

Darethealthcare UK Limited

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Inspection report

Anerley Business Centre
Anerley Road, Penge
London
SE20 8BD

Tel: 02086765678
Website: www.darethealthcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

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

This inspection took place on 18 March 2016 and was announced. Darethealthcare UK Limited is a domiciliary care agency that provides care and support for people living in the London Borough of Bromley and its surrounding areas.. At the time of this inspection 40 people were using the service, to receive personal care.

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 and associated Regulations about how the service is run.

During our inspection we found breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of medicines, risk assessments, staff supervision appraisals and training and staff recruitment practices.

Risks to people had not always been identified or properly assessed, and action had not always been taken to manage risks safely. Risk assessments had not been regularly updated. Medicines were not safely managed by the service because records relating to the management of medicines were often not fully complete.

The provider did not operate effective systems to monitor and mitigate risks to people because issues were not identified at audit, and they had failed to find concerns we identified at inspection.

Staff did not always receive appropriate training or supervision as is necessary to enable them to carry out the duties they are employed to perform.

CQC is currently considering appropriate regulatory responses to address these above breaches in legal requirements. We will report on this at a later date.

There was also a breach of regulations as appropriate pre-employment checks were not always in place, including photographic identification prior to them commencing work. You can see the action we have asked the provider to take in respect of this breach of regulations at the back of this report.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

The manager had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they were up to date with their training. People had access to health care professionals when they needed them.

People said they were treated with dignity and respect, and felt that staff were caring. People were supported to maintain a balanced diet, and had access to health care professionals when required.

The provider had a complaints procedure in place, and people felt their complaints would be dealt with effectively. Staff felt well supported by management, and the provider regularly conducted telephone and paper surveys which showed people were happy with the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

Medicines were not safely managed and risk assessments relating to the prompting of medication were not always accurately maintained.

Risks to people had not always been adequately reviewed and action had not always been taken to mitigate risks.

People using the service were not protected against the risk of receiving care from unsuitable staff because the provider did not have appropriate procedures in place for recruiting staff.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures.

There were sufficient staff deployed to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not always supported in their roles through appropriate training and supervision.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Where people required support with cooking meals this was recorded in their care plans.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and helpful.

People were treated with dignity and respect.

Staff were familiar with the needs of the people they supported

Is the service responsive?

The service was not always responsive.

People received personalised support to meet their individual needs, however improvement was needed to ensure people's support plans reflected their views and preferences.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Quality assurance systems were not always effective in monitoring and mitigating risks to people.

Staff spoke positively about the management of the service and said that management were always available to help and were receptive to feedback.

The provider took into account the views of people using the service through telephone monitoring calls and satisfaction surveys.

Requires Improvement ●

Darethealthcare UK Limited

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 18 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to be sure the registered manager was available.

The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send to us by law. We also received feedback from a local authority that commissions services from the provider. We used this information to help inform our inspection planning.

We spoke to six people using the service, three relatives, eight members of staff and the registered manager. We looked at records, including the care records of seven people that use the service, five staff files, staff training records and other records relating to the management of the service.

Is the service safe?

Our findings

People and relatives told us they felt safe when receiving support from the service. One person said "They are very thorough and very gentle." Another person said "I find the care good". One person said "I feel safe with them". Although we received positive feedback about the safety of the service, we found concerns in the way that medicines were managed, and how risks to people were assessed and reviewed.

People's medicines were not managed safely. The manager told us that most people using the service looked after their own medicines. However, some people needed to be reminded or prompted and some people required support from staff to take their medicines. We saw that where people required support to take their medicines this had not always been recorded in their support plan. We also saw that medicines risk assessments in people's care files were generic and did not reflect the person's individual support needs. For example, they did not identify the frequency that medicines were to be taken or the support that people required from staff to take their medicines.

