

Darethealthcare UK Limited

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Inspection report

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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

We previously carried out an announced comprehensive inspection of this service on 18 March 2016, at which breaches of legal requirements were found. This was because medicines were not safely managed and risks to people had not always been adequately assessed. These issues placed people at risk of unsafe care. We also found that staff had not always received regular supervision or training as necessary to enable them to carry out their roles. Appropriate recruitment checks for staff were not always in place, and the provider did not have effective systems in place to monitor and improve the quality of the service.

Following the inspection, we imposed conditions on the provider requiring them to carry out risk assessments, including assessments on the risks associated with medicines for all people using the service. We also required the provider to send us monthly audit reports of people's care files and medicines records. Additionally, we served a warning notice on the provider and registered manager requiring them to comply with the regulations.

We undertook this comprehensive inspection on 25 and 30 August 2016 to check that the provider had met the requirements of the enforcement action and requirement notices we took, and to rate the service.

Darethealthcare UK Limited is a domiciliary care provider located in the London Borough of Bromley providing care and support to 33 people across Bromley and the surrounding areas. There was 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. 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.

At our comprehensive inspection of 25 and 30 August 2016 we found that the provider had taken appropriate action to ensure compliance with the regulations.

Medicines were safely managed. People's records contained a complete list of their prescribed medicines and included appropriate guidance on how to support people safely. Risks to people had been assessed and reviewed, with appropriate risk management plans in place to mitigate future risks. The provider had procedures and policies relating to safeguarding people from harm which were accessible to staff. Staff demonstrated an understanding of types of abuse to look out for and knew how to raise safeguarding

concerns. The provider had taken appropriate action to ensure recruitment files contained appropriate pre-employment checks. There were sufficient staff deployed to meet people's needs.

Staff received regular supervision and these were scheduled across the year. Staff were up to date with mandatory training requirements as identified by the provider. They understood their responsibilities in line with the Mental Capacity Act 2005 (MCA), and the manager acted according to this legislation. People were sufficiently supported with their food and drink requirements and to access healthcare services where necessary.

People told us that they felt staff were caring, and that their privacy and dignity was respected. Care plans were person centred and regularly reviewed. People were consulted about their care and support needs. Concerns and complaints were investigated and responded to in a timely and appropriate manner.

Quality assurance systems were in place to monitor and improve the quality of the service. The provider had made appropriate notifications to the CQC since the last inspection, and the registered manager understood when notifications should be made. People's views were sought on the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety.

Medicines were managed safely. However we needed to see continuous improvement over time to be assured that medicine administration records were consistently completed accurately.

Risk assessments were accurate. There was guidance in place for staff on how to safely manage identified risks and these had been regularly reviewed.

Safe recruitment protocols were in place and recruitment files showed that appropriate checks had been made to ensure that staff were suitable to work with the people they were caring for.

Staff were aware of their responsibility to safeguard people that they cared for. There were sufficient numbers of staff deployed to meet people's needs.

Requires Improvement 

Is the service effective?

We found that action had been taken to improve staff training and supervision.

Staff were supported in their roles through regular supervision and appropriate training.

People were supported to eat and drink in line with the guidance provided in their care plans.

People had access to health professionals when they needed them.

Staff and management had a clear understanding of the Mental Capacity Act 2005 and knew how to act according to this legislation.

Good 

Is the service caring?

The service was caring.

Good 

People told us that staff were caring and treated them with dignity.

People, and where appropriate their relatives had been consulted about their care needs.

People's privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans included guidance on how best to support people, and they reflected people's views and preferences.

The provider had a complaints procedure in place. Complaints were responded to appropriately and appropriate action was taken to address the issues raised.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve quality assurance systems.

The provider had systems in place to assess and monitor the quality of the service, however we required more time to be sure that improvements would be sustained.

The service had a registered manager in place.

Staff spoke positively about management, and said that they were available to solve problems.

The provider took people's views into account through service reviews and satisfaction surveys.

Darethealthcare UK 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 was planned to check whether the provider had made improvements and 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.

We undertook an announced comprehensive inspection on 25 and 30 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure that staff would be available. The inspection was undertaken by one inspector, a medicines manager and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law. We also contacted a local authority who commissioned services from the provider to get their feedback on the quality of the service, and reviewed the action plans that the provider submitted to us following our last inspection. We used this information to inform our inspection planning.

During our inspection we spoke with the registered manager, six people using the service and five staff. We looked at records, including seven people's care records, six staff files, staff training records and other records relating to the management of the service.



