

Danso Care Limited

Danso Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We undertook an announced inspection on 10 December 2014. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. A single inspector undertook the inspection.

Danso Care provides domiciliary care to older people with physical or other disabilities who live in their home. At the time of our inspection, the service was providing care to three people.

The service was registered with the Care Quality Commission in March 2014. The inspection carried out on 10 December 2014 was the first inspection of the service to check whether they met the regulations inspected.

The service had 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.

Summary of findings

People who used the service had care plans and risk assessments in place. However, we noted that two people's care support plans contained limited information and were task orientated and did not reflect people's preferences or diversity.

We found that a safeguarding policy and procedure was in place. However, when speaking with staff, they were unable to tell us about different types of abuse and were unaware of external agencies that could be contacted to report an alleged abuse in order to protect people from harm.

When speaking with staff we found they did not have an understanding of the Mental Capacity Act (MCA) 2005 and how it applied to the people they were providing care and support to on a daily basis.

Staff told us that they were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. However, there was no documented evidence that staff had received an induction and any supervision to ensure they were able to effectively care for people.

One relative of a person who used the service told us that they were satisfied with the care and support provided by the service. Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care. Staff had an understanding of people's care and support needs and gave us examples of how they communicated with people and responded in a caring way.

One relative and staff we spoke with told us that they were able to speak with the registered manager if they had any concerns or wished to make a complaint. Staff told us they were supported by the registered manager and felt able to have open and transparent discussions with them.

Quality assurance systems were inconsistent and not always effective. There was no evidence that management carried out regular audits in order to identify areas of improvement.

We found breaches of the regulations relating to safeguarding, staff support and quality monitoring. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. There were processes in place to help ensure people were protected from the risk of abuse. However, staff were unable to provide us with examples of what constituted abuse and were also unaware that they could report their concerns to external agencies such as the CQC.

Assessments were undertaken of risks to people who used the service. Plans were in place to manage these risks.

There were recruitment and selection procedures in place. However, we noted that in one file, all the necessary checks required had not been carried out.

We saw that appropriate arrangements were in place in relation to the safe management of medicines.

Requires Improvement



Is the service effective?

The service was not always effective. People were cared for by staff who felt they were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. However, there was no documented evidence that staff had received an induction and supervision.

Staff had completed various training to enable them to care for people effectively.

The registered manager was aware of the requirements under the Mental Capacity Act 2005 and the service had a policy. However, staff we spoke with were unable to demonstrate that they understood the issues surrounding the MCA and consent.

Requires Improvement



Is the service caring?

This service was caring. One relative of a person who used the service told us that they were satisfied with the care and support provided by the agency.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Staff had an understanding of people's care and support needs and gave us examples of how they communicated with people and responded in a caring way.

Good



Is the service responsive?

This service was responsive. The service had a system in place to obtain feedback through surveys, although these had not yet been sent out to people and their relatives at the time of our inspection.

Care files included details of the person's care support needs and provided details about how to support the individual

Good



Summary of findings

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Staff and one relative we spoke with told us that they felt comfortable raising concerns and issues with the registered manager.

Is the service well-led?

Aspects of the service were not well led. Quality assurance systems were inconsistent and not always effective. There was no evidence that the service carried out regular audits and spot checks in order to identify areas for improvement

Staff told us they were supported by the registered manager and felt able to have open and transparent discussions with them. However, we saw no evidence that staff received supervision or that staff meetings were held.

Requires Improvement



Danso Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. A single inspector undertook the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. We also had discussions with the local authority to obtain their views of service delivery.

During our inspection we went to the provider's office and spoke with the registered manager, reviewed the care records of three people who used the service, reviewed the records of three staff and records relating to the management of the service. After the inspection visit, we made phone calls and spoke with two care workers and the training manager. We made attempts to speak with all the people who used the service and their relatives but were only able to reach one relative of a person who used the service.

Is the service safe?

Our findings

One relative of a person who used the service told us, “My [relative] feels safe around care staff.” This relative told us that staff treated their relative well and said, “Carers are good. They are nice and friendly.”

The service had a safeguarding policy and procedure, which provided information for staff to follow if they suspected abuse. However, we noted that the policy did not refer to the Care Quality Commission (CQC) and the requirement to inform us of such incidents. We raised this with the registered manager and she said that the policy would be updated to reflect this.

We spoke with two staff who confirmed that they had received safeguarding training. However, they were unable to provide us with examples of what constituted abuse. We asked them what they would do if they suspected abuse. They said that they would directly report their concerns to the registered manager. They were unaware that they could report their concerns to the local safeguarding team, or the CQC. We also asked the two staff about the whistleblowing procedure at Danso Care and they were unaware of the term and the procedure. Therefore it was not evident that the provider took reasonable steps to ensure staff could identify the possibility of abuse and prevent it before it occurs.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found the service identified when people were at risk and saw risk assessments had been completed which included health and safety, environment and moving and handling. These were individualised to people’s personal, behavioural and specific health needs. Staff were provided with instructions on how to manage these risks and ensure people were protected.

