

T McTaggart Limited

Dengie Care Providers

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Dengie Care Providers is a small community care service providing personal care to up to five people with a learning disability in their own homes.

People's experience of using this service: People received an outstanding service. Staff provided care and support that was safe whilst also supporting people to test their limits and to live their best life possible.

Staff had an excellent understanding of safeguarding vulnerable adults. Safe recruitment practices were in place that involved people using the service in interview processes.

People receiving a service had access to health and social care services to remain healthy both physically and mentally and staff supported them to attend appointments. Staff supported people to plan their weekly food menus, budget for shopping and cook their own meals.

Staff had access to both mandatory training and additional training courses. Particularly when people developed additional needs, for example end of life care.

The provider/ manager was passionate about providing high quality, caring services to people. Support workers told us they were inspired by this caring approach. People told us that staff were exceptionally caring, and relatives told us "They all go above and beyond in everything they do."

People received exceptionally responsive care which was outstanding. Staff knew people incredibly well and supported support to push barriers and achieve a fulfilling and meaningful life. People receiving a service were thoroughly integrated into community life.

The service had recently experienced the death of someone they had cared for many years. The care this person received from the service and attention to end of life and funeral plans was incredibly person centred.

The provider, was also the registered manager and their approach to running the service put people firmly central to all decisions that were made. Care provided was safely monitored and people, staff and relatives told us that the provider was outstanding.

Rating at last inspection: This service was last inspected on the 3 November 2015 and was rated Good in all domains.

Why we inspected: This was a scheduled/planned inspection based on previous rating.

Follow up: We will continue to monitor this service in line with the current rating.

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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Dengie Care Providers

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team was made up of two inspectors.

Service and service type: Domiciliary care for up to five people with learning disability. At the time of inspection four people were receiving a service.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed the information we held about the service, including the provider information return. Information that registered providers are required to send the commission. We also reviewed other information.

For example:

- Notifications we received from the service.
- Three people's care records.
- Records of accidents, incidents and complaints and complements.
- Audits and quality assurance reports.
- Spoke with two people using the service and three relatives.

- Spoke with two support workers, deputy manager, office manager and registered manager.
- We spoke with two health and social care professionals.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Support workers had an excellent understanding of safeguarding processes. They received yearly safeguarding refresher training which had been tailored to meet the individual needs of people receiving a service.
- Staff told us that they felt confident to report concerns and gave examples of when they had reported concerns to the manager and external safeguarding teams. This included speaking up about additional services people had received that were not meeting people's identified needs safely.

Assessing risk, safety monitoring and management.

- The registered manager knew people exceptionally well and we saw risk plans that identified risk, potential changes in behaviour and how staff should monitor, record and support people.
- People lived in their own homes, but staff continued to monitor the quality of the environment. They carried out weekly fire and smoke alarm checks, daily fridge temperature checks and tested the water temperature.

Staffing and recruitment

- Staff were recruited safely and did not work alone with people until all the necessary checks had taken place to ensure potential staff were suitable.
- Potential staff underwent two interviews. If they got past the first interview they had a second interview with people receiving a service. People got the last say if they wanted to work with the staff member.
- The provider employed staff depending on people's needs. For example, people could choose having male or female support workers.
- The provider had emergency plans in place for when staffing problems arose. For example, if a person needed to go to hospital, staff sickness or difficult weather conditions prevented staff from travelling to work. There was always a senior member of staff available by phone and a contingency plan in place.

Using medicines safely

- People were supported to be as independent as possible in taking their own medicines. This was documented in people's support plans. Medicines came in a blister pack and staff oversaw some people taking their medicines.
- People had access to homely remedies [over the counter], such as supplements and pain relief.
- Medicine administration charts documented the medicine, time, dose and type of medicine, for example before food/ after food. Staff audited medicines weekly to ensure that there were no discrepancies and errors.

Preventing and controlling infection

- Safe infection control practices were in place. Staff had access to gloves and aprons and had allocated disposal facilities in the community. The manager gave an example of contacting the local authority for an appropriate bin for disposal of contaminated waste for a person whose needs had increased.

Learning lessons when things go wrong

- There were processes in place to learn from lessons when things went wrong. However, the service was outstanding and were constantly reviewing and improving the service provided and adapting to people's changing needs. Including physical and mental health needs.

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

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.

