

Depax Limited

Depax Care

Inspection report

Unit B1 Alison Business Centre
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Tel: 07778450563

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28 April 2022
05 May 2022

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Depax Care is a domiciliary care service providing care and support to people living in their own homes in the Sheffield area. At the time of our inspection there were five people using the service.

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

There was a quality monitoring system in place, but this needed further embedding to ensure the provider had clear systems in place to safely manage and monitor the service before it expanded.

We have made a recommendation that the provider implements the quality assurance systems, embeds them into practice and uses them as a tool to continually drive improvements.

Overall, people felt safe in the company of staff. Relatives agreed that their family members were safe. People's care plans provided staff with the information they needed to support people and to understand their preferences and choices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had recruitment processes in place to ensure suitable staff were employed. General and individual risks were assessed and managed well. Medicines were managed effectively, and the provider ensured all infection control measures were followed by staff.

Systems were in place for people to raise concerns and for the registered manager to receive feedback from people who used the service. This enabled them to monitor the quality of the service being provided to people.

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

Rating at last inspection and update

This service was registered with us on 20 February 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Depax Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 March and ended on 05 May 2022 .We visited the location's office on 28 March and 05 May 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two people who used the service and three relatives. We emailed five staff to ask a range of questions. We spoke with the registered manager, who is also the nominated individual, a care coordinator, and one member of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited the office location to review written records. We looked at three people's care records. We checked records relating to the management of the service, including policies, and procedures, and quality assurance records.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- General and individual risks were assessed and monitored.
- The registered manager regularly reviewed people's needs and risks and made changes to people's care plans as needed.
- Systems were in place for staff to report and record accidents and incidents. The registered manager stated there had been no accidents or incidents but was able to describe their procedure for managing all incidents and the action they would take to prevent further similar incidents.

Staffing and recruitment

- Staff were recruited safely. The provider had ensured the service was following their recruitment policy.
- We reviewed three staff recruitment records. We found all the required checks had been completed to ensure staff were suitable to work with vulnerable people.
- There were enough staff to support existing packages.

Using medicines safely

- Medicines were managed safely at the service.
- People's support with the management of their medicines had been identified and assessed as part of their initial assessment.
- Staff had been trained in medicine management.
- A medicines policy was available which reflected the various levels of support which people may require in a domiciliary care setting.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe. One person said, "Safe, oh yes, the staff are absolutely brilliant."
- The service had safeguarding procedures in place to report concerns to relevant professionals, including the local authority and CQC.
- Staff told us they had received training in safeguarding and whistleblowing and would report any concerns to the registered manager or external agencies.

Preventing and controlling infection

- The service had effective systems for managing infection risks, including those presented during the COVID-19 pandemic.
- Relatives did not share any concerns about infection control. People confirmed staff wore personal

protective equipment (PPE) when needed.

- The service had good stocks of PPE, which were kept at the office.
- The provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured assessments were completed, which gathered detailed information about each person's care needs, prior to care being delivered. Care plans and risk assessments were devised using this information.
- People received effective care based on current best practice for people being supported in their own home.

Staff support: induction, training, skills and experience

- Staff had access to induction and training. New members of staff completed a short induction and shadowed an experienced member of the staff team to get to know people and their support needs.
- Staff received regular support from the registered manager to enable them to develop their practices and share any concerns.

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

- Staff worked in partnership with people and their families to help them maintain a healthy lifestyle.
- The registered manager recognised the importance of networking with health care professionals to further develop their knowledge and understanding of people's personal needs and risks.
- Mostly people were supported to eat, drink and maintain a healthy diet where this was an assessed need. However, one person said, "You have to show the staff the basics even things like putting the oven on." We discussed this with the registered manager, who gave us assurances that they would address this concern immediately.
- People's food preferences were recorded in their care plan, along with details of any special dietary requirements. This supported staff to cater for their needs, in accordance with their preferences.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and is legally authorised under the MCA.

