

Deckchair Care Limited

Deckchair Care

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: Deckchair Care is a domiciliary care agency. At the time of our inspection, the service was providing care to 21 people who were living in their own homes.

People's experience of using this service: This was a small service that employed 9 care staff. This meant staff and people using the service got to know one another, and care was consistent.

People and relatives told us care staff were kind and caring in their approach. People told us care staff communicated well with them and acted in an open and transparent way.

Care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences.

People's calls were usually on time or staff called if they were going to be late. The provider monitored care staff attendance at calls using electronic call monitoring.

Medicines were managed in line with good practice guidance.

Care staff assessed risks to people's health, safety and wellbeing and put plans in place to manage these risks.

People told us they would feel confident to raise any complaints they might have. We saw complaints were identified, investigated and used to improve the service.

There were processes in place to monitor the safety and quality of the service.

The service had a registered manager in post at the time of our inspection. The registered manager was also one of two directors at the service which made up the current management team.

The management team had the knowledge and experience to operate the service safely and effectively. They demonstrated a good understanding of all aspects of managing the service such as safeguarding procedures and medicines management.

The service met the characteristics of good in all areas. More information is in the full report

Rating at last inspection: Deckchair Care was re-registered in February 2019 following a change of office address. The provider had been operating since 2017 from a previous address. This was Deckchair Care's first rated inspection.

Why we inspected: This was a planned inspection. Our announced inspection started on 28th February 2019

and ended on 1 March 2019. This included telephone calls to people and their relatives using the service.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Good.

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.

Deckchair Care

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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: This inspection was carried out by one adult social care inspector.

Service and service type: Deckchair Care is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Deckchair Care received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 21 people were receiving personal care.

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 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.

Inspection site visit activity started on 28 February 2019 and ended on 01 March 2019. We visited the office location on 28 February 2019 to see the registered manager and director; and to review care records and policies and procedures. We made calls to people using the service, relatives and staff on 01 March 2019.

What we did: We reviewed information we had received about the service, this included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and a professional who work with the service. We contacted the local authority safeguarding and commissioning teams to gather information about the service. They raised no concerns about the care and support people received from Deckchair Care. We used all this information to plan our inspection.

During our inspection we spoke with five members of care staff including the management team, five people using the service, and six relatives. We also contacted a health and social care professional that had experienced working with the service.

We reviewed a range of records. This included care records, information relating to staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

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

- People told us they felt safe. One person told us, "I feel very safe, the carers always lock up properly and it is reassuring knowing someone is coming every day."
- Care staff told us that they had effective safeguarding training and could explain the safeguarding processes in detail.
- Care staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of care staff said, "The management team are very responsive, I have total confidence I would be listened to and any concerns would be acted upon."
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People's needs and abilities had been assessed in a pre-assessment plan. The potential risks to each person's health, safety and welfare had been identified.
- Risk assessments were detailed within categories for example, nutrition, mobility, environmental and were individualised. The risk level and actions to reduce the risk were clearly documented.
- Risks to people were regularly assessed and safely managed.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough care staff to meet the needs of people and deliver a consistent service.
- All care staff had completed induction training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely

- Risk assessments relating to medicines were carried out where people needed support from care staff.
- Medicines were stored securely in people's homes when this was necessary.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent.
- People told us they were happy with the support they received to take their medicines.
- Records showed that medication was administered as prescribed and an online care management system had the oversight of managers daily to help ensure medicines were given safely as prescribed.

Preventing and controlling infection

- Some care staff had completed infection control training and other care staff were scheduled to complete this training.
- Unannounced spot check visits were completed by the manager to ensure care staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation and handling.
- Care staff told us they had access to PPE and carried it in kit bags provided by the service.

Learning lessons when things go wrong

- The provider showed us a copy of the accident form that staff would complete in the event of any injury, significant incidents or near misses. We saw this prompted staff to consider any 'lessons learned'.
- Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks.

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.