Our findings

At our previous inspection in March 2016 we found that medicines were not managed safely, and that care files did not always include a record of medicines prescribed to people. We also found that people's risk assessments were not always reviewed and that appropriate action was not always taken to mitigate risks.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we imposed conditions on the provider requiring them to carry out risk assessments, including risks associated with medicines for all people using the service. We also required that the provider sent us audits of people's support plans, risk assessments and risks associated with medicines on a monthly basis. The provider complied with the conditions that we imposed on the service. We used this information when we reviewed progress on meeting the requirements of the regulation during our inspection.

At this inspection of 25 and 30 August 2016 we found that improvements had been made to the management of medicines and that the provider had met regulatory requirements. People's care files included a list of their current medicines stating the dose required and times of day that the medicines should be taken. The files also contained details of the reasons that each medicine was prescribed as well as information about any potential side effects for staff and people to be aware of. People also had medicines risk assessments in place which identified any potential hazards and action taken to reduce risks associated with medicines administration.

However, we looked at the medication administration records (MAR) for three people using the service and found further improvement was required because the level of support people received had not always been accurately recorded. We spoke to a senior staff member about this who confirmed that they had already identified this issue. They told us they had taken action to prevent further incidents by implementing a new MAR form. We looked at two of the newly implemented MAR which were clear and accurately completed. A new visit log sheet had also been introduced which included a check that the MAR had been accurately completed. The senior staff member also confirmed that all MAR were checked on return to the office. Whilst we were assured that there had not been an impact on people receiving their medicines safely, more time was required to demonstrate consistency in this improved practice and to ensure that staff were competent in accurately completing the new MAR. We will check on this at our next inspection.

People's risk assessments had been reviewed and updated in response to the findings of our last inspection of 18 March 2016. Records showed that people were protected against harm and that appropriate action

was taken to mitigate risks. For example, where one person required live-in care, and support with moving and handling we saw that an additional staff member attended when required in order to ensure that the person was safely supported in line with the guidance in their risk assessment.

People's risk assessments covered areas including their living environment, physical health, mobility, and moving and handling. Assessments provided clear guidance on people's needs and how best to support them. They were reviewed regularly in line with the provider's policy to ensure they remained up to date and reflective of people's current needs and risks. For example, where one person's service review had highlighted a deterioration in their condition, we noted that their risk assessment had been updated to reflect this and that appropriate professionals had been contacted for further support.

At our previous inspection in March 2016 we found a breach of regulations because the provider's recruitment checks did not always include photographic identification and history of employment for the staff they employed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Following our inspection, the provider wrote to us telling us the action they would take to address this issue.

At this inspection of 25 and 30 August 2016 we found that the provider had taken appropriate action to meet the requirements of the regulation. Staff files contained completed application forms which included details of each staff member's qualifications and full employment history. The files also contained evidence of checks having been made in areas including criminal records checks and photographic identification. The provider had obtained two references from previous employers to ensure applying staff were of good character.

People told us they felt safe when receiving support from the service. One person said staff were, "Very attentive, very careful and very gentle." Staff we spoke with understood their responsibility to keep people safe, and how to report any accidents or incidents should they arise.

Staff we spoke with understood how to report safeguarding concerns in order to keep people safe. Records showed and staff we spoke with confirmed that they attended regular safeguarding training. One staff member said, "The client's safety is priority, if I think anyone is being abused I report it to the office or the police." Staff were confident that those based at the office would manage safeguarding issues effectively, and knew to report to external agencies should this be required.

People told us that the right number of people attended their homes to make sure their care needs were met. Some people that we spoke with told us that they had experienced some issues with lateness of calls; however they told us that this was not problematic and that where changes to call times have been requested these had been accommodated. Records we looked at also showed that where people had requested additional support their needs had been reviewed and scheduling times amended where necessary. Staff that we spoke with told us that there was enough time scheduled between calls to allow them to meet people's needs for the time required.

The provider had an out of hours system in order to manage any emergencies. This information was provided to people using the service upon commencement of support and was also available to staff should they need to use it.



Our findings

People that we spoke with told us that they felt staff were adequately trained to meet their needs. One staff member told us, "We learn that the client is the centre of all you do."

At our previous inspection in March 2016 we found that staff had not received training or regular refresher training in areas considered mandatory by the provider. We also found that staff had not received one to one supervision on a regular basis, in line with the provider's requirements.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we served a warning notice on the provider requiring them to be compliant with the regulation.

At this inspection of 25 and 30 August 2016 we found that improvements had been made to staff supervision and training. Staff told us that they attended an induction when they commenced employment which included shadowing other staff and training in topics such as manual handling, food hygiene, safeguarding and the mental capacity act, health and safety and the administration of medicines. The provider had a training matrix in place and records showed that staff were up to date with the provider's mandatory training requirements. Where staff required refresher training we saw that training dates had been scheduled.

