

Mr Johnson Gyamfi Amoo

Desire Care - Burton

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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 7 and 8 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. 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, fourteen 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.

On our last inspection in September 2016, we rated the service as Requires Improvement as we found medication audits had not identified where there were potential errors and action had not been taken to review medicine procedures. Formal systems for staff supervision were not completed to ensure staff development and completion of the care certificate were needed. On this inspection we found improvements had been made in these areas. Further improvements were still needed to ensure systems in place to assess and monitor the quality of care to drive improvements within the service. This included where people's care had been changed and ensuring all information was reviewed to demonstrate how people were supported to manage any complex behaviour.

People felt safe when they received care. Staff understood how to recognise potential harm and protect people from abuse and knew how to report concerns. Recruitment checks were made to confirm staff were of good character to work with people and sufficient staff were available to meet people's support needs.

People had capacity to make decisions about their own care and staff sought their consent before providing care and support. Staff had effective supervision and their work was reviewed through regular checks on their performance and appraisals. People received an agreed level of staff support at a time they wanted it. People were happy with how the staff supported them and were helped to take their medicine as prescribed.

There was a small team of staff who had the skills to meet their needs. People knew who was delivering their support and the provider was flexible and responsive to changes in people's needs. People received kind and compassionate care and were supported to maintain their dignity, independence and privacy.

People chose how support was delivered and were positive about the way staff treated them. Staff listened to people's views and people knew how to make a complaint or raise concerns.

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.

People felt safe when they received care. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge they required to care for people and understand how to provide their support. Staff understood the importance of helping people to make decisions. People were encouraged to eat healthily and staff ensured they had access to food and drink they wanted.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff provided their care and support. The staff were kind and compassionate and provided support in a respectful and dignified way.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People felt able to raise any concerns and staff responded to this to improve the support people received.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems had been developed to assess and monitor the quality

of care although further improvements were needed. People were happy with the support they received and were asked how they could improve the support and service. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

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 7 and 8 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.

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 speaking with two people who used the service, two relatives, six staff and the human resource manager.

We looked at five 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

On our last inspection we found that when new staff started working in the service, all the required recruitment checks were not completed. This meant the provider could not ensure they were suitable to work with people who used the service. This demonstrated a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

Staff recruitment and selection procedures were in place to ensure new staff were suitable to provide people's care. Relevant employment checks had been undertaken before staff had started work, which included police checks and written references. Where written references were provided in a language other than English, a certified translation was provided.

People were confident that the staff supported them in a way which helped to keep them safe. Where people needed equipment to move or to maintain their independence, this was provided after an assessment by an occupational therapist. One person told us, "I have a hoist and the staff are very good at using it. There are always two of them and they make sure I'm alright when they use it." Where people used equipment, an assessment of risk had been completed which recorded how staff should support each person. One person told us, "I feel completely safe. I'd rather not use it at all but I don't have much choice as I'd be stuck in bed. The staff always make sure I'm comfortable and let me know when I have to start moving."

Risks within the environment were assessed. Where people needed help to move around the home, hazards were identified, for example a rug in the middle of the room. In discussion with the person we saw this was removed to reduce the risk of trips or falls. One person told us, "The staff are always reminding me to take care or help to move things that would get in my way. They really care." The external environment to the property was considered to ensure staff could keep safe. For example, whether the area was well lit or an uneven entrance to people's home.

Staff demonstrated they had a good understanding of how to protect people. The staff had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider. One member of staff told us, "People are our priority and we want to look out for them and would do what's right. We had the safeguarding training so know what to look for and if we were worried about anything then we'd let the manager know."

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 they received their medicines in blister packs and said, "I can't manage to get the tablets out of the packets so the staff do that for me. I'm quite able to take them myself once they have got them for me." Staff received training to safely administer medicines and one member of staff told us, "We only give people their tablets when we have had the training. I've done the training but don't get involved with medication as most people are responsible for doing their own tablets."

There was a record of the medicines people needed and staff recorded when this was administered. Where people needed any creams to be applied, there was a body map which highlighted the areas where this was needed. One member of staff told us, "We've all had the training for giving medicines and I found it really useful. I know what to check to make sure everything is right and feel a lot more confident."

