

Danum Homecare LTD

Danum Homecare Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service in April 2017 when the service was rated 'Good'. After that inspection we received concerning information about how the service was being managed, which could have affected peoples' needs being met. As a result we undertook a focused inspection on 14 May 2018 to look into those concerns. We found that although there had been some issues with regards to topics such as staff rotas, these had been addressed swiftly. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Danum Homecare limited on our website at www.cqc.org.uk"

At this inspection we inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity, so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Danum Homecare is a domiciliary care agency which provides personal care to people in their own houses and flats in the community. At the time of the inspection they were delivering care and support to approximately 265 people in the Doncaster area and on the Wakefield border.

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

People told us the service supported them in a safe way. They said that overall they were happy with the quality of the care they received, and told us staff treated them with respect and cared for them in a way which met their needs.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Records showed where safeguarding concerns had been identified the registered provider had taken action to investigate these to make sure people were safe.

The process for recruiting staff remained robust. This helped the employer make safer recruitment decisions when employing new staff. Staff told us they had undertaken a structured induction to the company as well as on-going training and support meetings. However, staff annual appraisals had not always taken place in a timely manner.

Where people needed assistance to take their medication this was carried out safely. Since our last inspection improvements had been made to the medication administration records which provided staff with clearer information. We also found medication records were being regularly checked to make sure staff

had completed them correctly.

People were consulted about their satisfaction in the service they received. All the people we spoke with, including staff, told us that overall they were happy with the way the service was run.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Danum Homecare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an announced comprehensive inspection of this service in April 2017. After that inspection we received concerns in relation to how the service was being managed. As a result we undertook this focused inspection on 14 May 2018 to look into those concerns. This inspection examined those risks and found the management team had acted quickly to address any areas needing attention. An adult social care inspector undertook the inspection.

Before the inspection we reviewed all the information we held about the service including notifications that had been sent to CQC. This included information about some staff rotas being unrealistic, which meant staff had been asked to work excessive hours, therefore people would not receive their calls at the agreed time. We were also aware that safeguarding concerns had not always been reported to us by the registered provider. We also obtained the views of service commissioners and the local authority safeguarding team to seek their views on how the service was operating.

We telephoned five people who used the service and four relatives or friends of other people. We also considered all the information shared with us by people who had contacted us prior to the inspection. We spoke with the registered provider, the registered manager, two care co-ordinators and six care workers.

We looked at documentation relating to the management of the service including how safeguarding concerns had been handled and what action had been taken in response to concerns received. We also checked the system for arranging people's visits, including staff rotas and how the quality of the service provided was monitored, as well as sampling medication records.

Is the service safe?

Our findings

We looked at this domain as we had received concerns from one member of staff about staff rota's and another from a member of staff about the procedures in place to manage staff illness, which could have had a negative impact on people using the service. Due to lack of information we also had concerns about how safeguarding concerns we had been made aware of by the local authority had been reported and addressed by the registered provider.

At the inspection we found that although there was some substance to the concerns we had received, the management team had already taken action to address the majority of the concerns. Everyone we spoke with felt care and support was delivered in a safe way and no-one raised any concerns with us.

Prior to the inspection we had been told some staff had been given a rota that meant they had to work excessive hours, which also meant people's needs may not be met in a timely way. We asked the registered provider to look into this. At our visit to the office we found immediate action had been taken to amend the incorrect rota and a monitoring system had been put in place to minimise the risk of it happening again. For instance, the registered manager told us she now signed off all rotas created by care co-ordinators before they were issued. The reason for the error happening was being investigated at the time of our inspection to reduce the risk of it happening again. All the staff we spoke with said they were happy with the rotas, including the person who had raised the initial concern with us.

We asked the registered manager if enough staff was employed to make sure agreed visit times could be met, she told us there was. She added that since the beginning of 2018 they had recruited additional staff, which meant they could easily cover sickness and absences, thereby making sure people received their visits consistently. A care co-ordinator showed us how the computerised rota system was used to allocate staff. We saw they tried to make sure people were supported by the same care staff consistently. This was confirmed by the people we spoke with.

The service employed staff to work in specific geographical areas across Doncaster, with a new smaller patch on the Wakefield border. This meant the majority of time staff lived close to people they were supporting. However, staff told us when required they worked across areas to make sure people received their calls as agreed. All the people we spoke with spoke positively about the team of staff supporting them. One person told us, "Occasionally they [care workers] are a bit late, but it's not too bad." Another person said, "They [care workers] were a bit late today as they had an emergency, they didn't call to tell me, but that didn't matter." A relative commented, "We have no issues [with times of calls]. They come later to [family member] as she likes to get up later."

The management team told us how they monitored call times to make sure staff arrived within a reasonable time and stayed the correct length of time at each call. Since our last inspection travel time had clearly been incorporated into the rota system. Care co-ordinators said that as people being visited lived close by this was usually around five minutes between each call, but added that extra travel time was allocated to staff as and when required. For instance, if staff were travelling to a different area. Staff we spoke with confirmed

this.

At the last inspection we found care and support was planned and delivered in a way that ensured people's safety and welfare. At this inspection staff told us care files continued to identify and monitor any specific areas where people were more at risk, such as how to move them safely. This was confirmed by people using the service and the relatives we spoke with. One person described to us how staff helped them move safely around their home. They added, "Yes, they [staff] are very good."

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

The registered manager said they worked with the local authority to look into any safeguarding concerns reported. She showed us folders for each recent concern investigated, which included comprehensive investigation notes, letters and where possible the outcome. These showed she had taken appropriate action to safeguarding people. However, she acknowledged that a clearer system needed to be developed and embedded which would summarise all concerns received and provide an on-going monitoring tool to help her keep track of safeguarding concerns received. She told us she would address this immediately.