We saw that one medication administration record (MAR) for August 2015 did not include the name or dosage of medicines. This had been signed by staff to confirm medicines had been prompted, however there were gaps on the record for six days where staff had not signed. The manager told us that the other MAR's for this person would be at the person's home but this meant that the provider did not have a system in place for monitoring people's MAR's as the provider had not reviewed the MAR to identify any gaps or errors. This placed people using the service at risk of not receiving their medicines as prescribed by health care professionals. The manager told us they were currently reviewing the MAR's policy and would implement a new system to deal with the issues that were identified. However, we could not monitor this new system at the time of the inspection.

Staff did not always accurately record when people using the service had received their medicines. People's care files did not always include a record of the medicines prescribed for them by health care professionals and they did not always indicate when as required (PRN) medicine should be administered.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

People were not being protected against risks and action had not been taken to prevent potential harm. Risk assessments were integrated with people's support plans and covered areas including the environment, falls and physical health. We found that risk assessments were not always dated and it was not always evident they had been reviewed. For example, one person's care file contained a falls risk assessment dated in April 2015 and an undated moving and handling risk assessment. The lifting aids section stated a hoist service was due on 03 May 2014 this should have been updated by June 2015 at the latest, but there was no record this had been done. Another person's risk assessment included an undated manual handling checklist. Their support plan contained confusing information; it identified that they needed manual

handling support for transfer out of bed, and also stated that transfers were not required. It was not clear what the needs of the person were, and could place the individual at risk if they received support from new carers.

Another person had a falls risk assessment which was undated and not completed except for their name. Therefore the possible risks to Service User B of falls had not been assessed. The service schedule dated 09 June 2015 from the local authority indicated the service user had a sacral sore but this was not included as part of the risk assessment. Therefore the risk assessment did not manage the risks to the person or demonstrate how they should be supported.

One person's risk assessments were not dated so we did not know whether the highlighted risks were current. The support plan was last reviewed in October 2014. They had been recorded as having problems with balance and no falls in the past year. However, the care file reported a fall for in February 2016, there was a record of the action taken but no update to the risk assessment to establish what could be done to mitigate the risks. They were therefore at risk of unsafe care and treatment.

Another person's support plan remained reflective of their condition after discharge from hospital in 2014. The health conditions/medication details of the risk assessment still made reference to the need for another hoist to be requested. This meant that people may be at risk from inappropriate care and support as their needs had not been assessed and responded to in a consistent way.

The registered manager stated that risk assessments were reviewed as part of the support plan review, but not updated on the risk assessment. People were at risk of not receiving the most appropriate support to mitigate risks.

These issues were a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

Staff recruitment processes were not always safe. The provider undertook pre-employment checks on new staff before they started work, however application forms did not always include a full work history or information as to the reasons for any gaps. Photo identification had not always been checked or copies taken. Two of five staff files we looked at did not contain any photo identification. The registered manager was aware of the issues regarding work history and stated this would be improved, however we were unable to check on this at the time of the inspection. The lack of robust recruitment procedures could place people using the service at risk of receiving care from unsuitable staff.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take at the back of this report.

Staff we spoke to had a good understanding of how to report safeguarding concerns to keep people safe. They knew to report any concerns they had to senior staff at the office, and were confident their concerns would be dealt with appropriately. Staff told us that they would report concerns to external agencies if they felt appropriate action had not been taken by the service.

There was a whistle blowing policy in place that encouraged staff to report any concerns they had to the service. Staff we spoke to had confidence in the policy and said they would use it if necessary.

A call monitoring system was in place to record whether visits were attended. People and relatives told us there were enough staff on duty to safely meet their needs. One relative told us "They are on time for all

calls. My mum has kept the same carer which has helped". Staff we spoke with felt they were able to safely meet people's needs without rushing. One staff member said "I have enough time to move between all of my calls."

Is the service effective?

Our findings

There were mixed views from people and their relatives. Most spoke positively about staff and told us they were skilled to meet their needs. One person using the service said "I feel very supported by staff, they complete all their duties." One relative said "They are always on time and meet our expectations." Another relative we spoke with said "They seem to be appropriately trained." However a third relative said "I don't think anyone's had any training." At the inspection we found staff were not supported through training and supervision

Staff told us they had the training and skills they needed to meet people's needs, including manual handling, first aid, safeguarding, infection control, medication, food hygiene, fire safety and health & safety. The registered manager told us training on all topics was delivered at induction and that refresher training was offered on an ad-hoc basis following feedback through staff supervision and requests. The training policy for the service did not state the frequency with which staff were required to refresh their mandatory training apart from moving and handling on a yearly basis and first aid every three years. However, the provider's training matrix showed that three staff members had not had first aid training since 2012 and their first aid certificates had therefore expired. Twelve of the 37 staff members had not received any manual handling training in the past year. Staff training was not provided at the frequency identified by the provider in these areas as being necessary to support staff to meet people's needs.

Staff did not receive one to one supervision to support them in their duties. The registered manager told us that supervision should take place twice a year. Staff we spoke to told us they felt supported, and we saw written feedback from staff confirming this. However, records we looked at showed that supervision did not always take place regularly in line with the provider's requirements.

The provider was not providing supervision to staff in line with their requirements and there was a risk they would not receive the appropriate support.

These issues were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

Staff we spoke to told us they felt supported, and we saw written feedback from staff confirming this. We looked at staff files that showed induction had taken place. Assessment records were also in place of initial shadowing visits to confirm staff were capable to undertake their roles.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the agency was working within the principles of the MCA. The manager told us that most of the people using the service had capacity to make decisions about their own care and treatment. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005. Staff we spoke to had a good understanding of how to obtain consent, and know that where required they would need to undertake assessments to determine capacity and support best interest decisions.

The staff we spoke to were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also recorded in their care plans such as, "no meat, but likes fish, cheese and milk" One member of staff told us, "I go through the shopping lists, discuss and make suggestions. I always put her at the centre".

People had access to health & social care professionals when they needed them. One member of staff told us, "If saw there was a change in someone I would report it to my manager and possibly call the GP for a check up. Another staff member said, "I'm currently supporting with increasing her pain relief medication and I liaise with the nurse from the hospice." Staff monitored people's health and wellbeing. When there were concerns, people were referred to appropriate healthcare professionals. Records confirmed people had access to a district nurse, local ambulance service and community psychiatric nurse. One record showed that one person had fallen the previous evening and there was an email confirming the agency had contacted their GP to request a follow up in support of their needs.

Is the service caring?

Our findings

People using the service and their relatives said staff were caring and helpful. One person we spoke with told us, "She is always laughing and smiling and she makes an effort". One relative said, "Mum really likes her carer, she gets on well with her. She is always on time and meets expectations." One person we spoke to said, "They help with my bath and the use of my cream and stockings. They are really caring, offer drinks and do other little jobs". Another person said, "They are very good, very thorough and very caring and gentle." One person said, "I'm really pleased with my current carers."

People had access to relevant information about the service. They were provided with a service user guide to provide information for people about the principles of the service and the standards they could expect, such as timeliness, confidentiality, being treated with dignity and respect and to have a service that's responsive to their changing needs.

People said they had been consulted about their care and support needs. One told us they had an assessment at the beginning to talk about their care needs and what staff would do to support them. One person said "I'm supported to be as independent as possible." Another person told us "They help me up the stairs if it's needed". One relative told us "[my mum] has kept the same carer which helps".

Records we looked at included information about people's personal circumstances such as "enjoys bird watching after (they) have eaten." Another person's file said "she likes it if you put the TV on, to watch the BBC or documentaries". One person said "I feel my views are listened to". At inspection we saw that staff returned to support a person with their continence needs, after their scheduled visit as they were having a problem.

We saw photographs on the walls of service users attending a recent staff induction. The registered manager also told us of plans to use people that use the service as part of the interview panel for new employees.

People were treated with dignity and respect. Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I always explain what I am doing for people and ask their permission. I make sure the doors are closed and that the person is covered up in the areas they are not being cleaned".

Is the service responsive?

Our findings

People were involved in their care plans. One person said, "They support me up the stairs if needed. Another person said "They respond to any issues I raise". Staff we spoke to were aware of the content of people's care plans. One staff member said "I would speak to their relative if changes needed to be made to their care". We saw that one person that accessed 24 hour care, had their care plan altered, at their request to allow for time to go shopping and visit the library.

We looked at care files of people that use the service. These held referral information from the local authority commissioners and included a breakdown of people's care and support needs. The files also included the agencies assessments which covered areas such as physical, mental and environmental risks, required services and the support required around their homes. People's care plans had been developed based on an assessment of their needs.

Care, treatment and support plans were not always kept up to date to make sure they met people's changing needs. Records we looked at showed that support plans did not always detail the support that people required.

One person's support plan did not detail what support was required at each visit. The support plan was task focused and not person centred. Another person's support plan did not detail the support required during their evening visit.

Some improvement was required because the support plans we reviewed were often not reflective of people's current needs.

Some care, treatment and support plans were personalised in some areas other than risks assessments, as reported in safe. These included information and guidance for staff about people's preferences. When people required support with their personal care they were able to make choices and be as independent as possible. One person said "They help with personal care and are very gentle." One relative we spoke to said "I feel they would be responsive to changes in (my relatives) care". We also saw daily notes that recorded the care and support delivered to people.

People and their relatives we spoke to said they knew about the agency's complaints procedure and that they would follow the procedure if they needed to. People were provided with an information pack when they first started using the service. One person said, "I have the contact details for the management if I need it." A complaints procedure was in place, and showed how people could make a complaint and who to contact. Complaints records showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the complainant to resolve their concerns. All complaints received since our last inspection had been investigated thoroughly and people and it was noted that their relatives were satisfied with the responses.

Is the service well-led?

Our findings

The provider did not have effective systems in place to monitor the quality of the service being delivered. We spoke to the registered manager who confirmed that some care plan audits had been undertaken, however the records were not detailed enough to ensure risks associated with out of date care plans were mitigated or themes requiring further review were identified and audits did not take place regularly. We found that the most recent check on people's care plans in February 2016 had failed to identify issues we found at the inspection. Records were not kept up to date. For example, the training and supervision schedule we looked at had four staff members missing from the records. We did not see any records to show that medicines, or staff file audits were conducted regularly. Therefore the audit process was ineffective, meaning the systems in place did not assess, monitor and improve the quality and safety of the service. The provider had not identified the risks associated with unsafe management of medicines, and the training that was out of date in the areas of manual handling and first aid.

This issue was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

The service had a registered manager in post. The manager had been in post since December 2010. The registered manager stated that they were a family business with an open door policy and that he always made himself available for staff. We were shown texts sent to staff inviting them to come in for a cup of tea and informal chat if they wish.

Staff said they enjoyed working at the service and they received good support from the manager. One member of staff said, "I feel I have enough support to do my job, and I know that head office will help." Another member of staff said, "Management are very nice." Staff meetings were held bi-annually. The provider valued staff feedback, one member of staff said "at team meetings we look to implement change, my suggestions are welcomed".

Accidents and incidents were recorded and monitored. The manager told us that accidents and incidents were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. Actions were recorded against the accident and incident record, and these had been completed.

We saw a report from a visit, February 2016, by the local authority that commissions care for people using the service. The report made a number of recommendations where the agency could make improvements. The manager showed us an action plan they had drawn up to address the recommendations made in the report.

The provider took into account the views of people using the service expressed through, unannounced spot checks, telephone monitoring calls and satisfaction surveys. One relative said, "I get regular phone contact to check on the care package, one to one checks happen yearly and surveys are sent out". We found that

regular spot checks of staff were undertaken showing positive outcomes for people using services and that a good service was being provided. We looked at people's files and saw that feedback checks had been completed, and indicated they were happy with the care they received, knew how to complain, felt staff were courteous and would recommend the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Information was not always available as required to demonstrate that appropriate recruitment checks had been carried out on staff.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety had not always been assessed and action had not always been taken to mitigate risks. Medicines were not safely managed

The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and mitigate risks to people's health and safety were not in place or were ineffective. Complete and accurate records relating to each service user were not always maintained.

The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always supported to access appropriate training and supervision

The enforcement action we took:

Warning Notice