

Darare Limited

# DarSarno Care Services

## 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

We inspected this service on 13 July 2017. The inspection was announced. This was the first inspection of the service. The provider had first registered with us in May 2015, but had not started actively delivering a service until February 2017.

The service delivers personal care to people in their own homes. Five people had started using the service, but some had stopped because they needed hospital care when their health changed. At the time of our inspection two people were receiving the service.

There was a registered manager in post. 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.

People told us they felt safe with the care staff that came to their home. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. The registered manager checked staff's suitability to deliver personal care during the recruitment process.

Risks to people's health and wellbeing were identified and care plans were written to minimise the identified risks. Staff understood people's needs and abilities because they shadowed experienced staff and read their care plans. The registered manager assessed risks in each person's home and ensured that staff were trained in medicines management, to minimise risks to people's health and wellbeing.

Staff received the training and support they needed to meet people's needs effectively and had regular opportunities to reflect on and improve their practice.

Records showed that people and their families were involved in planning their care. People made their own decisions about their care and support. Staff understood they could only care for and support people who consented to receive care. Staff supported people to access healthcare services when their health needs changed.

Staff had regular care calls so they got to know people well. People told us their care staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's individuality and preferences.

People were confident any complaints would be listened to and action taken to resolve them. The provider's quality monitoring system included asking people for their views about the quality of the service through regular visits to their homes. The registered manager checked people received the care they needed by monitoring calls, reviewing care plans, working with care staff at people's homes and at unannounced checks to observe staff's practice.

## 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. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were assessed and actions agreed to minimise the risks. The registered manager checked that staff were suitable to deliver care and support to people in their own homes and staff were trained to support people with their medicines when required.

### Is the service effective?

Good ●

The service was effective. Staff had training and skills that matched people's needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005. Staff sought people's consent and supported them to make their own decisions. Staff supported people to obtain advice from healthcare professionals.

### Is the service caring?

Good ●

The service was caring. Staff worked with the same people regularly so they were able to get to know people well. Staff understood people's likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive. People decided how they were cared for and supported. Care plans were regularly reviewed to make sure changes in people's needs and abilities continued to be met. People and staff were confident that complaints would be dealt with promptly and resolved to their satisfaction.

### Is the service well-led?

Good ●

The service was well-led. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Care staff were supported, motivated and inspired by the management team, because they were consistent, dependable and demonstrated good practice.

# DarSarno Care Services

## 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 was planned to check 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.

The inspection visit took place on 13 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us at their office. The inspection was conducted by one inspector.

The provider completed 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.

We reviewed the information we held about the service. We looked at information received from relatives and from the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The registered manager had not sent us any statutory notifications during the 12 months prior to our inspection because no notifiable events had occurred. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke face to face with the provider, who was also the registered manager, the care coordinator and one member of staff at the office on 13 July 2017. We spoke by telephone with one person who used the service, one relative and three care staff after our visit to the office.

We reviewed two care plans and daily records, to see how people's support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the provider made to assure themselves people received a quality service.

# Is the service safe?

## Our findings

People told us they felt safe in using the service because they had the same staff regularly and got to know them well. Staff told us, "I have time with people and can build a relationship and then they trust you."

The provider's policies and procedures to keep people safe from harm included staff training in safeguarding and understanding of the local safeguarding authority's processes. Care staff knew the signs of abuse and understood their responsibilities to keep people safe. Care staff told us, "The safeguarding training made sense. The tutor was brilliant" and "I am aware of what to watch out for, such as changed behaviour, or a person being withdrawn. I would share concerns with the care coordinator or the manager." All the staff told us they had never needed to raise a safeguarding concern, but were confident the provider would act on any concerns. The local commissioners of care services told us they had no concerns about people's safety.

The provider minimised risks to people's health, safety and wellbeing by completing risk assessments. The two care plans we looked at included environmental risk assessments related to each individual's home, and personal risk assessments, relevant to their needs and abilities. This included risks to people's mobility, nutrition, communication and skin integrity. The care plans identified any equipment and the number of staff needed to support people safely. Care staff told us, "The care plan has all the information I need" and, "The care plans explain what to do and everything is provided, with a (telephone) number to call in an emergency."

Risk assessments were regularly reviewed and updated when people's needs changed. For example, when one person's abilities were identified as 'unpredictable', a second member of staff was allocated to attend at each visit, to make sure the person was supported safely.

There were enough staff to support people safely. The provider used an electronic call monitoring system that staff accessed from mobile phones, so they could be confident staff arrived as expected. If staff were unable to access the network, they phoned or messaged the provider when they arrived at and left each person's home. One person told us the provider always phoned and let them know if staff were going to arrive more than 10 minutes late, and said, "It is usually due to traffic." They told us the provider delivered care personally if there were any issues with staff availability. A relative told us, "[Name of provider] is good and they know what to do." Care staff told us, "We have the name and phone numbers of relatives and emergency procedures." They told us the on-call and emergency system was effective and the care coordinator or registered manager were always available to support them physically or with advice.

