

Danum Homecare LTD

Danum Homecare Ltd

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The unannounced inspection took place on 24 April 2017. The service was last inspected in August 2014, and was rated as 'Good'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Danum Homecare Limited' on our website at www.cqc.org.uk

Danum Homecare is a domiciliary care agency which provides personal care to people in the Doncaster area. At the time of the inspection they were delivering care and support to approximately 240 people in their own homes.

The service has a registered manager. 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 and associated Regulations about how the service is run.

Overall the people we spoke with were happy with the service provided. However, some people highlighted areas they felt could be improved, such as staff arriving at the correct time for each visit more consistently.

Systems were in place to keep people safe while maintaining their independence. People's needs had been assessed prior to their care package commencing. Care records identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. People managed their own medication if they were able to, but staff assisted them to take their medication safely if support was needed. However, we found medication records were not always completed consistently.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff recruitment was robust, which helped ensure staff were employed with all of the required employment checks. There was sufficient trained staff employed to ensure people received their care consistently.

Staff received periodic supervision sessions, however yearly appraisals had not been completed for all staff. The registered manager had scheduled outstanding appraisals to be completed over the coming weeks.

People had been able to raise any concerns they may have had. We saw the provider had a complaints procedure which told people how to make a complaint. We saw complaints had been investigated and responded to in a timely way.

People had been consulted about their satisfaction in the service they received. The provider also had a system in place to check if staff had followed company policies and the service was maintaining expected

standards. However, the outcome of checks completed on medication records had not been formally recorded. Therefore the registered manager was introducing a new monitoring system to capture this information.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Danum Homecare Ltd

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 April 2017 and was unannounced. The inspection was undertaken by two adult social care inspectors, with two experts by experience making calls to people using the service to gain their views. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A local authority contract monitoring officer was also visiting the service that day and they shared their findings with us.

Before the inspection, the provider completed 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. Our review of this information enabled us to ensure that we were aware of, and could address any potential areas of concern.

We reviewed all the information we held about the service including notifications that had been sent to CQC. We also obtained the views of professionals such as service commissioners, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We attempted to contact 40 people using the service, or their relative, to obtain their views on the service delivered by the agency. We were able to speak with 17 people using the service and eight relatives. We spoke with the registered manager, the owner and three care coordinators at the agency's office. We also spoke with seven of the 20 care staff we tried to contact to gain their opinion of the service.

We looked at documentation relating to people who used the agency, staff and the management of the service. This included 12 staff recruitment, training and supervision files, four people's care files, including medication records and their plans of their care, the local authority checking a further two files. We also checked complaints records and other records relating to the management of the service.

Is the service safe?

Our findings

People who used the service felt their care and support was delivered in a safe way. When asked if they felt safe one person said, "Brilliant, absolutely brilliant. I couldn't wish for a better thing. I would tell them to get out if they were bullying or anything bad." Another person told us, "Everybody has that at the back of their mind [safety], at present it's all fine." A third person commented, "Definitely, very, very good." However, a few people said they felt safer when they had the same care workers visiting them, rather than staff they did not know.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. The care files we looked at contained assessments to identify and monitor any specific areas where people were more at risk, such as how to move them safely. We found there was clear guidance for staff about the action they needed to take to protect people. An environmental safety risk assessment had also been completed. This helped senior staff to identify any potential risks in the person's home that might affect the person using the service, or staff. Staff also described to us how they ensured the security of people's houses was maintained.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff demonstrated a good awareness of their responsibilities in recognising and reporting any possible abuse. Records showed they had completed training in this subject as part of their induction, with periodic refresher training. Staff told us they had also been made aware of the company's whistleblowing policy, which told staff how they could raise concerns about any unsafe practice.

We looked at the computerised system used to allocate staff. We saw the care co-ordinators tried to make sure people were supported by the same care staff consistently. Although most people said they received visits from the same staff team, other people said they were unsure which staff would be coming to provide their support. When asked if they received consistent care one person said, "I did at first; I don't mind it's nice to see a different face." Another person commented, "I know who is on tonight, I've no idea who is on tomorrow."