At the last inspection recruitment records showed that an effective recruitment and selection process was in place. This had not changed. Two of the newer staff we spoke with described their recruitment and induction to the company. This showed the company had made sure they were suitable to work with vulnerable people and training had been completed before they commenced work. Staff and people who used the service told us how new staff also shadowed an experienced member of staff until they were assessed as confident and competent to carry out their role.

Medication continued to be administered robustly and improvements had been made to the Medication Administration Record [MAR] so they provided clearer information for staff. The registered manager described how all MAR were now typed out and a key had been added with space for staff to record the reason a medicine had not been given. The MAR we sampled had been consistently completed and entries made on the back of forms to indicate the reasons why prescribed medication had not been administered.

Staff told us they completed periodic medication training as well as periodic observational competency checks. People who received support from staff to take their medication spoke positively about their experiences.

The company had an infection prevention and control policy which covered all the expected areas. However, a member of staff had raised concerns with us about how much time they should be off work before returning to caring for people. We discussed this with the management team who said they ensured genuine illness was always covered on staff rotas, to make sure they did not pass any infections on to people using the service. The registered manager gave us examples of how this had been done in the past. None of the staff we spoke with raised any concerns in this area and they confirmed they had completed appropriate training on this topic. They also told us they were provided with enough personal protective equipment, such as gloves, aprons and shoe covers to protect themselves and the people they supported.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The team consisted of care co-ordinators, team leaders and care workers. The registered provider told us he was based at the office so could offer regular support to the registered manager. The registered manager was also acting as care co-ordinator for the Wakefield area.

We looked at this domain to evaluate how the service was being managed as information we had received indicated that in some areas the management of the service was not effective. This included CQC not being notified of safeguarding concerns, staff being asked to work excessive hours and requested information not being provided.

We found that although there was some substance to the concerns, action had or was being taken to address any shortfalls. For instance, prior to the inspection we found when we compared the safeguarding notifications submitted to us by the registered provider there were a few concerns they had not notified us about. These had mainly come to our attention through the local authority. The registered provider told us they had no knowledge of one concern we spoke with them about and said they had sometimes found it difficult to obtain updates from the local authority.

Although the registered provider had notified us about concerns reported by staff to them, there were a couple of occasions where we had not been notified about concerns brought to their attention by the local authority. We discussed this with the management team to clarify that they needed to submit a notification to us for all safeguarding concerns they were made aware of. This had been an oversight on their behalf and they said they would ensure we were notified appropriately in the future.

We found although there had been a management problem with some staff rotas these had been addressed as soon as the registered manager became aware of the issue and appropriate action had been taken to make sure each person received their calls at the appropriate time and staff were not working too many hours. Monitoring of staff rotas had been introduced to minimise the risk of a recurrence.

Everyone we spoke with said they were happy with the service they received. One person told us, "It's all very good. All nice lasses [care workers]. I can't fault them." A relative commented, "She [family member] didn't want them to come at first, but she enjoys it [staff visits] now." The only area a few people thought could improve was the communication between them and the office. For example, one person told us, "Generally it's a lot better now. Sometimes though the office staff don't phone you back when they say they will. [Name of person] said they would phone back after lunch and it was over 24 hours later that they called me back." This was discussed with the registered manager so they could make sure calls were returned more promptly.

The service continued to gain the views of people using the service by sending them an annual survey and by undertaking either face to face or telephone discussions with them on a periodic basis. The survey for 2018 was being worked on during our visit to the service's office, where we saw questionnaires were waiting

to be posted out to people. We looked at the outcomes of discussions with people. Documentation had changed since our last inspection from set questions to a more open discussion. The ones we sampled indicated people were happy with how their care was delivered and how the service operated. The management team described to us how when people identified areas they would like to change they did their best to accommodate these.

The registered manager continued to hold weekly meetings with the care coordinators to review any issues which had been identified over the previous weekend when the office was closed. Care coordinators told us they shared on-call responsibilities and responded to any out of office hour's emergencies. For example, staff sickness or changes in people's needs.

Care workers told us they attended occasional staff meetings, but it was difficult to get all staff to these meetings due to the nature of their work. However, they said they received regular support sessions with their line manager, which they found useful. Some staff said they had not received an annual appraisal of their work over the last 12 months. The registered manager was attempting to carry out all appraisals herself, which she said had led to delays. She showed us her plan for making sure each person's work performance was appraised. She agreed it was a lot of work for one person, but she said the registered provider was looking at employing a deputy manager who would be able to assist with this.

Staff we spoke with felt well supported by their line managers. A new care worker told us, "So far everything is okay. When I phone for advice it's dealt with and I have been well supported by the team too." Another care worker told us, "I couldn't ask for a better manager, if you have a problem she's on it, can't fault her."

The management team continued to carry out regular checks to make sure the service was operating to expected standards. This included checking care plans and medication records. Since our last inspection improvements had been made in relation to medication audits to ensure records had been completed correctly and people had received the correct medicines at the right time. Staff told us medication records were checked regularly and the registered manager described how she checked all medication records returned to the office and signed to acknowledge they had been audited and actions had been taken to address any shortfalls.

The management team told us how they were working within ISO 9001. This is a widely recognised quality management system standard that aims to demonstrate the organisation's commitment to supplying a service that consistently meets their customers' requirements and continued improvement. The registered provider also used an external company to provide advice and assistance with all aspects of staff employment. This included employment law and disciplinary processes.

The registered provider told us on two occasions information had not been handled in line with data protection guidance, but they had taken immediate action to make sure people's personal information was protected and these incidents would not be repeated.

We spoke with the local authority who told us any recommendations made at their visit in 2017 had been met by the registered provider.