

DBAM Solutions Ltd

Chertsey

Inspection report

126 Hillswood Business Park
3000 Hillswood Drive
Chertsey
KT16 0RS

Tel: 02038417780

Website: www.dbamsocialcare.co.uk

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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

Chertsey is a domiciliary care agency which provides personal care and support to people living in their own homes. The service supports people with a wide range of needs including dementia, physical disability, sensory impairment and mental health conditions.

The service was supporting 15 people at the time of our inspection, all of whom received personal care. This is help with tasks related to personal hygiene and eating.

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

People were supported by staff who knew how to provide their care in a safe way.

Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Risk assessments had been carried out to identify and mitigate any risks involved in people's care.

People's medicines were managed safely.

Staff helped keep people's homes clean and wore personal protective equipment (PPE) when they carried out their visits.

People's needs were assessed before they began to use the service. A care plan was developed from this assessment which contained guidance for staff about how people's care should be provided.

Staff monitored people's health effectively and supported people to access healthcare services when they needed them.

Staff had the support and training they needed to carry out their roles. This included an induction when they started work, regular training and supervision with the registered manager.

People received their care from consistent staff and had established positive relationships with their care workers. Staff understood people's preferences about their care and respected their choices.

Staff supported people to maintain their independence where this was important to them.

Complaints were managed in line with the provider's complaints procedure and action taken to resolve any concerns raised.

There were systems in place to monitor the quality and safety of the service. These included spot checks and

audits of key aspects of the service.

People had opportunities to give feedback about the care they received and their views were listened to.

The registered manager provided good leadership for the service and staff were well-supported by the management team.

The agency had established effective working relationships with other professionals involved in people's care.

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; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 3 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of the service's registration.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chertsey

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

One inspector carried out the inspection.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection because we wanted to ensure the registered manager was available to speak with us.

Inspection activity started on 18 March 2022 and ended on 25 March 2022. We visited the office location on 18 March 2022.

What we did before inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. 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 the registered manager and the deputy manager about how the service was run. We reviewed care records for three people who used the service, including their risk assessments and care plans, and the arrangements for managing medicines.

After the inspection

We spoke with five people who used the service and six relatives to hear their views about the care and support provided. We received feedback from two professionals who worked with the service and three staff about the training and support they received.

The registered manager sent us additional information including records of staff recruitment, training and supervision, complaints, quality audits and the agency's business continuity plan.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe when staff provided their care. Relatives said their family members felt safe with staff, including when they used any equipment involved in their care. One relative told us, "We have a profiling bed and a hoist and they are very competent with that. [Family member] feels safe with them." Another relative said, "They know what they are doing with the hoist. They do everything properly."
- Assessments had been carried out to identify any risks to people. Assessments addressed area including mobility, skin integrity, communication, medication, continence, and the environment in which care was to be provided. Where risks were identified, guidance was in place for staff about how to mitigate them. Risk assessments were reviewed regularly to take account of any changes in people's needs.
- If accidents or incidents occurred, the registered manager reviewed these to identify any actions that could be taken to reduce the likelihood of a similar incident happening again. For example, after a person had a fall, the registered manager reviewed their moving and handling risk assessment and equipment was put in place to support the person's mobility. The registered manager also requested a medicines review by GP as the medicines the person took may have contributed to their risk of falls. Any learning identified from incidents was shared with the staff team.
- There was a business contingency plan for the agency to ensure people's care would not be interrupted in the event of an emergency, such as staff absence or loss of utilities.

Staffing and recruitment

- The provider employed enough staff to meet the service's care commitments. Most people told us staff usually arrived on time for their care visits. They said staff were only late if affected by events outside their control and they told us they were kept informed about any delays.
- One relative told us, "Their timekeeping is generally very good. If they have ever been late, it's been because of something beyond their control. If they are running late, [registered manager] will call me." Another relative said, "They have only been late a couple of times but they made sure to text me to let me know."
- Some people told us staff timekeeping had not always been good but had improved in recent weeks. One person said, "Timekeeping has not always been the best but they have got a lot better." Another person told us, "Early on it was a bit haphazard but now their timekeeping is very good." One person told us staff were sometimes late for their calls and they did not always get a message to let them know if staff were delayed. We shared this feedback with the registered manager, who agreed to address the issue.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and attend an interview. The provider carried out appropriate pre-employment checks, including obtaining a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training in their induction to the agency. Staff told us the registered manager encouraged staff to raise any concerns they had about people's safety or wellbeing.
- Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had.
- The registered manager had taken action to protect people when necessary. For example, the registered manager had made referrals to the local safeguarding authority when a person was discharged from hospital with pressure damage and, on another occasion, when staff had identified concerns about a person's vulnerability to abuse.