The registered manager told us staff were employed to work in geographical areas across Doncaster. This meant that staff lived close to people they were supporting. However, people told us the timings of calls varied and often staff ran late. One person said, "I know what time they come at, but things happen which stop them coming bang on time. Different ones [care workers] come at different times." Another person told us, "It is getting better since I complained, but they can still arrive 30 minutes early or up to an hour late. They seem to organise the timings for staff convenience rather than the client's." A relative told us calls were, "Usually within 15 minutes of when they should be here. If it's going to be more than 15 minutes, they call me [the care worker]. If it's 30 minutes late I will ring the agency, they will call the carer to see what's happening." When asked if they stayed the correct amount of time said "They do."

We saw the computer system monitored when staff arrived and left at each person's house. This enabled the staff in the office to see if staff were arriving late or did not stay the allotted time at each visit. However, we

noted staff rotas were often recorded back to back and did not incorporate travel time between each visit. Staff told us this meant that by the end of the morning they were often running late. We spoke with the registered manager and the provider about this. They told us people were informed that there was a 20 minute window either side of calls built into their contracts to give staff flexibility for delays. However, the management team agreed to review the way calls were planned so people using the service, and staff, had more realistic timings for calls.

Recruitment records showed that an effective recruitment and selection process was in place. We checked 12 staff recruitment, training and supervision files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), checks of the staff member's identity and checks of their right to work in the UK. All staff had undertaken a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We found some people using the service managed their own medication or were supported by a relative, while other people needed varying assistance from care workers. For example, some people's medication needed to be administered by staff, while other people just needed to be reminded to take their medication. Where people needed assistance to take their medication we saw care plans outlined staff's role in supporting them to take them safely.

A Medication Administration Record [MAR] was used to record the medicines they had either administered or prompted people to take. We found the MAR had not always been consistently completed by staff. For instance, we saw gaps in recording and the key which identified why a medicine had not been given was not always used correctly. We discussed this with the management team. At the end of our visit to the office we saw action was being taken to improve the system in place. Following our visit the registered manager told us improvements had been introduced, this included more robust checks being made to ensure staff were completing the MAR correctly.

Staff told us they completed a half day medication administration course as part of their induction to the service and then completed periodic refresher training. They said this prepared them well to support people to take their medication safely.

People who received support from staff to take their medication spoke positively about their experiences. One person told us, "They get it out of a nomad [monitored dose container], put it in a dish thing, like an egg cup. They say 'take your tablets' while they are with me. They are quite strict about that. They write it in the book, I don't know what they put I don't read it." Another person commented, "I just need the carer to pass me my tablets and get me a drink. Once I've taken them, the carer writes in the notes so there's a record of me taking them."

Is the service effective?

Our findings

People we spoke with said overall they felt staff were effective in meeting their needs. People's comments included, "They [staff] are lovely. I do appreciate their kindness," "There have been a lot of new ones [care workers], they are very well briefed," "Some are better than others, it's a matter of conscientiousness," and "[Main care worker] and her group are well trained." However, a few people felt some of the younger care staff required additional training and experience to enable them to carry out their work more efficiently.

The majority of the relatives we spoke with were also complimentary about staff. One relative told us, "I think they are trained to a reasonable standard. Another relative said, "They are pretty good with him [family member]. They know how he likes things doing now, the way they sit him and prop him up. As soon as they come in they can tell if he's having a bad day. They talk to him, I couldn't wish for better ones [care workers].

The registered manager told us all staff completed a comprehensive induction when they started to work at the agency which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be different for individuals. This was confirmed by the staff we spoke with.

The registered manager said staff who were new to the care industry would be expected to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Records we looked at confirmed staff were trained to a good standard. We found staff could access training through the local council which delivered some of the mandatory training. Most training was completed online, but other training such as moving and handling people safely was delivered by the in-house trainer. We saw staff were also encouraged to complete vocational qualifications through a training organisation.

The registered manager told us that regular supervision meetings both informal and formal, gave staff an opportunity to talk about the events that had taken place and to discuss any issues which they needed support with. Staff we spoke with confirmed they had opportunities to discuss work practice. Observations of work practice also took place in people's own homes. We saw copies of these spot checks on the staff files we looked at. Staff confirmed they had been observed providing care and said they also received phone calls from their manager asking if they needed any additional support.