Since our last inspection the provider had implemented a supervision schedule, which showed that staff supervision had been scheduled to take place twice a year. Staff also attended caregivers meetings, in addition to their supervision sessions. Supervision records covered topics including training, health and safety, safeguarding and discussions about the needs of people using the service, where appropriate. Records that we looked at showed that people received their supervision in line with the supervision schedule. One staff member told us of supervision, "I'm able to discuss any problems."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff told us that most of the people using the service had capacity to make decisions about their own care and treatment. The provider also had mental capacity assessments in place for specific decisions, for example in relation to the administration of medicines. Staff told us that if someone did not have the capacity to make decisions about their care their family, and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests'.

People's care files included information about their food and drink preferences, and any support required to meet their dietary needs. For example, we saw that one person's care plan included details about their breakfast preferences and one staff member told us, "I ask [person using the service] what they want in the morning; usually oats or cornmeal." Details in the person's activity log confirmed that these options had been offered each morning, in support of their dietary preferences.

We saw guidance was in place, where required, on the support people needed to eat safely. For example, one person's care plan stated that their food needed to be liquidised due to swallowing difficulties, and we could see that this happened in their daily logs. Another person's file recorded that they should be supported to eat in line with Speech and Language Therapy (SALT) guidelines. Staff we spoke with were aware of these guidelines and confirmed they provided support to the person accordingly to ensure their nutritional needs were safely met.

People were supported to access healthcare professionals when they needed them. Staff knew to contact the relevant healthcare professionals if they noted a change in people's physical or mental health. For example, one person's records showed that a district nurse had been contacted where staff had identified a concern, and the provider had kept social services informed. One record we looked at showed that one person had been supported to engage with the memory service.



Our findings

People using the service felt that staff were caring and helpful. One person told us, "They do everything I ask them to. They know all my tablets and bits." Another person said, "There was a carer I got on with particularly well. I mentioned this to the agency and now she comes five days a week."

People were provided with a service user guide containing information on expectations of the service. These included regular care plan reviews, timeliness, confidentiality and being treated with dignity and respect.

People's views were positive in relation to privacy and support. When asked, one person said, "They are really good about this sort of thing." Staff told us that they worked in a way to maintain people's privacy and dignity. One staff member said, "I remember it is people's homes, I ask permission to open the curtains." Another staff member said, "I speak to people first and ask if it's ok to take them to the bathroom. I tell them what I'm going to do and speak with them [people using the service] throughout."

Records we looked at showed that people had been consulted about their care and support needs. People had been consulted about their likes and dislikes, and staff we spoke with were aware of people's preferences. Staff knew the people they were caring for well as individuals. One staff member told us, "[Person using the service] likes to watch Jeremy Kyle on the television." Another staff member said, "[Person using the service] suffers with dementia, I've grown close to her now and some days she is very chatty."

Records we looked at showed that relative's had been involved in discussing people's care needs at their reviews and that their views were taken into account. This had taken place with the person using the service present. Where one relative had concerns about their relative we saw that the provider had supported them to liaise with other professionals.

People were supported with their cultural or spiritual needs. One staff member told us, "One person I care for chooses their own cultural meals; they'll request I cook them certain foods or will order in." Another person's care plan that we looked at showed that the person liked to attend a church service each Sunday and that the carer should support them in preparing for this. The daily logs for this person showed that the person was supported with this task.



Our findings

At our last inspection in March 2016 we found that support plans were often not reflective of people's current needs and required improvement. At this inspection we found that care plans had been regularly reviewed to meet people's changing needs.

People's care plans included referral information from local commissioners, where appropriate, and details of people's care and support needs. People's care plans included specific guidance for staff on how to ensure their individual needs were met. For example, one person's care plan contained support guidelines in relation to moving and handling that had been agreed with an occupational therapist. Another person's continence assessment had been reviewed following a change in needs and visit to the GP.

Care plans also included details of the duties to be carried out at each visit in relation to activities such as personal care, meal preparation and medicines support. People's care plans also included information about their personal preferences in relation to their care, such as their daily routine, activities and socialising, and background information on their personal profile. People's wishes were expressed in their care plans. One person's records stated that they should be "encouraged to walk round with their zimmer frame", and this activity had been recorded in their activity logs. They also liked to watch Strictly Come Dancing on the television. Another person's plan highlighted that they liked to video call their family and go to the supermarket on certain days of the week.