- Staff respected people's choices in all aspects of care delivery and daily life. People gave examples of how they made decisions on how they spent their day. People had active work and social lives and it was clear that people had the choice of taking part.
- Support plans identified people's sexuality and any risks or support they needed, including talking about feelings and keeping themselves safe.
- Staff sought consent in all tasks that they supported people with, and encouraged independence. This supported people's feeling of self-worth. One person told us, "[Keyworker] is brilliant. They help me when I need it."

Staff support: induction, training, skills and experience

- All staff had to complete mandatory training and yearly refreshers'. For example, medicines administration, safe guarding vulnerable adults and fire training.
- Staff were undertaking the care certificate when they had not had previous care experience, or simply refreshing themselves after years working in the caring industry. The care certificate is a set of 15 key standards' that all care staff should work toward to demonstrate competency in care.
- The manager sourced additional training for staff if people's needs changed. This included sourcing dementia training for staff working with a person recently diagnosed with dementia.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were supported to plan, budget and shop for food items and cook meals from scratch. The provider also paid some funds into people's accounts so that staff would be able to eat with them. The manager told us, "Eating together is important, it's a positive social interaction and I expect staff to take part." One person told us, "I make a good curry don't I [keyworker]."
- Support plans informed support workers what types of food people liked and disliked.

Staff working with other agencies to provide consistent, effective, timely care

- People living at the service had access to a variety of health and social care professionals. This included a psychologist support if needed, chiropodist support, opticians, dentistry, chiropractor and personal trainers. If a person needed to manage their weight the provider ensured they had access to a personal trainer and a healthy living plan.
- People were supported to access yearly health checks in line with best practice guidance. They also were supported to have regular dental checks, eye checks and a variety of other physical and mental health checks depending on their individual needs.

Adapting service, design, decoration to meet people's needs

- People lived in their own homes, some rented from the local housing association. However, staff supported people to paint and decorate their bedrooms and make them how they would like them.
- If people's physical health needs deteriorated, the manager ensured that appropriate support was accessed to review whether people's home still met their changing needs, and if not, what adaptations could be made. Where necessary the manager supported people to access additional funding for equipment by advocating their needs with social workers and other health and social care professionals.

Supporting people to live healthier lives, access healthcare services and support

- Support workers and the manager acted as excellent advocates for people's physical, emotional and mental health needs. This included accessing support from psychology teams following major life events such as bereavement.
- One person had become very unwell and the manager and support workers had worked above and beyond what was expected of them to support the person.
- All care staff and extended team, such as the administrator, acted as advocates, knowing people well, sharing that information with other professionals to get the best outcomes for the person. This included when people had experienced mental health difficulties such as anxiety, depression, and dementia. It also included where people experienced physical health difficulties such as deterioration in mobility due to degenerative conditions. In these situations, care staff were proactive in seeking additional assessment, physical and mental health reviews and accessing and appropriate funding to support people to meet their needs.

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 and found that they were.

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

- Support workers received training and had a good understanding of the Mental Capacity Act and the importance of informed consent.
- We observed support workers ensuring that people's consent was always sought. This included people asking the support worker to stay whilst they spoke to inspectors.
- People told us that support workers always asked for permission to carry out care tasks. We also observed that consent was clearly documented in people's support plans, particularly around how staff should gain consent and best communicate with people.

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.

People were respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that the manager treated and supported them exceptionally well. One person told us, "[Manager] is amazing, I couldn't cope with out them. They always help me."
- A relative told us, "I can tell you that [the manager] and their team do all that is possible to care for their clients and truly treat them as they would their own family. They couldn't do any more."
- We observed staff talking with people compassionately. One person became tearful during conversation and had requested their support worker stay with them. The support worker demonstrated excellent skills of support, encouraging the person, praising the person and highlighting the persons achievements. This support was effortless, and demonstrated an excellent understanding of that person's needs. One relative told us, "To know that they are willing to give [loved one] any hours they need when necessary over the allotted professional time."
- One member of staff told us, "It is like no other organisation I have worked for. This is a family. People receiving care are an extended family." Although people received contracted hours of support, staff and the provider often went beyond these hours to support people if they were distressed, needed someone to talk to, or simply to help people access additional activity.
- A health and social care professional told us of one person, "Staff just 'get [the person]' and know how to manage their complex behaviours and health issues."
- Staff supported people's individual religious identities, including the manager helping people access opportunities to have an active role with the local church and community.
- People who had not been able to go to their own families at Christmas were invited to spend Christmas Day with the registered manager and their family at their home. One person told us, "I had a lovely Christmas." The provider also brought people Christmas presents. Some people had gone to London to see a play. A person told us, "It was brilliant, I loved it."

