection in June 2017 we found people did not always receive care in a person centred way. We also found that people's care was not always planned and assessed to ensure people's safety and welfare and care plans were not fully reflective or accurate of people's care needs. At this inspection, we found that improvements had been made in all areas. People's care and support needs were well understood by staff. This was reflected in detailed support plans and individual risk assessments. Staff informed us they encouraged choice and control for people in relation to their individual preferences about their lives this included community interests and meals.

The registered manager informed us that once the restriction is lifted the service would meet with health and social care professionals to plan and discuss people's transfer to the service and how the service would meet their needs. They would use the information they gathered to make changes to people's support plans. The registered manager told us that the service would carry out a comprehensive assessment of people's needs when they started using the service and this would be reviewed as and when people's needs changed. Current support plans had been reviewed for people using the service and changed as staff learnt more about each person. Staff told us they used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses. People's needs were discussed with them and a support plan put in place before they started to use the service.

People were supported to be as independent as they chose to be and this was documented in their support plans. The registered manager/provider told us that they supported people to be independent by encouraging people to have more of say on how and when they wanted their care to be delivered. For example, the registered manager, as part of reviewing people's care plans, had discussed and given people preferred call times where possible. People told us they felt their independence was promoted and staff respected their choice and people were always given a choice on how they wished to be supported. One person informed us they preferred early calls so they could go out in the morning to have their breakfast in a local café and they had discussed this with the registered manager/provider who in turn accommodated this request.

The service had also been encouraging people to access activities in the community. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. One person informed us, "I have staff take me out so I can do my own shopping, without their help I would remain indoors."

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours. Care plans were regularly reviewed as required.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good and relatives told us they were always kept appropriately informed and attended review meetings.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure. Staff told us that if anyone complained to them they would either try and deal with it or notify the registered manager. Complaints we reviewed confirmed this.

## Is the service well-led?

### Our findings

At our inspections in June 2017, we found the service had not established effective systems and process, which assessed, monitored or mitigated risk to people using the service. Our findings at the inspection led to the Commission taking urgent action in regards to the provider's recruitment practices. At this inspection, we found the service had made improvements and the registered manager was actively looking for ways in which to improve the service. However, this key question will remain as Requires Improvement, so the provider can evidence over time that they can independently and robustly monitor and manage the service as it expands and accepts new service users.

Since our last inspection, the service has been working with the Local Authority to improve the standard of service being provided. Records we looked at during the inspection including reports sent to us by the Local Authority showed that at every intervention or engagement with the service, the Local Authority was able to evidence continued improvements. When we spoke to the provider, they informed us, "We hadn't realised how much we had fallen behind in regards to what is required to evidence good care. We also thought as long as the people are happy then we were doing well." They went on to say, "Now we know how to better evidence what we are doing and we can only thank you [CQC] and the Local Authority for giving us that wake up call." A member of the management team informed, "The input from the Local Authority has been valuable as without them we wouldn't have known the correct documentation to be using; I will have to say the staff from the Local Authority have been truly useful and very supportive.

People benefited from a staff team that felt supported by the registered manager. The ethos to enhance the wellbeing of the people using the service was put into practice by value-based training and a robust induction process. Staff received regular supervision from the management team and a yearly appraisal, which was documented within individual staff files. Staff received positive feedback, encouragement and motivation from their management team.

The provider told us that their aim was to support both people and their family to ensure they felt at home and happy. The registered manager informed us that they had held meetings with relatives and people using the service since the last inspection to ensure people and relatives were involved in decision-making and improvements to be made.

People and relatives felt at ease discussing any issues with the manager and staff. One relative said, "The manager and staff will regularly communicate with us about the wellbeing of our relative and will asks us if there is anything we would like to change or improve." The manager told us that their aim was to support both the person and their family to ensure they felt happy using the service. The manager informed us that they held meetings with relatives and the people using the service as this gave the service an opportunity to identify areas of improvement and gives relatives an opportunity to feedback to staff; be it good or bad.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, infection control and care plans. The manager carried out a monthly manager's audit where they checked care plans, management and administration of the service. Actions

arising from the audit were detailed in the report and included expected dates of completion, and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by regulation since our last inspection in June 2017.

We found the registered manager to be open, transparent, and they highlighted their own errors and areas, which needed to improve, to ensure the service was running smoothly and continually improving the care delivered to people. People felt that staff and the management team were approachable.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.