

Danum Homecare LTD

# Danum Homecare Ltd

## 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

### About the service

Danum Homecare is a domiciliary care agency which provides personal care to people in the Doncaster and Wakefield areas. At the time of the inspection they were delivering care and support to approximately 280 people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks associated with people's care and support had been identified and actions had been taken to keep people safe from harm. Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. Staff confirmed that they had been safely recruited and pre-employment checks were carried out prior to them commencing employment. Accidents and incidents were analysed, and trends and patterns were identified. Medicines were managed in a safe way to ensure people received them as prescribed.

People's needs were assessed, and care plans were in line with their preferences and choices. Staff told us they received support, induction and training to ensure they had the skills to carry out their role. However, training was not always clearly documented. People were supported with meal preparation where required. People had access to healthcare professionals.

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.

Staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. People were involved in the planning of their care and were able to make decisions about the support they received.

Care plans were organised and easy to follow detailing people's needs and how these were to be met. People were supported in line with their needs and preferences. People who used the service had access to a complaints procedure and were encouraged to make complaints where required. Complaints were followed up and responded to in line with the providers policy. We also saw many people complimented the service.

The provider was thoughtful and compassionate about how they supported people receiving end of life care. The registered manager was trained in this area and identified appropriate staff to support people at this time. Where staff have expressed an interest in end of life care, training opportunities are available.

Care was planned in a way that promoted people's independence. The provider had a range of methods in place to monitor the service delivery. Staff were complimentary about the support they received from the management team and commented on how approachable they were.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (Published June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Danum Homecare Ltd

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 October 2019 and ended on 17 October 2019. We visited the office location on the 15 October 2019. Telephone calls to people and their relatives took place on the 16 and 17 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 16 members of staff including the registered manager, care co-ordinators, senior care workers, care workers, trainer and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We attempted to contact 22 people who used the service. We spoke with eight people who used the service and four relatives about their experience of the care provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a process in place to ensure people were safeguarded from the risk of abuse.
- Staff we spoke with told us they received training in this subject and knew what to do to protect people. They were confident that the registered manager took appropriate actions to keep people safe.
- The registered manager kept a record of safeguarding concerns which showed appropriate actions had been taken when required.
- People we spoke with told us they felt safe using the service. One person said, "I feel perfectly safe." A relative said, "They [staff] treat [relative] well."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and plans were in place to minimise risks occurring.
- The provider had an electronic call monitoring system, which recorded call times and also alerted the office staff if a care worker had not visited someone. Action was then taken to ensure people received the support they required.
- Environmental risks were also considered for each property staff visited. This ensured the safety of staff and people.

Staffing and recruitment

- A member of the management team was responsible for the recruitment of staff.
- Staff we spoke with confirmed they had appropriate pre-employment checks prior to them commencing employment.
- We looked at staff recruitment files and found staff had been recruited safely.
- Staff we spoke with told us they were given enough time to ensure appropriate care and support was given to people and they didn't feel rushed.

Using medicines safely

- The provider had a system in place to ensure people received their medicines as prescribed.
- People who used the service had a medication risk assessment which stated whether the person had difficulty swallowing, any allergies, compliance issues, and where the medicine was stored.
- People had a medication care plan which stated what assistance people required with medicine management.
- People who required support with the administration of medicines, had a medication administration

record (MAR) in place. Staff recorded medicines they had administered on the MAR sheets. These were returned to the office to be checked for accuracy.

#### Preventing and controlling infection

- The staff handbook contained information about infection control, hand hygiene and the use of personal protective equipment (PPE).
- The management team completed spot checks to observed staff assisting people. Part of the visit checked to see if staff were using PPE.

#### Learning lessons when things go wrong

- The provider analysed accidents and incidents to ensure any lessons learned to improve the service where required.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People's needs were assessed prior to them using the service to ensure the provider could meet the person's needs.
- The provider considered the person's past medical history, mobility, medication, sleeping, continence, skin integrity and personal care requirements, prior to completing care plan documentation.
- Care plan documentation was developed to ensure people's preferences and diverse needs were met in all areas of their support. Protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were recorded or taken into consideration.
- When a new package had been assigned to the provider, a member of the management team visited the person in their own home and designed a person-centred care plan.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they received appropriate training and support to enable them to carry out the responsibilities of their role. However, training was not always clearly documented.
- Staff we spoke with felt supported by the management team. One care worker said, "There is always someone on the end of the phone who you can call for support." Another care worker said, "[The registered manager] responds in a timely way and I appreciate that."
- The provider had two trainers and a training room where staff received training face to face. Additional training was provided via eLearning.
- The provider ensured staff received supervision sessions every 12 weeks. This gave staff the opportunity to discuss work related issues with their line manager.
- New staff completed an induction programme which included mandatory training and shadowing experienced staff. One care worker said, "I asked for extra shadowing shifts as I had not worked in care before and it wasn't a problem."