People felt there were enough staff working in the service to meet their needs and received their visit on time by the same staff team. One person told us, "I have a group of about six staff who visit me. It tends to be the same four staff but sometimes they are on holiday so there are some staff who know me in case of emergencies. It works out really well." Another person told us, "They turn up when they should and I've never been let down. It's good that they are so reliable." People knew how to contact staff in the event of any emergency and one person told us, "I have the phone number here and if I was worried or the staff weren't here I could call them. It wouldn't be a problem but it's never happened."

Is the service effective?

Our findings

On our last inspection we found that improvements were needed with how information was recorded with how people needed to be supported. On this inspection we found some people had complex behaviour which may harm themselves or others. A small group of staff provided this care and knew people well and one member of staff told us, "We understand why people become frustrated and behave the way they do. We will move back and keep safe and talk with them. Some days it's different and if we felt we needed some more support the manager would come along who knows them really well and they would help us." Staff understood how to keep safe and what to do to prevent further harm although the care records needed to be updated to reflect these agreed strategies and how these were reviewed.

On our last inspection we found that new staff had received an induction into the service, however this did not cover all the areas required as detailed within the care certificate. Staff did not receive any formal supervision to ensure they were safe to work with people who used the service and improvements were needed. On this inspection we found improvements had been made.

Staff had now completed the care certificate. 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. Staff told us they had found this training valuable and it had enhanced their skills. One member of staff said, "The training was really good. I learnt how to approach people when they were agitated and feel more confident when doing anything with medication." Another member of staff told us, "We've had so much training now and I feel much better. It's good to understand the reason you are doing something. If we feel we don't understand anything then we just tell the manager and they arrange for us to have more."

On our last inspection we found that the provider had not considered who had the legal authority to help people to make decisions where they may lack capacity. 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. On this inspection we found this had been explored as part of the assessment process to ensure where this was in place the details were recorded.

Staff informed us that people who currently used the service had capacity to make decisions about their care and support. 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 told us, "The staff always talk to me about what is happening and what they are doing. They respect my views and I'm always asked about everything that happens." We saw the care records included information about how decisions had been made about their support.

People retained responsibility for managing their own health care and continued to be registered with their GP. One person told us, "My family help me with appointments or going to the hospital. The staff are very good at noticing if I'm not too well and ask me how I am." One member of staff told us, "If people want us to go with them then that can be arranged. I went to the dentist with [Person who used the service] and made sure they were safe. It wasn't a problem and it was better for them than going alone."

Some people needed support to prepare and eat their meals although retained responsibility for their personal shopping. One person told us, "My family do all my shopping but there is food here so the staff can make each meal and leave me a drink. This works really well." Where concerns were identified that people were not eating and drinking, the staff reported this so action could be taken to ensure their welfare. One relative told us, "The communication is great and the notes they make are very detailed. This helps when I do the shopping because if they didn't like a meal or didn't eat very much, I can see that and do something different next time."

Is the service caring?

Our findings

People were treated with care and kindness and were happy with the support they received from the staff. One person told us, "I know the staff really well and I trust them and feel comfortable with them. This is what I like. I don't want people I don't know helping me to wash. This is my home and I need to trust people and I do. I'm very happy with this." Another person told us, "I wouldn't change any of the staff, they are beautiful people inside and out. I am very fortunate to know them and for them to visit me."

People's right to privacy and dignity was upheld and staff recognised people diverse cultural needs. A member of staff told us, "People are able to choose who provides their care. For some people because of their beliefs, only male carers provide the support and this is respected. Female carers never go and we work closely together to make sure this is always possible. The manager will come and cover these shifts too as he knows them really well and knows how important this is to them."

People were given choices in the support they had and staff asked them what they needed. They said their views about their care had been taken into consideration and included in their care plans. One person told us, "The occupational therapist suggested I have a ceiling track in my house but I told them I didn't want one fitted. The staff understood and were happy to use the hoist and that's what they do. There are two staff who visit me and they know what they are doing. I'm happy that they listened to me." A relative told us, "I think it works so well because they care about individual needs and what they really want. All the staff are brilliant and treat [person who used the service] like a member of their own family. They make them feel important and listen to what they say."

People were encouraged and supported to be as independent as they wanted to be. People's support plans guided staff on how to ensure they were encouraged to do as much as they wanted so that they retained control. One person told us, "The staff are always nearby but not pushy. They know what I can do and don't interfere. If they see I need help they are always there though."

