

T McTaggart Limited

Dengie Care Providers

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 

Overall summary

The inspection took place on 3 November 2015.

Dengie Care Providers Agency offers personal care to a small group of people with learning disabilities and mental health needs in their own homes this includes supporting them to access the local community and to take part in social activities. The service offers support to people living in Cold Norton and the surrounding area. At the time of our inspection there were five people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 associate Regulations about how the service is run.

Summary of findings

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who were well supported and trained.

Care staff understood the need to obtain consent when providing care.

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health services when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive improvement.

Summary of findings

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.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation

Staff supported people to take their medication safely.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Good



Is the service well-led?

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Good



Summary of findings

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views

Dengie Care Providers

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 3 November 2015 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including the Provider Information

Return (PIR) which the provider completed before the inspection. The PIR 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. We also reviewed the information we held about the service including safeguarding alerts and information received from people who used the service.

On the day of the inspection we spoke with the registered manager and her admin support at the agency's office. We met with two people to hear their views about the service they received. We spoke with one support staff.

Following the inspection we spoke with two relatives and received information from three additional staff.

We looked at five people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

People who used the agency told us that they felt safe when receiving care. One person said, “I know all of the staff who come to me, if there is anyone new they always come out first with one of the other carers so I can get to know them first.” Another person said, “I feel safe all of the time and would speak to [manager] if I didn’t.”

Relatives told us they felt their family members were in safe hands. They said, “I have no concerns about [relative] being safe the staff are all brilliant.”

Staff and the manager understood the importance of protecting people and keeping them safe. Staff were able to describe different forms of abuse and were aware of what to do if they felt a person was not safe. Staff said they were confident that any reports of poor practice of potential abuse would be dealt with appropriately by the registered manager.

People’s care records contained clear risk assessments to inform staff on what action to take to minimise risks. These included risk assessments associated with accessing the community safely and keeping well and healthy.

There were sufficient staff employed to keep people safe. People who used the agency and their relatives told us that there were enough staff to provide their care needs. One

person told us, “The staff are really good, they are always here when I need them.” A relative said, “There is sufficient staff there has never been a problem.” Senior staff told us that people were supported by a regular staff team so that the care and support provided was consistent.

The manager told us they had recruited a new staff member recently and we saw from the recruitment files that the service had a clear process in place for the safe recruitment of staff. Staff

confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a DBS check had been undertaken before the member of staff could be employed, this was to ensure that the person was not barred from working with people who required care and support. The agency had some volunteer staff and these staff had also had carried out.

There were arrangements in place to support people with their medication when necessary. One person told us, “I look after and take my own medication, staff just check I have taken it.” We looked at medication records and this was the case with the other people that the agency provided care to. All of the agency staff had received training in medication in case they needed to dispense medication at any time.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, “The staff know what I like doing and help me when I need them to.” One relative told us, “Most of the staff know [relative] really well, they have worked with [relative] a long time.”

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and food hygiene. They had recently undertaken training in dementia awareness so that they could recognise people’s changing needs and support them effectively/appropriately.

Newly appointed staff completed an initial induction this included shadowing more experienced workers to learn about people’s individual routines and preferences before working on their own. Staff told us the induction training they received was good and provided them with the knowledge they needed.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. Records we saw confirmed that face to face supervisions took place on a regular basis and staff confirmed that any training needs, or areas of concern were discussed and targets were identified for the next three months.

Senior staff explained that they observed staff and supported them as they provided care and support to ensure they were competent in their job role. The senior member of staff had attended supervision training to support them in carrying out supervisions effectively. This told us that there were systems in place to provide staff with the support and guidance they needed to meet people’s needs.

People’s consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared with others.

The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005 and what this meant in ways that they cared for people. They said they would recognise if a person’s capacity deteriorated and that they would discuss this with their manager.

People told us that their care visits were always on time. Staff told us, “We work as a team and if someone is going to be late, someone else will cover them.”

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. Staff had information about people’s likes and dislikes. Staff told us that they would know if there were any concerns from talking to people about their diet and observing any food that had not been eaten. If a person’s health was of concern they would refer to health professionals as and when needed. During our inspection one person told us, “The staff take me to the GP if I need them to.” Records confirmed that staff had taken the appropriate steps when they had noticed a person had been unwell. Relatives told us, “I am always kept informed of any health issues and told about any appointments.” A separate book was kept with any health appointments in and their outcomes which showed a clear audit trail and made it easier to look up dates of last appointments when needed.

Is the service caring?