The provider minimised risks to people's safety through their recruitment process. They checked that staff were suitable to deliver care and support before they started working at the service. They checked with staff's previous employers and with the Disclosure and Barring Service (DBS) and that staff had the right to work in the UK. The DBS is a national agency that keeps records of criminal convictions. Care staff told us they had to wait for all the checks to be made, before they started working at the service.

At the time of our inspection visit, no-one was being supported by staff to take medicines. However, care staff received training in medicines management and administration, in readiness to support people safely if the situation changed. Records showed that where a person previously needed support, the provider had checked that staff administered and managed their medicines safely. They had checked that staff recorded accurately when they administered medicines, and that the records matched the actual amount of medicines remaining. The provider told us they checked staff's competency by observing how they supported people with medicines, and we saw their observations were recorded on the quality assurance document.

## Is the service effective?

### Our findings

People and relatives told us the staff were effective and said they were supported according to their needs. One person us, "They come when expected and stay as long as planned" and a relative said, "I think they understand [Name] well. They stay until everything is done."

Care staff told us they felt well prepared to work with people. They said their induction to the service included shadowing experienced staff and training. The provider, who was also trained and experienced in delivering care, told us, "When I work with staff, I can look at staff's confidence in guiding me, to be able to assess how they will be with new staff at shadowing." A member of staff told us, "I didn't feel like I was just thrown in. I was introduced to the person and then read the care plan." Staff had review meetings with their line manager to make sure they were competent and confident in their practice.

Staff received training in the Care Certificate, which covers the fundamental standards of care people should be able to expect of a service. Staff had training in subjects specific to people's needs, such as safe moving and handling techniques and medicines administration. Staff told us the training was effective and improved their skills. The care coordinator had recently undertaken 'train the trainer' courses so they were able to observe and check staff's competence and consolidate staff's understanding.

Staff told us they had regular opportunities to discuss their practice at team meetings and when they were observed supporting people in their homes. Staff told us, "The shadowing and support from the manager and coordinator gave me confidence" and "At supervision, they come and watch our manual handling technique and interaction with people and we have feedback." Staff told us the team meetings were useful because, "We get to know about new laws and updates and confirm our understanding. We have time to discuss things."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The provider and staff understood their responsibilities under the Act and provided training for staff about obtaining people's consent to receiving care. The care coordinator told us, "I always ask if they want another person at the assessment. We liaise with families or with a social worker if they have no family. They need reassurance." People and relatives told us they were happy with the way staff offered to support them first, and the way they explained what they were doing.

At the time of our inspection visit, no-one needed support from staff with eating and drinking, because they were supported by their families. One person told us staff showed awareness of good nutrition because they offered to get their breakfast if their relation was not at home when staff visited. Records showed the care staff supported people with their health needs, and arranged for healthcare professionals, such as GPs and district nurses, to visit them when required.

## Is the service caring?

### Our findings

People and relatives told us the care staff were caring and kind. One person told us, "Staff are nice. They always polite and helpful." A relative said, "[Name] is happy with them. They are always nice and friendly." The provider told us, during their observations of staff's practice, they were able to check, "Are staff patient, not rushed. Do they give the care needed and do they listen."

Care staff understood the importance of developing positive relationships with people and their families. The provider made sure people enjoyed continuity of care because the same staff group supported them. This enabled care staff to get to know and understand people well. Care staff told us, "It is a small service so we get to know people well" and "You become like family visiting four times a day. It is so rewarding, because people are appreciative."

When the provider or care coordinator went out to assess people's needs, they asked about their previous life, what was important to them and their preferred routines. Their care plans included a personal profile at the front of the file to enable staff to understand people's motivations and responses to care. Staff told us, "The care plan includes a proper character profile and I get on well with them."

The provider told us they aimed to deliver, "Person centred care, it's about the whole person, which empowers staff." The provider told us by identifying people's preferences during their initial assessment of needs, they were able to make sure people were supported by staff who met any cultural or personal preferences. Care staff received training in equality and diversity under the essential standards of care and understood the principles of treating people with dignity and respect. One person told us they were always supported with personal care by staff of the gender they had requested when they started to use the service. They told us, "Sometimes a male carer comes, but he sits in the living room while the girls wash me."

People and relatives told us staff respected their privacy and treated their relatives and homes with respect. A relative assured us, "They know who I like" and one person said, "They don't come in unannounced. They always knock and shout hello and they leave the house tidy."

