

Mr Johnson Gyamfi Amoo

Desire Care - Burton

Inspection report

166 Waterloo Road
Burton on Trent
Staffordshire
DE14 2NG

Tel: 01283777300

Website: www.desire-care.co.uk

Date of inspection visit:

15 September 2016

16 September 2016

Date of publication:

07 November 2016

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 15 and 16 September 2016. This was an announced inspection and we notified the provider two days before our inspection in order to arrange to meet with people who used the service. This was the first inspection of this service.

Desire provides domiciliary care for people who live in their own home in Burton upon Trent, Derby and Birmingham. At the time of our inspection, ten people were receiving personal care support from the provider.

The provider was also the registered manager in the service. 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.

The provider did not have systems in place to assess and monitor the quality of care to drive improvements within the service. Where people's care had been changed, the provider had not ensured reviews had taken place and the records were not changed to reflect people's current support. Medication audits had not identified where there were potential errors and action had not been taken to review medicine procedures. Formal systems on staff supervision were not completed to ensure staff development and completion of the care certificate. Quality audits within the registered office had not been carried out to ensure the premises were safe.

When staff started working in the service the provider had not completed all the necessary recruitment to confirm staff were of good character to work with people.

Risks to people had been identified and staff understood how to support people to reduce risk and protect them from potential harm and without restricting their rights. However, the support plans did not always include this information.

People told us they felt safe when being supported by staff and staff knew how to protect people if they suspected they were at risk of abuse or harm. Staff understood how to recognise potential harm and protect people from abuse and knew how to report concerns.

People had capacity to make decisions about their own care and their consent was sought before staff provided any care and support. People were supported in such a way as to retain as much control and independence over their lives as they wanted. There was a small team of staff who worked flexibly to enable people to choose when they wanted to be supported.

People were positive about the way staff treated them and said staff were kind and compassionate. People felt comfortable raising any issues or concerns and there were arrangements in place to deal with people's

complaints.

People were happy with the staff and felt they were treated in a caring and kind way. People told us staff knew them well. People were encouraged to be independent and their privacy and dignity was upheld in their homes. When people needed support with mealtimes or access to health professionals it was provided for them.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

All recruitment checks to ensure staff were suitable to work with people had not been carried out. People felt safe when they received care although there was not always information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available to provide care and support for people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People received support to manage their health although this was not recorded to ensure they received safe effective care. Staff sought people's consent when providing support and people were able to make decisions about their care. Where other people could make decisions on their behalf, checks had not been made to ensure other people had the necessary authority to do so. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by staff who they considered kind and caring. Staff respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Good ●

Is the service responsive?

The service was not always responsive.

Where changes to people's care had taken place, their support plan was not always reviewed to ensure this reflected the care people wanted. People felt able to raise any concerns and staff responded to this to improve the support people received.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems were not in place to assess and monitor the quality of care and to bring about improvements. The provider had not identified where they needed to carry out audits to ensure people received safe care and support and within the office environment as required. People were happy with the support they received and staff felt supported in their role.

Requires Improvement 

Desire Care - Burton

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 15 and 16 September 2016 and was announced and carried out by one inspector. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure we had an opportunity to speak with people and staff. This was the first inspection of this service since they registered with us.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experience including visiting four people in their home, speaking with two relatives, six staff and the provider.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

When new staff started working in the service, all the required recruitment checks were not completed to ensure new staff were suitable to work with people who used the service. The provider had not obtained references for the staff and explored their employment history. Application forms did not include a full history of where the staff had worked and checks had not been made with previous employers. Police checks had been completed although without further checks on new staff's character, the provider could not ensure that they were suitable to work with people who used the service.

This demonstrated a breach a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good knowledge of each person's identified risks and worked in ways that ensured that people were cared for safely. One person told us, "I have a hoist and I have my home adapted so I can move about and have a shower. The staff know how to use everything and I feel quite safe." One member of staff told us, "We are such a small team and only a few of us give the support so we know people really well. We are introduced to people so we can meet them and we can learn about what we need to do to support people." People who were commissioned to receive a service through the local authority had risk assessments in place to show how risks needed to be minimised and for them to remain safe. Where people paid privately for this service, assessments to identify risk had not been completed. A small number of staff supported each person and when we spoke with them they demonstrated they understood how to reduce risks for people and how to safely use any equipment. One member of staff told us, "There are only three of us who provide all the person's care and we see each other each day. If anything is different we tell each other what has changed and what needs to be done." To ensure people's safety, the provider agreed that this information needed to be recorded.

People were protected from the risks of abuse because staff knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the provider and knew how to report concerns independently. One member of staff told us, "We have really good relationships with people and we want them to be safe and happy so we need to get it right." A copy of the policy and procedure was available for staff to refer to in the office when needed.