There were recruitment and selection procedures in place to help ensure that people were protected from staff

unsuitable to work with them. Recruitment records showed that criminal records checks had been undertaken. However, we noted that in two of the files we looked at, the employment contract start date was before the criminal records checks had been completed. We raised this with the registered manager who was unable to explain why this occurred, but said that staff only commenced employment once the criminal records checks had been carried out.

There was evidence that proof of people’s identity and right to work in the United Kingdom had been obtained. We noted that two staff files we looked at contained two references. However, we saw that one staff file only contained one reference. We raised this with the registered manager and she was unsure as to why there was only one reference in the staff file.

We spoke with the registered manager about staffing levels and she explained that as the service was currently providing care to three clients, the service was able to manage with the levels of staff they had. She also explained that she was in the process of recruiting staff so that she had staff available if the service was to expand and they were to provide care to more people. Staff we spoke with raised no concerns about a lack of available staff.

The service had a policy and procedure for the safe management of medicines which provided guidance for staff. We noted that staff assisted one person with their medicines. We looked at the medicines records from 5 October 2014 until 8 December 2014. We saw that details of the medicines administered, date and signature had been recorded and there were no gaps. We also saw that the service had carried out a medicines risk assessment for this person.

We saw evidence that staff had received in-house training in assisting with administering medicines and staff we spoke with confirmed this. The in-house training was provided by the training manager.

Is the service effective?

Our findings

People were not always cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

When speaking with staff we found they did not have an understanding of the Mental Capacity Act (MCA) 2005 and how it applied to the people they were providing care and support to on a daily basis. We saw no evidence to confirm that staff had received such training and the training manager confirmed that care support staff had not received MCA training. It was therefore not evident that staff understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions.

Staff told us they had received an induction when they started working at the agency. However, we saw no evidence to confirm that staff received an induction or details of what was covered as part of the induction. It was therefore not evident whether staff had received an induction to ensure that they had the skills and knowledge to effectively meet people's needs.

We saw no evidence that staff received regular supervision from the registered manager. The registered manager was unable to confirm how often staff received supervision sessions. It was not evident that these took place and that staff were given an opportunity to discuss their performance and identify any further training they required. Staff were unaware of what supervision was and were unable to confirm when they had received supervision and how often this occurred.

It was not evident that the provider had suitable arrangements in place to ensure that staff were supported appropriately to carry out their role effectively and meet people's needs. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One relative we spoke with told us that they felt their relative was cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. At the time of our inspection, the registered manager was unable to locate the training records for staff. After the inspection, the registered manager sent us the training certificates for three members of staff. These showed that staff had

completed various training in areas that helped them when supporting people in their homes. These included manual handling, infection control, food hygiene and emergency first aid. However, we noted that there was no evidence to confirm that one member of staff had received safeguarding training. The registered manager and training manager confirmed that the member of staff had received safeguarding training. They were however unable to locate the certificate.

We spoke with the training manager about the training provided to staff at the agency. He explained that the training was classroom based and that this gave staff an opportunity to ask questions and discuss the content of the training course. Staff told us they were happy with the training that they had received. One member of staff said, "The training was wonderful. It was helpful."

Staff spoke positively about their experiences working for the agency. One staff member told us, "I love my job." and "The manager supports me and listens to me." Another said, "I am supported by the manager. She is caring and she listens." Staff told us that they felt confident about approaching the registered manager if they had any queries or concerns. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly.

The registered manager was aware of the requirements under the Mental Capacity Act 2005 and the service had a policy. We also saw mental capacity assessments had been carried out for people who used the service. However, two care plans we looked at did not contain evidence that people were supported to express their views and be actively involved in making decisions about their care, treatment and support where they were able to do so. There was no documented evidence that showed people had agreed to the care provided by Danso Care and care support plans had not been signed by the person receiving care or their relative. However, one relative told us that staff that cared for their family member, "asked about his preferences and were accommodating."

We spoke with the registered manager about how the service monitored people's health and nutrition. She explained that she reviewed people's care support plans and spoke with people who used the service, their relatives and staff on a regular basis so that she could amend the care support plans if necessary and monitor people's progress. We saw evidence that care support plans had

Is the service effective?

been reviewed. We spoke with the registered manager about how they monitored people's nutrition. The manager told us that they tried to encourage people to maintain a healthy diet and staff spoke with people about ways that they could do this. The registered manager told us that staff communicated concerns about people's health with her

and where necessary she would contact the dietician or doctor. The registered manager explained that one person who used the service was overweight and staff encouraged this person to adopt a healthier diet by offering low fat alternatives, but said ultimately it was the person's choice.