Staff working together to provide consistent, effective, timely care

- People, relatives and staff told us that there was continuity of care. People had visits from regular care staff. One relative said that the team has grown slightly and they would not want it to become larger as it may have a detrimental effect on their relative, however, they had spoken to the management team about this issue and were happy with the response they had received.
- Care plans were regularly updated and audited by managers to ensure that changes in need were documented.
- Care staff communicated effectively with each other. Care staff told us the methods they used to communicate included updating the online care management system with information and checking these before each visit, sharing information at team meetings and via text messages. Relatives could also have access to the 'portal' with the permission of the person receiving care. One relative said, "The portal is amazing. We can see exactly which care staff have visited and what they have done, even what [relative] has had for lunch. So useful."
- One person told us I have always found Deckchair Care extremely efficient, caring, responsive to any request and very well organised." Another person said, "The carers are wonderful, there is always someone at the end of the phone and all of them will do anything to help you."

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

- People's needs were assessed before the service began to provide support and people confirmed this. This included their physical, social and emotional support needs.
- Care staff confirmed they received information about people new to the service and were always introduced to the person by a manager before they went to them to provide care. The registered manager and care staff were confident that any needs associated with people's protected characteristics would be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.
- Staff applied learning effectively in line with best practice, which led to effective outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff received adequate training, support and induction to enable them to meet people's needs.
- One staff member we spoke with told us they felt they had received adequate training to meet the needs of the people they were supporting, they said, "The induction is thorough and managers come out whenever there is a training need to help me at any time I ask them to."
- People using the service felt staff were competent. One person we spoke with told us they had confidence

in all the care staff, they said "All the carers know what they are doing, they are wonderful."

- A relative told us, "I can't speak highly enough of the staff and managers, I am totally reassured of their competence, I'm very happy with the service."

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

- People told us they were supported appropriately with eating and drinking. One person told us, "I am always asked what I want that day." Another person told us, "I have a menu that staff follow so I always know what's what! They also pick me items in on their next visit if I need things."
- We saw people's preferences and requirements were recorded within people's files.
- Where required staff recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.
- People's risk assessments considered whether there were any risks in relation to eating and drinking.

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

- When people needed referring to other health care professionals such as GP's or district nurses, care staff understood their responsibility to ensure they passed the information on to relatives and managers. Alternatively care staff assisted the person to call for support themselves.
- Relatives told us that care staff effectively identified any health concerns and ensured the correct professional was contacted as necessary.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw that care files contained details about people's capacity to make decisions.
- Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment.
- Care staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care Staff told us that if they had any concerns about decision making they would pass this on to the directors.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us care staff were very caring. One person told us, "The girls [care staff] are most pleasant, willing and friendly, without being too familiar. I have no hesitation in recommending them to other clients." Another person said, "The care staff are fabulous, so caring and wonderful and happily do anything I ask of them." A relative said, "I really can't fault them both individually and collectively, they are so caring. They have treated [relative] with patience and go above and beyond what you would expect."
- Care staff told us they used care plans to find out about people to get to know the person and build positive relations with them. A care staff member told us, "I will look at their care plans when I am introduced to people and then before each visit on the portal so I have up to date information."
- Care staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences.
- The management team planned to ensure all care staff received training in equality, diversity and inclusion.
- The registered manager told us how the service supports people's wellbeing, "At the end of each visit, a wellbeing rating is assigned to the client, allowing managers and relatives to monitor wellbeing. This ensures needs and risks are quickly identified and immediate action taken. There is a process in place for staff to alert management if wellbeing score is three or less."

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

- People confirmed care staff listened to them, involved them in decisions and respected their views.
- Care plans were reviewed regularly and as and when a person's needs changed. The person and relatives were involved in reviews of their care plan if this was required.
- A relative told us "I talk regularly with the team about [relative]'s care and can view all the information on the portal. They are a very proactive service and I feel like I can go away on holiday and not worry about [relative]."
- None of the people who used the service at the time of our inspection had an advocate, but the provider explained they would share information about local advocacy organisations, with anyone who they felt may benefit from independent support with decision making.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were attentive, kind and caring. Staff had a good understanding of people's needs and wishes. Staff ensured people's privacy and dignity.
- Consideration to privacy and dignity was embedded throughout each care plan we saw.

