

Denny Care Services Limited

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## 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

This inspection was announced and took place on 29 February 2016. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Denny Care Services Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. The agency is also known as Home Instead and is part of a franchise. At the time of our inspection 11 people received care and support services.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and cared for by staff that had a clear understanding of the risk associated with people's need. Staff demonstrated their knowledge of the different types of potential abuse to people and how to respond. People had their individual risks assessed and there were plans in place to manage them. People's medicines were prompted by care staff that had received training to do this.

Care staff had been recruited following appropriate checks. The provider had arrangements in place to make sure that there were sufficient care staff to provide support to people in their own homes. People told us they received reliable care from a regular team of care staff who understood their preferences for care and support.

People were listened to and were involved in making decisions about their care. Staff understood they could only care for and support people who provided their consent. However, records were inconsistent and needed to be reviewed to ensure they were accurate and reflected people's current consent.

People told us that they were happy with the way in which care staff supported them with preparation of meals and that staff ensured a choice. People were supported by staff to maintain their independence.

People told us staff provided support that respected their privacy and dignity. People were encouraged to express their views and give feedback about their care. People said staff listened to them and they felt confident they could raise any issues should the need arise and that action would be taken.

Staff felt supported by the registered manager and that the provider gave them opportunity to progress and develop their skills and knowledge. The registered manager was committed to developing new initiatives to support the care provided to people.

The provider ensured regular checks were completed to monitor the quality of care that people received

and look at where improvements could be made.

People were positive about the care and support they received and the service as a whole.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe with care staff who supported them and knew how to keep them safe in their own home.

People received support from regular staff who had sufficient time to meet their needs.

### Is the service effective?

Good ●

The service was effective.

People received care in the way they wanted and from staff who were trained to support them.

Care staff had a good understanding of their responsibilities and sought people's consent before providing care.

### Is the service caring?

Good ●

The service was caring.

People received support from caring staff.

People's choices about their care were listened to and followed. People were treated respectfully and their privacy and dignity were maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs.

People knew who to talk to if they had concerns and felt staff and management were responsive. There were regular opportunities

to feedback about the service people had received.

**Is the service well-led?**

**Good** ●

The service was well led.

People and staff were complimentary about the service and had their views listened to.

Staff found that both the registered manager and the provider were approachable and supportive.

People benefited from a service which was regularly monitored. The provider had systems in place to check and improve the quality of the service provided.

# Denny Care Services 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 29 February 2016 and was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key about the service, what the service does well and improvements they plan to make.

We spoke to three people who used the service and two relatives by telephone. At the service we spoke with the registered manager, the provider and five members of care staff. We looked at the care records of four people to see how their care was planned. We also looked at three staff files, quality assurance reviews, incident records, complaints and compliments logs.

# Is the service safe?

## Our findings

All people we spoke with told us they felt safe with the staff supporting them and providing care. One person told us they felt assured and safe in knowing which staff were coming and said, "They let themselves in but they always call out to let me know they've arrived." Another person told us, "They look after me and always leave the house nice and tidy and secure."

All staff we spoke with demonstrated a good understanding of the types of abuse people could be at risk from and confirmed that they had received training in safeguarding people. They were clear about the steps they would take if they had any concerns. All five staff we spoke with told us they were confident to report any concerns with people's safety or welfare to the registered manager. One member of staff told us of a concern they had raised. They said that action had been taken and they were pleased that the situation was resolved quickly.

All staff we spoke with were able to tell us the different risks to people and how they supported them. One member of staff said, "To make sure people are safe to move around okay, I always ensure that the environment is obstacle free." People's risks had been assessed when they first received care from the service and had then been reviewed regularly and changes recorded in care plans. For example, supporting the person's mobility. Staff told us that they referred to care plans including the risk assessments before providing care. The provider had also assessed the person's home to look at potential risks for staff working there when providing care for a person.

All people told us they had regular staff and knew which staff member to expect on each call. The staff always arrived promptly and stayed for the agreed time. One person said that staff were reliable and this reassured them, they said, "I like the fact it's the same carers." Another person told us, "It's good that I've had the same girl since I started." Staff told us they were committed to their work which they enjoyed. The registered manager told us they would only accept new care calls if they had the staff availability to meet them.

The provider had introduced a new computerised system that enabled them to monitor calls, for example, when their staff enter and leave a person's home. The office staff received an alert if staff were late and this enabled them to take action, for example arranging for another member of staff to attend the call.