Is the service caring?

Our findings

One relative of a person who used the service told us that they were satisfied with the care and support provided by the agency. This relative said, “Staff are caring.” and, “I like that it is a small service. I feel comfortable as the manager knows me well and I can easily talk to her. Because the service is small there is a personal touch and the carers are flexible.”

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care. Staff were aware of the importance of treating people with respect. They gave us examples of how they maintained people’s dignity and respected their wishes. One member of staff said, “I encourage people to be independent as much as they can be.”

Staff we spoke with were knowledgeable about the individual needs of people and followed the guidance given. One member of staff told us, “I always talk to clients and listen to them. I ask them questions and encourage them to make decisions.”

We spoke with the registered manager about how the service ensured that the care provided was caring. The registered manager explained that all staff were aware that “they are a visitor in people’s home.” She emphasised that staff had a responsibility to ensure people made their own decisions and people were encouraged to be independent. The registered manager told us that all staff were regularly reminded that “they should treat people like their own grandparents.” We saw that the service had an equal opportunities policy and a confidentiality policy. The registered manager explained that all staff employed signed a confidentiality form to ensure that they understood the importance of this. Staff we spoke with were aware of the importance of respecting people’s confidentiality.

Is the service responsive?

Our findings

One relative we spoke with told us they were not aware of the formal complaints procedure, but that they knew the registered manager and felt comfortable ringing them if they had any concerns. They said, “I am able to go to the manager if I have any concerns. She is approachable.”

We saw that the provider’s complaints process was included in the service user guide and was in a format that was clear and easy to read, which was given to people when they started receiving care. We noted that the complaints policy and procedure did not make reference to contacting the local government ombudsman and CQC if people felt their complaints had not been handled appropriately by the service. We raised this with the registered manager and she explained that the policy would be updated to reflect this. At the time of our inspection the service had not received any formal complaints.

Care files included details of the person’s care support needs and provided details about how to support the individual. However, we only saw evidence of an initial assessment in one of the files. This included details of the person’s interests and hobbies so that care support workers had background information about the person. We did not see evidence of an initial assessment in two of the files we looked at and there was no information about the

person’s likes and dislikes as well as interests. We did not see evidence that individual choices and decisions were documented in the support plans. The information contained in two care support plans was limited and task orientated and did not reflect people’s preferences or diversity. They contained information about the tasks staff needed to do during each visit but we found no information that detailed how each task was to be carried out.

One relative told us they had regular contact with the staff who cared for their family member and the registered manager of the service. They felt there was good communication with the staff at Danso Care and they felt able to provide feedback about the service they received. We saw evidence that people who used the service were provided with contact details for the office and who to call out of hours so they always had access to the service if they had any concerns.

The service had satisfaction questionnaires in order to obtain feedback from people who used the service but at the time of our inspection they were not in use. The registered manager explained that this was due to the service supporting a small number of people and that people had only recently started receiving care from the service. However, the service was able to keep in regular contact through phone calls and text messages to obtain feedback.

Is the service well-led?

Our findings

Quality assurance systems were inconsistent and not always effective. It was not evident that the provider regularly assessed and monitored the quality of services provided. The registered manager told us that she monitored the quality of the service by speaking with people to ensure they were happy with the service they received. However, we saw no evidence of these telephone monitoring checks being carried out. The registered manager also told us that she undertook unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided. However, there was no evidence to confirm that these spot checks were carried out or what the outcome was. It was therefore not evident that the provider regularly assessed and monitored the quality of services provided.

We also found that quality monitoring systems and audits were not always effective or robust enough to identify shortfalls. For example, audits had not picked up that there were no records of supervision with staff and that induction documentation was not available. We also noted that there was no system in place to check and monitor whether calls had been missed or if care workers had turned up late.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was no evidence of staff meetings and we discussed this with the registered manager. She explained that as there were few members of staff, they did not have regular staff meetings. Instead she updated people using telephone calls and text messages. Staff we spoke with told us the registered manager was always available if they had any queries. The registered manager told us she encouraged staff to communicate with her at any time about any concerns they may have.

Staff we spoke with told us that they received support and advice from the registered manager via phone calls and texts. They said the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

Staff were aware of the reporting process for any accidents or incidents that occurred. Staff we spoke with were aware of their responsibility to report accident, incidents and concerns they had with the registered manager.

We saw evidence that the service's aim and objectives are to provide care and support for older members of the community and that they aim to work in the best interest of people who use the service and offer flexibility of service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>The provider had not taken reasonable steps to identify the possibility of abuse and prevent it before it occurs. (Regulation 11(1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>It was not evident that people were cared for by staff who were appropriately supported to deliver care and treatment safely and to an appropriate standard. (Regulation 23(1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The provider did not have an effective system in place to regularly monitor and assess the quality of the service that people received. (Regulation 10(1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>