The registered manager told us not all staff had received an annual appraisal of their work performance. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. We discussed this with the registered manager who assured us plans were in place to make sure all outstanding annual appraisals were completed over the following few weeks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We checked whether people had given consent to their care, and where people did not have the capacity to consent, that decisions had been made in their best interest appropriately. Care records demonstrated that people's capacity to make decisions had been considered and recorded within the assessment and care planning process.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found where staff were involved in preparing and serving food people were happy with how this took place. One person told us, "At lunchtime they put it [meal] in the microwave." They confirmed meals were as they wanted them adding, "If they don't I just tell them." Another person commented, "Yes they are quite good. At night time I like toast and jam and drinking chocolate, they do that for me. They do it lovely, take the crusts off. I told my friend it is beautiful."

When we asked people if they felt staff would help them access medical attention if needed one person said, "It depends, what the problem is, if I'm really bad they'd send for the Doctor." Another person told us, "I get myself to my medical appointments, but I do sometimes have to phone the agency and arrange for someone to come to me earlier than I would usually have so that I can make the appointment in time. The agency is usually quite good and can arrange this for me as long as I give enough notice." With regard to staff noticing if they were unwell one person said "Yes definitely, they say you don't look very well this morning. If I'm really poorly they call the office."

Is the service caring?

Our findings

People we spoke with told us staff were friendly, kind and patient. They said staff understood the level of support they needed and delivered their care as they preferred. One person told us, "[Name of regular care worker] is marvellous, she really does care. The others come and go. As long as they don't talk down to you, you're alright. I like some more than others, that's normal'. " A second person commented, "I am quite fussy but the carers are good and will usually do things how I like them to be done. Some of the younger carers will ask me why I like things done in a certain way, which I find a little annoying, but I will explain to them why and then they will usually follow my instructions."

People told us some staff went above and beyond what was expected of them. For instance, one person said staff would empty the washing machine for them adding, "They pretty well brief each other, there seems to be quite a network of information going on." A few people felt care workers could interact with people more, but the majority of people were complimentary about the way staff delivered care. One relative told us, "They are very caring. I mean really caring. They are so careful with him, like I say they walk in and say he's not too good today. They are like friends really with me, which is good for me. I couldn't wish for better."

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. Care files contained information about people's needs and preferences, so staff had guidance about what was important to them and how to support them.

People using the service told us staff listened to them and offered them choice regarding how their care and support was delivered. For instance one person told us, "I was asked if I preferred male or female carers." Another person commented, "I certainly make my own mind up about what time I get up and what time I get to bed and although my carer makes most of my meals for me she will always ask me what I would like to have and will then tell me what's in the fridge or the cupboard so I can choose something that I fancy."

People told us staff respected their dignity while delivering care. One person said, "I was a bit shy at the beginning with showering and that, they are very, very good." A second person told us, 'I've just had a shower this morning. They wash the parts I can't wash. They take me back to the bedroom, put towels on me. It's warmer in the bedroom." A relative commented, "They [staff] are so careful, he's got dry skin on his bum. I thought he was going to break down there, but they kept creaming him. They've done excellent."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity and privacy. One care worker told us, "If they [person being supported] use a commode I ask them which room they want to be in, close the door and curtains or blinds and ask any family or visitors to leave the room."

Staff also spoke positively about the importance of maintaining people's independence. For example, one care worker told us, "It's important to know what they can do [for themselves]. I talk them through what we

are doing, ask what they can manage and assist as required." Another care worker said, "I have a lady who at first was not able to do much. She was capable, but dependent on us. Over time we worked with her and in time she improved. She's brilliant now, she still needs help but can do a lot more for herself."

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality. All personal records were kept in a lockable room in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

Is the service responsive?

Our findings

We found people had been encouraged to be involved in planning the care provided and overall were happy with how staff delivered care. One person said, "I was asked about what was important for me and what I needed help with at the start." A relative told us, "Care plan is up to date, it is renewed every year. They write in it every day. They have a new scanning system that says when they come and when they leave." A few people confirmed care plans were in place, but said new staff did not always read them, so asked them what they wanted doing. This information was shared with the registered manager so they could ensure all staff read the care plan prior to providing care.

People were assessed prior to a care package starting. The management team said they visited each person and completed a full assessment involving the person using the service, and their relatives if appropriate. The hand written assessment was then typed up, with a copy going to the person's home, a copy on the computer and a hard copy file in the office.

Care files checked contained detailed information about each person's needs and preferences, including guidance for staff on how to meet people's needs. We saw the assessment record included a care plan, which highlighted the areas people needed assistance and how they liked their care delivering. The document also told staff about other topics such as the person's hobbies and interests, this gave staff information that would enable them to chat to people about things while providing support. There was also a checklist which enabled staff to quickly check they had carried out all the planned care before leaving. Daily records were detailed and showed the care provided by staff matched the care set out in the care plans.