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

- People receiving a service had been thoroughly involved in making decisions about their care and care plans were reviewed and signed by the people receiving the service.

Respecting and promoting people's privacy, dignity and independence

- Support staff and the provider encouraged independence in all activities. This was also clearly documented in support plans and in additional information sent to staff following changes in people's presentations.
- People's privacy and dignity was protected always. Support plans clearly informed staff how to best support people in a dignified way. Staff had also completed dignity training. One member of staff told us, "I have worked in care for many years, but have started the care certificate. Part of that was dignity training

and I achieved 100%. It's an essential part of our work."

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The care team, including the registered manager regularly engaged people in meaningful activities outside of their paid working hours so that people could access additional opportunities to enhance the quality of their lives and be their best selves.
- An example of this was the registered manager encouraged celebrating special occasions such as Burns night. People had been taken to a local pub to celebrate a traditional Burns night meal and drink. One professional told us, "It is very evident to me that they go over and above for their service users. They are very person centred and caring."
- The provider ensured that people's allocated care hours were used to support people's interests and expand the quality of their life experiences.
- Whilst some people were unable to commit to paid work due to disability, the provider had supported them to obtain a variety of volunteer and community work. This included supporting youth organisations, charity shops, day centres for older people and various other charitable efforts.
- One person told us "It makes me feel good helping other people." Support workers accompanied or simply supported people to attend various activities throughout the week.
- People also took part in various physical activities. One person enjoyed horse riding, so the provider accessed this activity, and on occasion went with the person for horse riding weekends.
- The manager worked very closely with community and charity organisations to ensure that people had every opportunity possible to engage with the local and wider community.
- People identified goals that they wanted to achieve. For example, learning to swim. They didn't just learn to swim, they also took part in a swimming charity event once proficient.
- People were supported to go on holidays and these were tailor made to the individuals preferences. A member of staff told us, "They often go on holiday three times a year." One person said, "I love the holidays. [The registered manager] always makes sure we have a lovely time."
- One relative told us, "I really wanted to talk to you because I wanted to tell you just how fantastic [the registered manager] is. They are all exceptionally caring and go way above and beyond the call of duty. [relative] is so loved and cared for. They are outstanding. If it hadn't been for them I don't know how [person] would have coped with [life event]"
- Care plans contained significant detail about people's lives, identifying what was important to them. They informed staff how to best support people to live a full, meaningful and independent life.
- Following an illness of someone close to people receiving a service, the provider supported people to run a charity fun run, along with staff to raise money for the person chosen charity. Both people and staff that took part told us that this had been an excellent experience. They said it was meaningful and gave people a self of achievement.

- The registered manager was constantly looking for new opportunities for people that met individual preferences. People were excited to tell us the things they were doing in their everyday lives. They all said "[providers name] sorted that for me as well, they are amazing."

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, but did not receive any complaints as they were so responsive.
- One relative told us, "As for complaints, I can't imagine you will get any of those."
- They did however receive many compliments, including one written by a family who happened to be in the same restaurant as the provider and people enjoying a meal, and had witnessed the positive interactions and enjoyment of people. They said, "I had to buy you this card to tell you how caring and thoughtful you were.....they were really enjoying themselves, it was lovely to see."