- The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted information to meet people's needs, for example information about the service had been produced in large print for one person who used the service.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- The provider developed a care plan for each person, which contained sections about different aspects of their care. Care plans were very detailed, for example, one person's plan explained exactly how they preferred to be supported with personal care including which towel they preferred to use.
- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us, "The care staff know exactly how I like things to be done and notice if I am not feeling so good that day."
- Care plans included people's personal information, people's routines and support needs. They were up to date and reviews took place regularly with people. A staff member told us, "Care plans contain just the right amount of information so we know what to do for people, if something changes it is usually updated that day."
- Deckchair Care had developed a bespoke online care management system specifically designed to deliver timely and responsive care and support. The director told us, "The Deckchair Care Portal provides management, staff and relatives with complete transparency of care delivery. Real-time alerts are available to relatives when carers arrive / leave, electronic visit logs, instant access to visit logs (for relatives and management), individualised task lists, medication logs, wellbeing ratings and staff messaging system. It is easy to use and accessible to people and staff."
- People had individualised lists of care activities on the online care management system and care staff marked these as complete at each visit to ensure each task had been done. If a task had not been done this would flag up on the system for the management team to query. The registered manager told us, "I check the system throughout the day to monitor all tasks have been completed accordingly."
- There was an electronic daily log, which recorded information about people's daily routines, general wellbeing and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts. This meant that people received continuity of care. Relatives could also access the log when this was appropriate. A relative told us, "The portal gives us such peace of mind as the information is continuously updated so we know exactly what is going on."
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community.
- A messaging system within the portal allowed staff to be briefed immediately on any changes to care plans. There was an audit trail built-in to the system so management could track when staff had read and acknowledged the briefs. This ensured staff had access to the latest information.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. Complaints were handled in the correct way and a response was sent in a timely manner.
- A complaints register was in place that included details of the complaint and action taken, which provided oversight to the management team.
- Care staff were aware of how to manage complaints. They told us that the management team took complaints seriously and this would be reviewed and investigated.
- People and relatives told us they knew how to raise complaints. A relative told us, "I have absolutely no complaints, but nowhere is perfect. Any niggles I have had have been sorted out by the management team very efficiently."

End of life care and support

- The service was not currently supported anyone coming to the end of their lives. However, the management team assured us that they would continue to support people if they were able to meet their needs and would provide specialist training for staff as required.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in post. 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.
- There was a positive culture where staff and management took pride in the care and support that they provided. A relative said, "The management team are wonderful, they are accessible and sort out any issues immediately. They run an extremely reliable service."
- The management team worked well together to ensure the day to day running of the service, clear contingencies were in place to cover absences. Staffing levels were supported by the director and registered manager who were working to support people as care staff as required. A care staff member told us, "Because the directors still provide hand on care they know people really well and understand if staff want to change or improve something."
- People's confidential information was kept secure.
- The registered manager was aware of their responsibility to report events to the CQC by statutory notifications.

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

- The management team had clear values and vision for the service. The registered manager told us their values are to deliver "To enhance the quality, enrich the experience and prolong the enjoyment of home-living." These values were shared by care staff. One care staff member told us, "The management team really do care and they expect all the care staff to care for people to the same standard that we would care for someone we love."
- Care staff were positive about their workplace and complimentary about the support they received from the management team. A care staff member said, "I feel really valued as an employee of Deckchair Care, I have regular visits with the same people and my role is made very clear."

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

- Care staff were seen to be engaged and involved. Care staff groups met frequently and the management team met with staff regularly to support them in their role. A care staff member told us, "I feel really well supported, the management team are really approachable and supportive both on a professional and a

personal level."

- Care staff were engaged with the service and with their roles, staff told us "I love my job and working for Deckchair Care, I wouldn't want to do anything else."
- The registered manager told us they have a small committed group of staff that work well together and go above and beyond, they told us "My staff are amazing, I can't ask for better staff."
- The registered manager told us how important it was to have good relationships with people's families, they said, "The portal is a great way to keep relatives updated. People and relatives have given us great feedback about it."

Continuous learning and improving care

- Visits were carried out on people's homes by the management team which enabled them to obtain feedback from people and check the environment, equipment's, medicine management and safety.
- Spot checks were carried out to check staff performance on service delivery and approach when supporting people. Outcomes of spot checks were discussed with staff along with further learning and development.
- This meant that there were systems in place to ensure there was a culture of continuous learning and people received effective care at all times.

Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.