The registered manager told us periodic care reviews were carried out to make sure people were happy with the care provided and the care plan was still correct. We saw a form had been signed and dated each time care reviews had been completed, but the outcomes had not been clearly recorded, such as in the daily visit records or on a separate form. The registered manager said they would look at the best way to do this in the future.

People were able to raise any concerns they may have had. We saw the provider had a complaints procedure which told people how to make a complaint. This was written in a suitable format for people who used the service. We saw complaints had been investigated and responded to in a timely way.

The people we spoke with raised no new complaints, they told us they would speak to someone at the office if they had any concerns or anything they wanted to clarify. However, one person said, "I've only ever raised concerns [rather than complaints], some of which have been dealt with, and others not. They usually sort out the minor problems, but nothing big like timings." Another person said, "The timings of our visit has got better since I raised this with the office, but they're still not back to where they should be by any stretch of the imagination."

We were also shown copies of compliments received by the service. Comments included, "I am very happy

with the service and would recommend it to family and friends," "I have used the service for over two years and look forward to staff calling to see me" and "Staff do those extra special things that makes life happier. Staff even came to my [family members] funeral."

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The team consisted of three care co-ordinators, with one vacant post, team leaders and care workers. The owner told us they also visited the office regularly.

People we spoke with said that overall they were happy with the service they received, but a few people gave mixed responses, especially regarding call times. People told us they could easily contact the office to speak to one of the management team if they needed to discuss anything. One person said they had received good responses when contacting the management team. Another person told us, "I'm very pleased, honestly." A third person commented, "Someone comes from the office, there will be two of them here." When asked if they were happy with the service they said, 'Yes I suppose so, I've no concerns.'

When we asked people if they could think of any changes they would like to make to make things better most people could not think of anything they would change. For instance, one person told us, "I can't think of anything. 'I'm happy here, I am.'" However, another person told us, "I would love it if they could sort out the timings of visits, because at present it can be a real lottery as to when I will get a knock on my door every morning. Why ask me in the first place otherwise."

The service looked at different ways to obtain the views of people who used the service. We looked at the results from the last annual survey which told us people were mostly satisfied with the service. Where areas for improvement had been identified the registered manager had implemented an action plan. Weekly meetings were held with the care coordinators to review any issues which had been identified over the previous weekend when the office was closed. Care coordinators shared on-call responsibilities and responded to any out of office hour's emergencies. For example, staff sickness.

Care workers told us they were involved in team meetings and the management team provided on-going support when needed. The majority of the staff we spoke with felt they could contact their team leader or the office staff to discuss any areas of concern or request additional support. When we asked staff if there was anything they felt the service could improve most could not think of anything they would change. However, one care worker said they thought rotas could be better organised and another spoke about the care co-ordinators having more time to listen to them and being more understanding when they needed to discuss something.

The registered manager showed us how they had engaged with the '15 step challenge'. The challenge is designed to help organisations on their continuous improvement journey. By enabling the people's voices to be heard clearly, the tool can be used to highlight what is working well and what might be done to increase people's confidence in the service. We looked at the outcomes from the completed surveys which showed overall high satisfaction levels. The outcomes were also discussed at the weekly care co-ordinators meetings.

The majority of staff told us they enjoyed working for the agency and were happy with how it operated. One

care worker told us how their team worked describing it as "Awesome" with lots of team work and support from their team leader. When we asked care staff about the management of the agency they commented, "No problem. I am aware of who to go to and it's easy to get hold of someone," "It's a stressful job but they do the best they can" and "She [the registered manager] put's her heart and soul into the job. She has always been good and fair with me." However, rotas were identified by two staff as something they felt the management team could do better.

We saw various checks had been carried out to make sure the service was operating to expected standards. This included subjects such as recruitment and care records. However, the registered manager told us the outcome of checks completed on medication records had not been formally recorded. Therefore they could not evidence that these checks had been completed. Following our visit to the office the registered manager told us they had introduced a new monitoring system to capture this information. They said this would ensure any areas for improvement were clearly identified, as well as any actions taken to address them.

The management team told us how they were working within ISO 9001. This is a widely recognised quality management system standard that aims to demonstrate the organisation's commitment to supplying a service that consistently meets their customers' requirements and continued improvement.