Our findings

People told us that the staff were kind, and caring, one person said, “I don’t know where I would be without the staff and [manager] they have been great, so lovely.” Another said, “The staff are fantastic, I get on with all of them.”

Relatives praised the staff and their approach one relative told us, “The girls are all kind and caring.” Staff said, “It is like we are one big family.”

Staff understood why it was important to interact with people in a caring manner and how they respected people’s privacy and dignity. Staff knew about people’s individual needs and preferences and spoke to us about the people they cared for in a compassionate way.

People’s care records identified people’s specific needs and how they were met. The records also provided guidance to staff on people’s preferences regarding how their care was delivered. Where applicable, information was also provided on family history that could impact on the person’s care.

People told us that they felt the staff listened to what they said and acted upon their comments. One person said, “The staff ask me if I want them to do anything for me.” Records showed that people had been involved in their care planning and they had agreed with the contents. One person told us, “I know what my care plan is as it is about me and tells staff what I want to do.” Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People told us the staff promoted and respected their independence. One person said, “They let me do as much as I can myself.” A relative confirmed, and provided us with examples of how their relative was encouraged to be as independent as possible which they felt was really important. One relative told us, “[relative] has come on so much since living in her own home with the support still from the staff we are very happy, she is the best I have ever seen her.”

Is the service responsive?

Our findings

People told us they were well looked after and supported by the staff to do what they wanted to do. One person said, “The staff help me with my shopping and take me to the pub.”

The service was responsive to people’s needs for care, treatment and support. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans were regularly reviewed and updated to reflect people’s changing needs. Daily records were kept separately from the care plan and staff completed these passing on and communicating any changes in people’s care.

People’s preferences were taken into account so that they received personalised care. We saw that people had a ‘pen portrait’ in their support plan which clearly described the person’s needs likes and dislikes. People had a designated member of staff known as a keyworker, who was responsible for supporting that person with their individual care plan.

Records confirmed that everyone had access to and took part in a variety of community activities according to their personal preferences. One person told us, “I am going away for the weekend.” Another person had just gone on a three week cruise. We saw evidence of different activities taking place such as horse-riding and swimming. People told us they volunteered at local charity shops and that on different days they went to day centres or garden projects.

The registered manager told us about how they enabled people to have one to one time when there was only one

staff available for two people, and this was causing a problem. The manager asked for additional hours in order to enable them to facilitate taking one of the people out when the other person wanted to stay at home.

The senior member of staff told us that all of the staff were flexible and able to cover if necessary, for example if someone had an appointment or wanted to go out on an activity.

People told us that they were happy with the support they received from staff there was nothing they wanted to do that they were not able to. They told us that when they wanted to go out somewhere and needed someone to go with them, the staff member was available to go with them.

The service supported people to maintain family and personal relationships. People’s families and key individuals were invited to reviews as appropriate and provided with opportunities to contribute their views.

One family member said, “our family feel that [relative] has a level of independence that would be difficult to find elsewhere. It is great that [relative] has a life of her own but is still encouraged to be part of our family, and come to family gatherings.”

There was a complaint procedure in place which was accessible to people who used the service. There was a range of ways for people to feed back about their views and to raise any concerns for example the registered manager visited each person regularly. People told us they knew who to speak to if there was a problem. One person said, “I would speak to [manager] if I was not happy with something.”

Is the service well-led?

Our findings

The service was focused on developing a supportive culture. A member of staff told us, “I feel supported, I have had problems in the past and needed some time off and [manager] was very supportive and understanding. Being a small business it is very friendly and everyone gets on and is flexible working as a team.” Staff told us the manager had an open door policy and was approachable, they felt their comments were listened to and acted upon.

We spoke with relatives who told us, “[manager] is always available to talk to if we need to she is brilliant at communicating with us.”

Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. Some of the staff had worked for the service for many years and therefore had extensive knowledge and experience with the people they supported. This enabled consistent care from staff who knew them and with whom they had built up meaningful relationships.

The staff told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at.

The service had good links with the local community and enabled the people they supported to access local health, social and leisure resources in the community. The manager had a good relationship with the local authority.

The provider used a range of ways to seek the views of people who used the service. They had sent surveys to relatives and professionals to seek their views and opinions. We noted from the most recent surveys that there was positive and complimentary feedback from relatives and professionals. Comments included, “She is always so happy whenever the staff bring her to see me, this in turn makes me know that I did the right thing to let her move.”

We looked at records of complaints, there was a clear audit trail of the complaint being received, investigated and responded to.

Copies of care files and other confidential information about people were kept securely in the main office. People could be confident that information held by the service about them was confidential.