End of life care and support

- We learnt about a person who had received a service and recently passed away. Whilst their care had been transferred to a residential service in the last few months of their life, the provider kept in continued contact with the person. This also supported the persons [relative] who was also in receipt of the service. The registered manager supported the person to decide on their end of life plan through easy reading books, and how they would like their funeral to be. For example, which venue they would like the wake to be held at, the music that played and the people who spoke. People told us, "It was a lovely funeral [person's name] would have loved it. We had some fun too." The persons [relative] told us that the whole process had supported them in coming to terms with their loss and to grieve well.
- One person had been recently bereaved from their loved one. The provider had gone to significant efforts to ensure that this person was supported to grieve well. Staff had access to a care plan specifically for the funeral which explained how to best support the person.
- The easy read books had been suggested by a psychologist and been shared with people receiving the service who knew the person. The manager told us this had helped staff to talk about death with people in a meaningful way. People told us this really helped them to manage their feelings about the loss.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider, who was also the registered manager, was an exceptionally compassionate and dedicated leader who inspired the care team and people receiving the service to aim high and challenge barriers to leading a good life.
- The care team and registered manager supported people to take positive risks to test their limitations. This was done in a managed way to ensure people's safety whilst maximising independence and promotion of self-esteem and person-centred care. One person had been helped to become a volunteer at local dementia café. They were supported to understand the needs of people living with dementia. They told us about times they had helped someone in distress using the skills they had learnt within a team setting. They told us that care staff and the registered manager then spent time reflecting with them these situations. Such careful encouragement and support meant that this person felt highly valued as part of the wider community in being able to give something back to other people in need.
- The registered manager had shaved their hair off to raise money for a good cause when a person had become unwell. The person's relative told us, "I am so proud of [registered manager] for doing that."
- Staff told us they felt part of the wider family at the service. As such there was very little sickness and staff were prepared to go above and beyond was what expected of them in supporting people. One member of staff told us, "I have worked in care for many years, but this provider is like nothing else I have ever experienced. They are amazing. The people are at the centre of the service. I haven't known of anyone go sick in the time I have been here." This included being available in emergencies to cover each other for example, if someone needed help to go to hospital.
- The registered manager expected that all staff offered high challenge to each other. As a consequence, there was transparent culture at the service and staff were not afraid to speak up if they had concerns. Staff gave examples where they had challenged practice and supported improvement acting as advocates for people when accessing external health and social care support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Support staff had very clearly defined roles and acted as keyworkers for people receiving support. Keyworkers were very knowledgeable about people and clear in their understanding of how to support people to lead fulfilling lives.
- The registered managers oversight of care plans and care activities was excellent. They also ensured that they met with people at least once week to ensure that they were happy with the care received and happy with the activities they attended.

- Staff were clear about their responsibilities to monitor risks for people, both personally and in people's living environments. When problems were identified with the home environment these were acted on quickly.
- The registered manager had a good understanding of the regulatory requirements, although had made little enquiry or notifications to the Commission. This was because they were managing the service and people's needs and risks exceptionally well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives were asked to complete yearly surveys about the service provided so that results could be used to improve the service. However, there was only positive feedback received and this was communicated to all.
- A relative told us of the manager and care team, "They also make themselves approachable to their client's families whilst very mindful of their clients own personal relationships within their family groups."
- The registered manager's ethos was that people may not have been able to maintain a working life, but it was essential that people felt part of their community and gave something back to the community. They told us, "It's so important for people to feel valued and part of a wider community." We observed support staff ensuring that people recognised their own self-worth. The provider told us, "It's important that people are empowered to challenge boundaries." This positive attitude meant that people were encouraged to always be their best self and their best life.

Continuous learning and improving care

- Relatives had requested more engagement and information about their loved ones lives. Consequently, the care manager created a Facebook page to keep people receiving a service and their loved ones, up to date with what was happening for people using the service. This was a closed group and all people using the service had been asked for consent to share photos and videos. The registered manager showed us this page which shared many positive experiences of peoples' lives. It also shared information for people and relatives about support services for carers, and following a recent bereavement, a charity bereavement group.
- Some relatives did not have access to Facebook, so the registered manager was in the process of designing a web page for them to access.
- The registered manager was constantly looking at new ways to improve the service and support people to be their best selves. They attended learning events for registered managers and kept up to date with latest research and developments for supporting people with learning disabilities. They ensured that all staff had access to new learning found. In speaking to staff they were very knowledgeable about best practice.
- Whilst there had been no incidents to learn from, systems were in place so that if incidents did occur these would be carefully investigated and learning would be disseminated to the care team, people receiving a service and their loved ones. The registered manager had a very transparent approach.

Working in partnership with others

- The registered manager had excellent relationships with local health and social care professionals. However, they also acted as a strong advocate for people's needs. They gave examples of where people had required additional funding hours in times of crisis, and to support engagement with loved ones.
- The registered manager demonstrated how they were currently working with a variety of professionals to support a person requiring many adaptations due to declining health. This was echoed by health and social care professionals involved.
- The registered manager was constantly looking for new ways of working to improve people's care and quality of life. Including staff working lives. Following a recent bereavement at the service, the registered

manager had taken advice from a psychologist about how to support people and staff, and was in the process of arranging mindfulness sessions for both people at the service and for staff.