We saw records of employment checks completed by the service, which showed the steps the provider had taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

All the people we spoke with looked after their own medicines. One person we spoke with told us although they managed their medicines themselves, they appreciated the support staff had given them to change medication over a short period. Where staff had been involved in prompting or reminding a person to take their medicine this had been recorded and reviewed monthly by the registered manager. Staff told us they

had received training in administering medicines and the provider had procedures in place to follow.



## Is the service effective?

### Our findings

All people we spoke with told us that staff knew the care they needed. One person told us of the support they received and said, "Staff are very good, they certainly know what they are doing," and a relative told us, "Staff are well trained and skilled at what they do."

All staff said that the induction training was effective in training them for their role. One member of staff said, "The induction training is very good." They told us although they had previous experience the training was comprehensive and would also be good for new staff with no previous care experience.

Staff spoken with told us that training helped them to do their job. All five staff confirmed that they felt access to training was good and each of them was able to give an example of how training had impacted on the care they provided. For example, one member of staff explained how medication training had improved their handling of medicines and their support to people. Staff told us that additional training was available to support their practice when caring for people with specific needs.

All staff told us they benefited from receiving regular supervisions, which gave them the opportunity to discuss any issues or request further training. One member of staff told us they had requested and was due to attend training in caring for people living with dementia. In addition regular spot checks were made by senior care staff to observe staff care practices.

We checked whether the service was working within the principles of the 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.

People told us that staff sought their consent before providing care and they could choose the support they received. One person said, "Before they start, they ask if I'm OK and what I want to do first." Staff we spoke to told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded.

Where people were supported with the preparation of meals, they told us this was good. All staff we spoke with told us about the importance of giving people choice, which was also confirmed by the people we spoke to. Staff also told us how they took account of people's preferences including where they liked to eat. One relative told us although their relative didn't have a lunchtime call, they told us staff on the morning call helped by putting things ready for their relative's lunch.

Staff demonstrated that they knew when to contact outside professional assistance. Staff told us the benefit of having a minimum of one hour calls meant that they got to know people well and recognise any changes in their wellbeing. For example, one member of staff told us when one person she supported was unwell, they supported the person to contact their GP. Another relative told us that staff had worked with MacMillan

nurses to provide support to their family member.

## Is the service caring?

### Our findings

People who used the service and their relatives were positive about staff and the support they had received. One person told us they enjoyed staff visiting them and said, "It's good to have someone else to talk to. I enjoy and look forward to it." Another person told us, "Staff are very kind. You don't have to ask they just do it. They are very helpful." A relative also said that, "Staff are very caring. It's one of the things we really appreciate."

People told us that they were supported by staff who knew how to provide their care in the way they wanted it. One person told us how they had a good relationship with staff, they said, "I particularly like that they picked staff that most suited my personality. We have a laugh and a joke. It's what I like and what I need."

People told us they preferred receiving care from the same staff. Two people commented how they liked that they received care from a team of three staff and told us they felt this was a great benefit of the service. One person said, "Only being three carers is ideal, makes everything work well."

Staff spoke warmly and positively about the people they provided care for. One member of staff said, "I like the people I care for, therefore I really enjoy my job." During our conversations, staff were able to tell us about the people they supported and their likes and dislikes. Staff told us they were given the opportunity to meet with people before providing care. They were also given details of people's care when they first supported them but told us they would build up further knowledge as they provided care. A member of staff said, "The best way to get to know people is by asking people themselves."

People we spoke to felt involved in their care. We saw that when a person first started to use the service there was a telephone call after 24 hours to ensure everything was okay with the first call. A call was then made after a further two weeks to check they were satisfied. The call gave them opportunity to give feedback on the care provided. Subsequent checks were then made every three months. All the people we spoke with confirmed they were able to give feedback on the care provided and that they felt listened to.

People told us that care staff offered encouragement so they could maintain their independence in their personal care. One person told us, "They encourage me; it's just what I need." Another person told us, "I get going with things and if I need help they do help me." One member of staff told us how they encouraged one person to partly dress themselves. They said, "I encourage them and tell them well done because I know they really pleased to be able to do this."

People told us that care staff respected their home and that their privacy and dignity was respected. One person said, "They keep things private, I trust them." A relative told us, "[Relative's name] is very particular when it comes to bathing. Staff understood this and are very good. They have ensured it's the same member of staff who always bathes her." Another relative told us their family member didn't like staff to go into certain areas of their home. They said staff had respected this and worked with the family.

## Is the service responsive?

### Our findings

All people told us they felt supported by staff who knew them well and were happy with the support they received. One person commented, "I have no complaints, they are brilliant." Another person commented, "They know us very well. They are very good at knowing what they are doing."