Some people were responsible for taking their own medicines and were independent in this area and other people needed support or prompting. One person told us, "I sort out all my own medicines but the staff will just remind me and check. I don't mind this as I know they just want to look after me." Other people told us they received their medicines in multi compartmental compliance aids and staff helped them to take the medicines out of the pack. One person told us, "It can be a little tricky at times to get them out the packet so the staff help me." Staff received training to safely administer medicines and one member of staff told us, "I check everything is correct with the medicines and the prescription matches what we have, to make sure we are giving the right tablets." Where people needed to have creams applied there was a body map which recorded where the cream was needed. One person told us, "I couldn't put my own cream on so it's really

good that the staff help me. I'd be lost without them." Where people were prompted to take medicines the staff completed a medication administration record after medicines had been given and recorded any concerns in the daily notes.

There were sufficient staff to provide people with the agreed level of support. The provider was clear about the future of the service and how care should be provided. They told us, "We are a small business now. It isn't in anybody's interest to accept more support packages when we don't have the staff to provide the care. We want to develop as a service I don't take on any support unless I know we can provide the care properly. We discuss people's expectations and if we can't meet these, we are very open and tell them."

Is the service effective?

Our findings

People retained responsibility for managing their own health care and continued to be registered with their GP. Where people needed support with a specific health issue, the staff told us they received training in this area. For example, one person had a catheter and staff had received training to identify any concerns with this. One member of staff said, "We know what to look for and if there may be an infection." The person told us, "The staff have been brilliant and arranged for me to see the nurse because they were worried. I've got some more medication now and things are getting better." Although the staff knew how to provide this care, the care records did not include information for supporting with catheter care and associated risks to ensure safe and consistent care. The provider agreed this needed to be recorded.

New staff received an induction into the service and this included training for the skills they would need, for example how to support people to move. Staff had enrolled to complete the care certificate but they told us they had not started working on this. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. During their induction, the staff were not formally assessed to ensure they were competent and there was no on-going supervision or appraisal. One member of staff told us, "The senior staff come out and watch what we do and make sure we are doing things right but we don't get any feed-back." The provider confirmed that staff did not receive any formal supervision although they met regularly to check on the staff's welfare and performance. They told us, "We are a small group of staff and work together and see each other most days. If there are any problems we can raise this at any time."

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.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People we spoke with had capacity and told us they were able to make all decisions relating to their care and support. One person told us, "The staff wouldn't dream of just going ahead and doing what they wanted. They always ask first." Where people may lack capacity, the provider told us that a capacity assessment had been completed by the placing authority prior to starting using the service. The provider told us that some people had a lasting power of attorney (LPA) for finances and health and welfare. An LPA is a way of giving someone that people trust the legal authority to make decisions on their behalf if they lack mental capacity at some time in the future or no longer wish to make decisions. The provider had not seen a copy of this to ensure this was registered and whether there were any conditions they needed to consider. This meant assurances had not been sought to ensure that other people making decisions on the persons behalf who had the necessary authority to do so.

People told us they had choice and flexibility about the meals they ate and where requested, support was given to prepare meals. People retained responsibility for their personal shopping. One person told us, "I have my meals delivered and the staff always give me a choice about what I want to eat. Whenever they leave they make sure I have a drink and a snack so I have everything I need."

Is the service caring?

Our findings

People were confident that staff knew them well and knew how to provide the support they needed. One person told us, "I always have the same staff come and visit me. They are like friends now and mean a lot to me. I like that because it means we get to know each other and that's what relationships are about." People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. One person said, "They always come in with a smile on their face, ask me how I am and what they can do for me. I think it's just perfect."

Staff ensured people's right to privacy and dignity was respected and people could choose the gender of the staff that supported them. One person told us, "I prefer to have just women come and support me. I'm quite a private person so I'm happier if I don't get a man visit and I never have." Where people had a specific request based on gender or cultural beliefs, the provider had arranged the support to meet these specific needs. One member of staff told us, "We are quite fortunate having quite a few male staff working here, so the men can be supported by other men. It works really well." Staff told us they supported people to maintain their privacy and dignity by ensuring people's doors were kept closed when staff were supporting them with their personal care and respecting their privacy when people wished to be left alone.

People said they were given choices in the support they had and staff always asked them what they needed. One person told us, "Before I came out of hospital, they came to see me and asked what I wanted. I told them when I wanted the staff to come round and what I wanted them to do. I would definitely recommend this service as I can't fault them. They do what I want and have never disappointed me."

People were encouraged and supported to be as independent as they wanted to be. For each person using the service the level of dependency varied but where possible people were encouraged to wash, dress and eat as independently as they wanted with staff supporting them to do so. One person told us, "I've been getting better and we've had a chat about what I want and what I can do for myself. They know I want to look after myself while I can and they let me. They wanted to make sure I was safe first and are always standing by."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. When staff spoke about people they did so in a kind and respectful way. They did not openly discuss personal information about people to ensure information was kept private.