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

- People were supported to maintain a healthy diet and staff provided meal support to some people.
- Staff we spoke with were knowledgeable about people's food preferences and their individual dietary requirements.

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

- The provider ensured that timely and consistent care was provided. Staff had enough time allocated to them to provide the care and support requested.

- Staff told us that where people's needs had changed, they held a discussion with the management team to ensure people's changing needs were accommodated.

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

- People had access to healthcare professionals when required.
- Staff told us how they supported people in line with healthcare professional's advice.

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 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 to receive care and treatment when this is in their best interests and 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff we spoke with were knowledgeable about the Mental Capacity Act and were committed in ensuring people were involved in their care and support.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff we spoke with clearly enjoyed their role and were passionate about the standard of care people received.
- People we spoke with were complimentary about the care they received. One person said, "I don't know what I'd do without them [staff]." Another person said, "They [staff] treat me with dignity and respect."

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

- People we spoke with felt involved in decisions about their care.
- Staff we spoke with told us how they involved people in their care by getting to know their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- We spoke with staff and they explained how they ensured people's privacy and dignity were maintained. They told us they would cover people with a towel to preserve their dignity and close curtains when delivering personal care. They said they would treat people as they would like themselves and their relatives to be treated. Staff also told us they would always knock on the persons door and shout hello, before entering the persons home. They had respect for people's property and their individual space.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- We looked at people's care records and found they were person centred and reflected their needs and preferences.
- People's care records included a life history section which was useful to staff in developing a relationship with people.
- Social, religious and cultural needs were included within assessment and care planning documentation. People were asked about their interests. For example, one person liked to read and watch television.
- Care records were reviewed regularly to ensure they captured people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider worked within the guidance of AIS. Information was accessible to people and in a format which people understood.
- An example of this was the complaints procedure which was also available in an easy to read format and was available in people's own homes.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people told us they knew how to raise concerns if they needed to.
- The registered manager kept a log of concerns and actions taken to resolve them. We saw that the provider's complaints procedure had been followed appropriately.
- People we spoke with were happy with the service and knew who to contact if there were any problems. One person said, "Never had to complain, nothing to complain about." Another person said, "I have never had to complain, but I would do if I had to."
- We also saw evidence of compliments people had made about the service.

End of life care and support

- The provider supported some people who were receiving end of life care.
- The registered manager was passionate about ensuring people's needs and wishes were maintained at this time.

- Staff were carefully selected to support people at this time and had the skills and knowledge to ensure people received an individual and person-centred approach.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team were committed to providing a good quality of care and understood their duty of candour.
- The management team involved people in their care and support to ensure their preferences and choices were considered.

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

- The management team consisted of a registered manager, four care co-ordinators, two trainers and a recruitment officer. The nominated individual also had a lot of input in the service.
- The management team and the care workers were clear about their roles and responsibilities and were dedicated in ensuring high quality for people who used the service.
- The registered manager and care co-ordinators complete approximately ten care hours a week. This was to ensure they were visible in the community and understood the needs of people who use the service.
- Staff we spoke with felt valued by the provider and were recognised for their achievements.

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

- People who used the service and their relatives had various opportunities to feedback their views about the service.
- Questionnaires were sent out annually. The response from the last survey was positive. Comments included, "I always feel safe," "The bond is great when you get to know the carer," "Carers are polite and friendly," and "Carers are respectful."
- People who used the service also received a telephone call from the management team to ensure they were happy with the service and managers looked at what was working, and any changes required.

Continuous learning and improving care

- Spot visit checks were made to care workers. These were unannounced and gave the management team an opportunity to see how care workers responded to people.
- The management team told us how they were working within ISO 9001. This is a widely recognised quality management system standard that aims to demonstrate the organisation's commitment to supplying a

service that consistently meets their customers' requirements and continued improvement.

- Care co-ordinators also monitored the electronic call system to ensure people received calls in line with their assessed needs.
- Medication administration records and daily records were also audited by the management team. Any concerns were addressed with the appropriate staff member.

Working in partnership with others

- The service continued to work in partnership with relevant external stakeholders and agencies to support care provision and joined up care for people.