People's needs were assessed and reviewed. People told us and we saw that care plans were reviewed regularly and that they had been involved in the reviews. People gave examples of the requests they had made for changes and how these had been managed. For example, one person told us they requested a change of staff and that it was, "Done in the right way so no one was upset." They advised they were, "Happy with the resolution."

Staff said good communication systems were in place to advise them of any changes. They said they were notified of any changes by telephone. One member of staff told us, "Its good communication. It's the right level."

All staff told us care plans included the most recent information and these would be updated to reflect any changes in a person's care. One staff member said, "The records include most current information and the risk assessments. You always read them first."

Staff demonstrated a detailed knowledge of the people they cared for and how they supported them in the way they wanted to be supported. One person told us staff had learnt about their medical condition. They said, "I am quite fussy and they had to learn about both me and my health". A relative told us staff knew how their relative wanted care, they said, "Staff have got to know her and know what she likes."

The provider had a procedure for people to raise complaints should they have them. All the people we spoke to told us they had not had reason to complain but were aware of how to raise concerns. A relative of one person commented, "[Relative's name] wouldn't stand for anything she'd soon let them know." Another relative told us, "We are quite frank as a family so we'd soon raise any concerns." People we spoke with told us they felt assured that action would be taken as necessary. One person told us, "I would tell the girls or [registered manager's name], they would sort anything."

All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support. There had been no written complaints over the previous twelve month period but the registered manager was clear of the actions they would take if a complaint was received. This including logging the complaint, investigating, responding to the person and taking any learning for improvements.

# Is the service well-led?

## Our findings

All people we spoke with were very positive about the service they received. One person told us the service was, "It's excellent, second to none," and the relative of another person told us, "It's brilliant, absolutely brilliant." Another person told us they were very relieved after transferring to the service from another agency. They told us, "This service is so much better."

All three people and two relative's told us that they knew the managers and they were very approachable. Staff also spoke positively of the management. They told us they felt listened to and supported with one member of staff saying, "They are happy to help you. I know I can ring them up and it will be sorted."

Staff told us communication from the provider was good. One member of staff commented, "They are good at letting us know things. They need to be flexible and responsive and they are." All staff we spoke with also confirmed that the management team was supportive. One member of staff said, "The provider and registered manager support all levels. They are very proactive."

All staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "We can raise items at staff meetings, we can also raise new ideas and new ways of doing things." We also saw that team meetings were held three different times to accommodate staff on different shifts. The registered manager advised this ensured a better attendance and staff confirmed this helped them to attend. Where staff were unable to attend the minutes were shared with them to ensure they remained up-to-date.

We saw that management meetings and senior staff meetings were held to discuss care and staffing issues. Where areas were identified for improvement we saw that actions were taken. For example it was agreed to increase the number of shadowing calls for new staff to ensure new staff had more opportunity to learn about the people they were supporting.

The registered manager felt that all staff worked well as a team. Staff confirmed this with one member of staff telling us, "I like the ethos of the company, we all work together." Another told us, "All the staff are good, from manager down. It's good working for this company." They also confirmed they were well supported by the provider who they told us were "Approachable and supportive".

We saw that the provider collated comments and positive feedback from their quality assurance checks with people. These comments were then shared at staff meetings, which staff told us they appreciated. We also saw that a number of compliment cards had been received giving positive feedback on the service provided. For example, one card said, "Thank you for your kindness. We are very aware of the personal touches showed." Another stated, "An excellent, capable, compassionate carer. I couldn't ask for better and all delivered with such good humour." The registered manager advised such complements were shared with individual carers in their supervision.

The provider had systems in place to check and review the care and support provided. People told us

checks were made to ensure were satisfied with the care or had any feedback. One person told us the managers, "Always want to know and see how things are." A relative told us reviews were held and commented, "They do listen to us."

The provider used an external agency to check people's overall views. The results had been positive with people saying that care matched their needs and care staff went the extra mile to provide a positive experience. The provider told us they were looking to continually improve and develop the service and was reviewing ways to collate further feedback from people. For example, they had introduced a new form to collect feedback from people new to the service.

The provider told us that as a branch of a franchise, they had access to legal and human resource staff to provide support and advice. They also met with other franchise providers to discuss care and share good practice. The provider told us they were provided with information in the form of a newsletter from the franchise company to keep their knowledge current and advise them on any legislation changes.

The provider also linked to external organisations such as the Alzheimer's Society and were able to provide information to people using the service and their families, for example information on dementia friendly community services.