Is the service responsive?

Our findings

People had an individual support plan that had been developed by the local authority and the service was flexible and responsive to changes in people's needs. However, we saw where changes to care had been made, the support plan did not always reflect this. For example, one support plan had not been updated to reflect they had a shower rather than a having a wash as new bathing facilities had been installed; this included using new moving equipment. The person told us, "The staff know what they are doing and I feel really safe with them. I don't have any problems." People were confident that staff supported them safely and the provider agreed to ensure safe consistent care the care records needed to reflect how people wanted to be supported.

Other people had received a review of their care with the local authority and staff to ensure their plan met their needs. We saw changes to care plans included the length of the support visit and timing of the visit. People confirmed that they were able to request a change. One person told us, "Things have changed a lot since I came out of hospital and they've been great at sorting everything out. I'm 120% happy with them. I consider myself very lucky that I started to use them."

People were able to raise concerns or make a complaint if something was not right and they were confident their concerns would be taken seriously. People told us when they had raised a concern, the provider had spoken with them and they were happy with how this had been resolved. For example, one person told us, "There was one member of staff I didn't get on as well with as the others. When I told them this, they arranged for someone else to do the care. I felt awful but they made me feel at ease and told me. You can't like everyone and what's important is that you are happy'." However, where people had raised a concern this was not recorded and although people confirmed they were happy with the actions of the provider, there was no information or record to demonstrate the responsive action the provider took and how this was used to drive improvements within the service.

People were involved in the planning and delivery of their care and told us their views about this were listened to. Before starting to receive a service, the support requested and the times of the support visits was agreed with people. One person told us, "This company listen to what you say. I've used other companies in the past and they do what they want. Here, I have complete control over what happens and when. I couldn't be happier."

People received a copy of their care rota each week which included information about the staff that would be providing their care. One person told us, "I have a rota each week and know who's coming here. I tend to have the same staff each week, which I like. If someone else is coming instead, they'll tell me but that doesn't happen often." One person told us, "They are rarely late and always stay for the right time. Before they leave they always ask what else can they do for me and I never feel rushed." A member of staff told us, "We understand it's about being flexible. We know we don't leave at that particular minute, we are working with people and need to consider their needs."

People were assisted to pursue activities and interests that were important to them. The provider arranged

services for people to be supported with their interests or staff spent time with people in their home. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

Quality monitoring systems had not been developed to review how the service was managed and to drive improvements. The provider had not identified that support plans did not always reflect the care and support people were receiving. Where people paid privately for their care, the provider had not identified that people did not have any care records to show how people wanted to be supported and how risks were safely managed. Medication audits were not completed. We saw where there were gaps these had not been explored and staff had not identified a potential medication error. Quality audits had not been carried out to ensure the registered office was safe. This included carrying out checks with the electrical equipment and fire safety and the provider had not identified this. This meant the premises may not be safe.

This meant the provider had not managed the risks associated with managing this service and delivering support to people and demonstrated a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Informal quality monitoring systems were in place to review how staff worked with people. Senior staff visited people and carried out observations of staff to ensure they were working safely. Observations of staff practices included whether they arrived to provide the support on time, whether they were appropriately dressed, and to check how they supported people. This information was not recorded and was not used as part staff supervision and appraisal and formal supervision was not completed. One member of staff told us, "We do meet up and we can talk about what's happening but we don't get supervision."

There were no systems in place to evaluate and monitor how care was delivered and ensure people received the support that they expected. Staff recorded their arrival and departure time in the care records but this was not reviewed. The staff told us, "We are often given a lift to where we are going by senior staff so they know where we are and how long we stay." The provider told us they were a small service and were confident that people received their agreed visit on time and there had been no missed calls.

The service had been in operation for eight months and the provider was planning to complete an annual quality review and seek people's view on the service with an aim to make further improvements. We will inspect this during our next visit.

People told us they were supported by a staff team that were happy in their work and enjoyed working for the service. The staff were confident they could take any concerns to the provider and would be taken seriously and that action would be taken where appropriate. One member of staff told us, "The senior staff and provider are very supportive and are always there for us, any time of the night or day. They are very good." Another member of staff said, "We all have his number and know we can call any time. They are very supportive and even arrange for transport for us so we can do the visits."

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "We know if we saw something wrong, then it's up to us to report it." This showed us that staff were happy to raise concerns and were

confident they would be supported and appropriate action would be taken.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been developed to ensure the service was assessed and monitored to improve the quality and safety of the service people received.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been established or operated effectively to ensure new staff were suitable to work with people who used the service.