When people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The principles of the MCA were followed. The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. The documentation in care plans was being reviewed and improved at the time of our inspection. This was to ensure the legal framework for making decisions was followed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Mostly?, people told us they received care from staff that were kind and who knew them well. Comments from people and relatives included, "The staff are kind and caring," and "I can sincerely say that Depax Care is the best company we have been with in seven years. They are very thorough in everything they do. I could not recommend them enough." However, one person raised concerns about the inconsistencies in care delivery. For example, they told us one member of staff was talking about their religious beliefs in front of them. This was not respectful or engaging practice. We discussed this with the registered manager who confirmed and provided evidence to show they had taken immediate action to address this concern during the inspection.
- Staff told us they were aware of the importance of being respectable and offering people choice about how they wanted their care.

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

- People confirmed they were fully involved in decisions about their care and daily support. Staff encouraged people to make decisions about their care and promoted people's independence.
- The registered manager provided examples of how they had worked with people and their families to accommodate their needs and requests.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their belonging and property and supported them with dignity and kindness. They respected people's dignity and encouraged people to retain their independence.
- Staff worked in collaboration with people and their families to ensure good and consistent outcomes for people.

Is the service responsive?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed before a service was provided. This was to ensure their needs could be met. We saw the assessments had been completed.
- People's care plans provided staff with the information they needed to support people to understand their preferences and choices.

Meeting people's communication needs

Since 2016, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand. It also says that people should get the support they need in relation to communication.

- People's needs were assessed, recorded, and met. Information about people's speech, visual, and hearing needs were recorded, which assisted staff in understanding people's preferred method of communication
- The registered manager confirmed information could be made available in a range of formats, for example, large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them and family and friends were included, if the person wanted this, in discussions about care and support.

Improving care quality in response to complaints or concerns

- People had access to information on how to raise concerns in line with the provider's policy and service users' guide.
- The registered manager said they would address any issues informally with each person if concerns were raised.

End of life care and support

- No one was receiving end of life care at the time of the inspection. The registered manager said they would implement an end of life care plan, policies, and staff training before they would support people with end of life care needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This was the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were processes in place to monitor the quality and safety of the service. However, the quality monitoring systems needed to be further developed to ensure they had clear systems to safely manage and monitor the service before it expanded. This will then need embedding into practice to ensure effective monitoring to continually drive improvement.
- We found there was no risk to people as the areas of development did not reflect the support needs of people who currently used the service. The registered manager said they would take immediate action to review and update their governance systems.
- Spot checks and competence evaluations were completed with staff regularly. This helped management to monitor the quality of care being provided and to understand where further training, mentoring and support was required.
- There was a complaints system in place. However, one person said they had made a complaint, and there was no record of it. We discussed this with the registered manager, who confirmed they had investigated the complaint and had taken action to resolve the concern. Following the inspection, the registered manager confirmed that any complaints, lessons learned, and actions taken would be recorded to help improve the service.
- Whilst staff practices were checked, a comprehensive assessment of staff skills including medicines management and manual handling competencies was needed to assure the registered manager that staff practices were current and safe. The registered manager was sourcing additional practical training to support staff learning.
- The registered manager was open to receiving feedback about the service and had a drive to continuously learn, improve and provide good quality care.

We recommend the provider implements the quality assurance systems, embeds them into practice and uses them as a tool to continually drive improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback from people and relatives about the service and management team was mainly positive. Comments included, "The staff are respectful," and "The staff are very good actually."
- The registered manager had a clear vision of expanding the service slowly and safely and to deliver high

quality care.

- People and relatives told us they usually had weekly contact with the registered manager and so were able to provide feedback about the service very regularly.
- The registered manager and care coordinator communicated important information to all staff, so they understood learning gained through experience. The management team used different communication systems, such as face to face meetings, texts, and emails, to ensure staff were kept up to date.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their role and legal responsibility to be honest with people when things go wrong and to report and learn from incidents
- The service was open and honest if things went wrong and proactive about putting things right.

Working in partnership with others

- The service worked in partnership with other agencies to review and address any changes in people's support requirements as required.