People were supported to be as independent as possible. One staff member told us, "I encourage people to do some tasks themselves." One person's record showed that they liked to manage their own medicines and that staff were only to check that these had been taken. One person told us "They wash up and tidy and make me a cup of tea, but I try to be independent."

People were supported to engage in activities in support of their wellbeing. On the day of inspection we observed one person visited the provider's office before being supported to visit a dinosaur display in the local area. Their daily records also showed that staff had supported them to attend a local petting zoo on another occasion. Records showed that another person was supported by staff to attend a day centre once a week.

People were aware of how to raise concerns, should they need to do so. The provider had a complaints policy in place, which stated the procedure people needed to follow should they wish to make a complaint. A copy was visible in the office, and provided to people when they joined the service. Three of the people

that we spoke with told us that they had make complaints in the past and that these had been dealt with appropriately. People told us they were happy with the responses they had received.

Records we looked at showed that the provider had dealt with any complaints within appropriate timeframes, and actions take to remedy complaints were clearly recorded. For example, one person had complained in relation to lateness of calls. The provider had introduced a new worker that resided closer to the person involved in order to ensure that calls were attended on time.



Our findings

At our previous inspection in March 2016 we found that the provider did not have effective systems in place to monitor the quality of the service being delivered. Audits that were in place did not identify issues we found at inspection and records were not kept up to date.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed conditions on the provider requiring them to send us audits of people's support plans, risk assessments and risks associated with medicines on a monthly basis.

At our inspection of 25 and 30 August 2016 we found that improvements had been made to the provider's audit schedule. Records we looked at showed that audits were now in place for care and support plans, risk assessments and people's Medicines Administration Records (MAR) and identified any issues in recording or with the person's care. The provider also undertook regular spot checks on staff, quality assurance contacts and service reviews. These highlighted any improvements needed and records we looked at showed that action had been taken where necessary. For example, one person's spot check had highlighted a need for a staff member to undertake e-learning and we could see that this had been completed. However the provider had not always clearly recorded the issue identified by their audits although they had raised this with the staff member involved in the care verbally. This meant that it was difficult for the provider to monitor progress with the issues that required resolving, and identify any themes or patterns that might require action in order to improve the quality of the service overall. Instead the findings in relation to audits were recorded amongst other daily monitoring checks.

Following our inspection the provider updated their audit spreadsheet to ensure that issues found and remedial action taken for each area of audit was clearly recorded in order to identify any trends. Whilst the provider acted to address this issue during our inspection, we were unable to assess the impact of this action at that time to ensure that improvements to quality assurance systems were sustained. We will check on the progress of this at our next inspection.

The provider had implemented a local authority action plan following a contract monitoring visit and we saw that progress had been made to address areas which had been identified as requiring action, such as introducing a new MAR and conducting checks of people's activity logs.

People that we spoke with had some mixed views about the management of the service. One person said, "The staff seem not to have enough time to do what they have to do. Otherwise it is ok." Another told us, "It

works alright for me." The provider had appropriate systems in place to check that people were satisfied with the duration of their calls through contact monitoring and people spoke with told us they were confident that any issues they raised would be resolved by management.

Staff felt that they were well supported by management. One staff member told us, "I'm very happy working here; I feel they support me very well." Another staff member said, "I feel I have enough support to do my job, I have no problems with management." A third staff member commented, "I feel my views are listened to and that I can give feedback." Staff also told us that they felt management always had time to support them with problems, and reported that these were usually resolved quickly.

The service had a registered manager in post since December 2010. The registered manager was clear in their responsibilities within their role and understood when notifications should be made to the CQC. They were in the process of seeking quality management systems accreditation of the service, as well as introducing a new policies and procedures system in order to ensure ongoing improvements to the service.

Staff meetings for carers were held every quarter, with office meetings held three times a week to allow for staff to be up to date on any issues as well as share any concerns. The provider also used these sessions to discuss best practice, such as person centred care. The office meetings discussed any actions arising and included weekly updates on people using the service. For example, one meeting highlighted that a person's care plan was out of date and required review, and records we looked at showed that this had taken place. Records showed that the last carers meeting covered safeguarding principles and findings from the last CQC inspection and local authority monitoring reports, with discussion around how improvements would be made to the service.

The registered manager informed us that they were seeking to invite service users to sit on recruitment panels to improve trust and provide them with an oversight as to this process. They told us that new full service user surveys would be sent out twice a year, with the first analysis due in October 2016. We saw that customer satisfaction surveys were regularly completed as part of people's services reviews and that the provider was seeking people's views on whether they would like to receive regular newsletters. At the time of our inspection the provider was awaiting further responses.