## Is the service responsive?

### Our findings

People and relatives told us they were happy with the care plans because they were appropriate to their individual needs and abilities. One person told us, "I was able to say what I wanted" and a relative said, "There is a written care plan. It was all agreed."

The care plans we looked at included people's preferences for how care and support were delivered at each visit and people's likes and dislikes. People had been able to choose the time of their care visits, to suit their preferred routines. Records showed that care staff followed people's wishes, which enabled people to maintain their independence as much as their health allowed. Care plans focused on the things the person was able to do for themselves first, followed by the things they needed support with.

The provider regularly sought feedback from people during their staff observation sessions to check whether they wanted any changes in how they were cared for and supported. The provider told us, "I have time to hear from the person, their view, what they want to do going forward. I ask, 'what do you think might help you'."

Staff kept records of how people were and their response to care. They reported any changes in people's needs, abilities or health to the provider, to make sure any appropriate changes were made to their care plans.

The care coordinator told us, "The occupational therapists assess and supply equipment. We can re-assess and ask for changes when needed" and, "Some people transform in our care." People and relatives told us care staff were always, 'happy' and 'laughing'. One person told us staff made them feel valued and that their opinion was important, because, "I never feel like a nuisance." A relative told us their relation seemed to enjoy care staff's visits because, "I hear them giggling in the bathroom with [Name]."

The provider had given people a 'service user guide' to make sure they understood their rights and what to expect of the service. The guide included an explanation of the provider's complaints policy and procedures. No-one had made a complaint about the service, but people were confident any complaint would be listened to and taken seriously. A relative told us, "I would complain straight away if I didn't like anything. They listen." The provider was prepared to respond to complaints, but they had only received compliments about the service. A relative had written, "We were very impressed and pleased with the care and grateful for the extra efforts made."

## Is the service well-led?

### Our findings

People and relatives told us they knew who to contact if they needed to and had opportunities to share their views. They told us the provider asked them for feedback about the quality of the service during their staff observation visits and said they were happy with the quality of the service. They told us they had regular 'chats' with the provider because they sometimes worked as care staff. The care coordinator told us, "It's nice to hear feedback from families and social workers. It makes you want to do more." Three social workers had complimented the provider on the quality of the care they provided.

The provider aimed to deliver person-centred care and made sure staff understood and shared their aim by role modelling good practice. They told us, "We just provide good quality care." People told us the provider was 'good at demonstrating caring' when they worked alongside staff. Staff felt empowered by the provider's leadership to put the individual at the heart of the service. Staff told us their role was rewarding because people appreciated their support. A member of staff said, "I know I can make a difference."

Care staff told us the provider conducted unannounced checks (spot checks) to make sure they delivered the service as agreed and that people were happy with them. Care staff told us they had feedback from the provider, so they knew what they did well and how they could improve their practice. Records of the unannounced checks were kept on staff's files and referred to during face-to-face supervision meetings. The provider understood the demands on staff and told us, "I need to see for myself, and the staff are wonders. It takes passion to do this on a daily basis. They need management sympathy and empathy and opportunities to share, in order to carry on."

Staff told us the provider was approachable and available when they needed them. They said they felt very well supported by the provider, because they worked with them at people's homes and had regular opportunities to talk about their practice at team and one-to-one meetings. Records showed they discussed policies and procedures, staff's responsibilities and staff were invited to suggest improvements in managing the service. The provider said, "It is challenging to arrange meetings, but it is important to talk through things. I need to hear what staff have to say and what they think we can do better." Staff told us, "The support from the manager and the coordinator gave me confidence", "The manager is always on hand" and "DarSarno is one of the best companies I have worked for. The support is great. I just pick up the phone if I need anything."

The provider regularly checked that people received a safe and effective service through a series of audits, which complemented their observations of staff's practice. They had created an audit tool to assess whether people's care plans were written in a way that accurately identified their needs and abilities and the actions staff should take. The auditor was required to assess, "Would you be able to look after this person adequately, in all respects, if you had no other information?" This was followed by a series of checks of people's needs assessments, risk assessments and care plans. The most recent audit showed that care plans were completed effectively and regularly reviewed.

The provider checked the daily records staff made to ensure that people's needs were regularly reviewed

and their care plans were updated when their needs changed. They had created an audit tool to check that people's medicines were administered safely, if they needed support with medicines. Historic records showed the provider assured themselves that staff kept accurate records, by checking that the amount of medicines remaining accurately reflected the number recorded as 'administered'.

The provider had prepared for growth of the business, and the accompanying increase in the amount of information they would need to record, analyse and respond to. They had prepared to analyse complaints, safeguarding referrals, accidents and incidents so they would have the information which would enable them to identify causes and implement procedures to minimise future risks.