People's right to confidentiality was protected. All personal records were kept securely in the office and were not left in public areas. People had a copy of their care records in their home and one person told us, "I'm happy with how they provide all my care. When they visited me they wrote it all down and gave me a copy. They tell me to keep it safe and I do."

Is the service responsive?

Our findings

On our last inspection we found improvements were needed to ensure that people's care plans were reviewed and up to date when their needs changed. On this inspection we saw improvements had been made.

Where concerns were raised about people's care, a senior member of staff visited to check they were safe and well. We saw staff had reported that people were unable to get out of bed, had difficulty walking or when continence supplies had not arrived. People also notified the office when there were any changes to their care plan; for example, if they visited the hospital or GP which affected how they wanted to be supported. One person told us, "If anything changes then the staff know straight away and there's never any problem." A member of staff told us, "If something is different we get in touch with the office and make those changes straight away. We work closely together so we all know what changes are being made."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. There was a complaints procedure in place and people told us they would contact the office if they had any concerns. One person told us, "I wouldn't have any problems telling them if something was wrong."

People were involved in the planning and delivery of their care and their views about this were listened to. People could tell staff how they wanted to be supported and this was recorded. Before staff started to provide any support, they met with the manager who discussed the agreed care. One member of staff told us, "People are often surprised that we know so much when we first meet them, but we sit down and go through the plan and read everything. If there's anything we are unsure of then we can talk to the manager about it." They told us, "After a few weeks we review the plan. Sometimes it says people like things a certain way but they change their mind or want things done differently. That's fine so we can just change it to the way they want."

Care was planned to ensure people received a service at the time they expected it. The support visits allowed travelling time for staff to travel to their next support visit. The local area was subject to road closures for a lengthy period of time and had resulted in a high volume of stationary traffic. One member of staff told us, "They rota has even been changed to recognise that it takes longer to get some people at the moment. It's better this way as we are not late." Another member of staff told us, "It's good that we have time between each visit as if people just want more time to sit and talk with us, then we have this flexibility so we don't have to rush off." One relative told us, "If there is anything else they need, they will stay later; there's no quibbling about it."

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

On our last inspection we found that quality monitoring systems had not been developed. This meant the provider had not managed the risks associated with managing this service and delivering support to people. This demonstrated a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection improvements had been made although further improvements were still required.

The provider carried out checks to monitor the quality and safety of the service. Records were audited when they were received into the office to make sure people received their medicines as prescribed and care was delivered as outlined in their support plans. However, these checks were not recorded to demonstrate how this information was reviewed and how this was used to make improvements within the service. A record of any changes required with people's care was kept in a shared communication book; the provider recognised this practice could be reviewed to ensure all information was included in people's individual care records. Where people had complex needs, the quality assurance systems had not identified that information was not available to guide staff on how to provide safe and effective care. This meant further improvements were needed.

A new system had been introduced to monitor and identify whether people received their support on time and for the agreed length of time. Staff logged their time of arrival and departure on a phone and this was monitored electronically by the manager. If any staff failed to arrive at the expected time, a text and email alert would be sent to them to ensure people received their call as expected and staff were safe. We saw that people received their call on time and for the agreed length.

A questionnaire had been developed and sent to people who used the service as part of an annual quality assurance survey. The surveys were being completed at the time of our inspection. The staff understood that these would need to be analysed to drive improvements within the service and people were to be informed of the results.

Staff now received formal supervision to review their performance and unannounced checks were carried out to monitor staff performance. These checks included reviewing whether staff were suitably dressed, arrived on time and provided dignified personal care. People were asked for their views on the conduct on staff and whether any improvements were needed. One person told us, "The managers come out and check the staff are doing things right. I know they are but it's good that they are interested in what the staff are doing."

People felt the manager was approachable and listened to what they said. One person told us, "He is a good man. A proper gentleman and very caring. Nothing is too much trouble." Another person told us, "We are lucky that we have caring staff and owners. They are genuinely caring people and it's always nice when they visit so I can tell them how happy I am."

Staff knew how 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 told us, "It wouldn't bother me if other staff knew I had reported something because that's the right thing to do. We work with different people throughout the day so we wouldn't necessarily be identified." Another member of staff told us, "The manager is always there at the end of a phone or you can just come to the office. If anything was bothering us we could just speak with them and I know they would sort it out."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed.