

Demidav Ltd

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Inspection report

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25 April 2022

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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

Demidav Limited is a domiciliary care agency. It provides care for people living in their own houses and flats to enable them to live as independently as possible. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 17 people were receiving personal care support.

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People's experience of using this service and what we found

People and their relatives told us they felt in safe hands when receiving care from staff. People received safe care and were protected against avoidable harm, abuse, neglect and discrimination.

Risks to people's safety were assessed and details around the care they required was documented.

Safe recruitment practices were followed.

People received their medicines in a safe way and at the right time. Staff had the training and support they required, and staff competence was checked.

Where the provider took on the responsibility, people were supported and encouraged to maintain good nutrition and hydration.

People told us they were treated with kindness, compassion and respect. People and relatives we spoke with felt they had the time to develop good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they were able to.

Care plans reflected people's individual needs, preferences and routines in sufficient detail.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; However, sufficient assessments of people's capacity and their ability to make decisions were not always completed.

Audits taking place in the service identified any actions for improvements, which were taken promptly.

Managers were open and inclusive. The culture of the service was positive. People and staff were asked for their feedback about the care they received.

The registered manager and provider understood their responsibilities, and worked in an open and transparent way. People and their relatives knew how to make a complaint.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 21 June 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Demidav Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 April 2022 and ended on 25 April 2022. We visited the office location on 22 April 2022 and made telephone calls to people and relatives on 25 April 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to send in a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with three care staff members, the registered manager, the director, the care coordinator, and the assistant operations manager.

We reviewed a range of records. This included four people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving support from staff. All the feedback we received was positive about staff safely supporting people's needs. One person told us, "I'm in very safe hands, can't fault them, I have found them so good."
- The provider had systems and protocols to safeguard people from abuse when this was required.
- Staff had received training in safeguarding and knew how to recognise signs of abuse and protect people from the risk of abuse. They knew how to report any concerns if they needed to, by following safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- Risks to people had been appropriately assessed and monitored.
- The provider used an electronic care planning system to document people's care needs. They were in the process of moving older format risk assessments on to the new system. People's assessments were in date and documented the risks present in people's lives, for example, the risk of falls, environmental risks, and risks associated with specific activities.
- Staff told us they had the time to read people's care plans and risk assessments before providing any care. They also shadowed other staff first, to ensure they fully understood the needs of the people they were supporting

Staffing and recruitment

- Safe recruitment practices were followed. Pre employment checks had been carried out such as identity checks, right to work checks, and disclosure and barring (DBS) checks. DBS checks are background checks to check if staff are suitable to work with vulnerable people. On some occasions, the provider was not able to obtain two professional references. Risk assessments had been devised when this was the case to ensure appropriate staff were employed.
- Sufficient staffing was in place to meet people's needs. People told us that staff were prompt. The registered manager was able to track the staff call times via an electronic system which staff used to log in and out of calls. Any discrepancies could be identified quickly and acted upon by management.
- Staff told us they had enough time to get from one person to another, and sufficient time to carry out the tasks asked of them.

Using medicines safely

- Medicines were administered safely.
- People told us they were happy with the support received in this area.

- Medicines administration records had been filled out correctly by staff. The provider's electronic records allowed managers to monitor medicine administration. The system flagged any errors or missed medicines so action could be taken if, for example medicine was not given correctly.

Preventing and controlling infection

- People and their families told us staff consistently wore the appropriate personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff had received training about COVID-19 and infection prevention measures, which included the correct procedure for putting on and taking off their PPE.
- People and their relatives told us they had no concerns about staff infection control procedures.

Learning lessons when things go wrong

- No serious incidents had occurred, but processes were in place for the reporting and following up of any accidents or incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their care needs and preferences assessed and identified before any care was agreed and delivered. We saw detailed assessments which were used to inform care plans devised to support people. This ensured there were sufficiently trained staff to provide the care and support required.

Staff support: induction, training, skills and experience

- All staff undertook a comprehensive induction before starting work. One staff member said, "I wasn't just thrown in at the deep end. I was able to shadow more experienced staff and do the training. I felt confident once I started."
- Staff had been trained in areas such as medication, safeguarding adults, and infection control and felt confident in their roles. Staff confirmed they were not asked to undertake any tasks they had not been trained for.
- People told us they felt staff were competent and well trained. One relative of a person said, "We were using two care companies to begin with, but now we just use Demidav. They are much better and get things done."

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

- The staff provided some people with support to prepare meals and drinks. Most people we spoke with had the support of family members in this area, but when staff did support people, they felt confident in doing so. One person said, "They make me my sandwich, whatever I like, very good."
- When required, food and fluid monitoring took place using the electronic care planning system, where staff could input the exact support offered in this area.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies and health and social care professionals to promote better outcomes for people. This included liaising with family and other care agencies or care homes to support people's changing needs.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of our inspection there was no one having their liberty deprived. People's capacity to make decisions was assessed when planning care and support. People's relatives were involved in decision making where this was appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from staff who had a friendly, positive, and caring approach towards them and their family members.
- One person told us, "All the staff have been very caring, they always ask if there is anything else they can do for me, nothing is too much." Another person said, "They are respectful and kind." We saw a written compliment from a relative which stated '[Name] seems very happy with the care they are receiving, for which I am very grateful.'
- The staff, registered manager and provider, had a good knowledge of the people and their needs, and had a passion to provide good quality care to them, that met their needs. Staff told us they had the time they needed to get to know people and develop good relationships. One staff member said, "I see the same people consistently, so I have got to know them."

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

- People and their relatives when required, were involved in the planning of care. One person said, "They did all the care plans with me to begin with, so I know what's going on." A relative told us, "The staff are helpful and call me with any information or changes."
- People's consent to care was documented, and staff told us they would try to involve people and their relatives as much as possible in decisions that were made.

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed that staff were respectful of privacy and dignity when undertaking care tasks within their homes.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care that was personalised and staff knew and understood them. A relative told us, "They understand [name] well. They know how to have a laugh and a joke with [name] which he really values."
- One relative told us how staff had been taking their relative swimming. "The staff have been very flexible and accommodating with [name]. It's been difficult since Covid, but they had been going swimming with [name], and will hopefully start going again soon."
- A person we spoke with told us that staffing was consistent, they said, "A newer staff member came the other day, but I do usually get the same staff, and they were all introduced to me."
- Consideration had been given to match staff and people together to ensure preferences were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw that newsletters had been produced using large print to help ensure people with any sight difficulties could read it.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally. A dedicated member of the office team took a lead in this area, and showed us that minor complaints that had been made, were investigated and dealt with promptly.
- People and relatives were aware of how to make a complaint and told us they would have confidence to do so if required.

End of life care and support

- Some people had received end of life care by the service. Staff had received end of life awareness training, and further training was booked in with nurses to expand upon this.
- End of life care planning was in place for those who needed it, which documented their specific needs and wishes at the end of their life.
- The service worked in partnership with outside health and social care professionals including nurses, to support people who were at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had good knowledge and understanding of the people they were supporting, and knew them well. One person told us, "They seem a well run company, and I am happy I found them."
- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "I have been supported through my journey in this job, it was my first in care and it is going really well, it's a great company to work for."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Comprehensive audits and checks had been carried out to check on quality of the service. This included quarterly assurance reports which analysed all audits and checks in to a report, with areas for improvements included.
- Spot checks on staff were taking place to monitor how staff were providing care, their timeliness and professionalism. Staff told us they were regularly checked on and given the support they required.
- The registered manager understood their role and understood the needs of their staff team.
- Staff were clear about their roles. All the staff we spoke with understood their responsibilities, and who to go to for help should they need it.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the provider understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

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

- Feedback was gathered from people and their relatives. We saw that questionnaires had been sent out to people to gather feedback on all aspects of the service. The information was pulled together by the management staff in to a report, so that themes and trends could be identified, and actions taken as

required.

- Staff were supported to develop and improve their practice. Staff performance was monitored through observations and feedback from people who use the service. All staff we spoke with felt able to feedback to management with confidence.

Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.
- The registered manager and provider were open and receptive to feedback during our inspection.