Using medicines safely

- People who received support with medicines told us staff managed this safely. One person told us, "They always make sure I am taking them at the right time." Another person said, "I might forget if it was down to me, but they make sure I take them."
- Staff attended training before being authorised to administer medicines and their practice was assessed before they were signed off as competent. Medicines administration was also assessed during spot checks.
- Staff said the training they received enabled them to feel confident about managing this aspect of people's care. One member of staff told us, "I have had medication training. I learned about different types of medication, storing it safely, controlled drugs, supporting the service user with administration or with self-administration, reporting mistakes and maintaining records."
- The registered manager audited medicines administration records regularly to check people were receiving their medicines as prescribed.

Preventing and controlling infection

- People said staff helped keep their homes clean and wore personal protective equipment (PPE) during their visits. One person said of staff, "They always wear masks and gloves."
- Staff received training in infection prevention and control (IPC) and the provider observed staff IPC practice during spot checks.

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.

Staff support: induction, training, skills and experience

- People and their relatives were confident in the skills and training of staff. One relative told us, "They are very professional. I am very happy with the service they provide." Another relative said, "We are really happy with them. They are very thorough. The team are really good."
- Staff had an induction when they started work, which included mandatory training and shadowing colleagues to understand how people preferred their care to be provided.
- Staff told us their induction had prepared them well for their roles. One member of staff said, "I had an induction before I started work. The manager introduced me to all the service users before I started. And I had a week of shadowing which helped me a lot and gave me more confidence." Another member of staff told us, "I had a month shadowing and this built my confidence in doing the job independently."
- Staff met regularly with the registered manager, which gave them opportunities to discuss their performance, training needs and any concerns they had. The registered manager told us, "We give them any feedback from clients, we ask how they are finding their role and about their well-being. We talk about training and updating their skills. We use a reflection template. We ask what went well and what we could do better."

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

- The registered manager assessed people's needs before they used the agency to ensure staff had the skills and training they needed to provide their care. Assessments considered areas including healthcare, mobility, continence, skin integrity and personal care.
- People and their relatives told us the registered manager had made efforts to understand people's preferences about their care and what outcomes they wanted from their support. One person told us, "They came and did a full assessment of my needs. [Registered manager] asked a lot of questions. She asked what I would need from them." A relative said, "We had an assessment visit to find out about us and what we needed. I was very impressed with that. They were very thorough."
- People's care was provided in line with relevant national guidance. The registered manager used nationally recognised assessment tools to identify and review people's needs.

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

- People told us staff supported them to make a medical appointment or to access treatment if they needed it. Relatives said staff monitored their family members' health effectively and took appropriate action if they became unwell or their condition deteriorated.
- People and their relatives confirmed that staff followed any guidance about their care that had been

recommended by healthcare professionals. One relative told us, "The psychiatric nurse gave [registered manager] some suggestions about [family member's] care and [registered manager] took it all on board and implemented it."

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

- People's nutrition and hydration needs were discussed at their initial assessments. If needs were identified in these areas, such as allergies, these were recorded in people's care plans.
- People who received support with meals told us they were happy with this aspect of their care. They said staff supported them to choose the meals they wanted.

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.

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

- People were asked to sign their care plans to record their consent to their care. When necessary, the registered manager had carried out assessments to determine whether people had the capacity to make decisions about their care. If people lacked the capacity to give informed consent, the registered manager had contributed to best interests meetings coordinated by the local authority.
- None of the people using the agency were subject to deprivations of their liberty.

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 told us they got on well with the staff who supported them. They said staff were kind and demonstrated a positive attitude and approach.
- One person told us, "They are all nice girls. They are very kind and caring. I cannot fault any of them." Another person said, "They are all lovely people. Their attitude is brilliant. I am very happy with them."
- Relatives told us their family members had established positive relationships with their care workers and enjoyed their company. One relative said, "[Family member] has got a good relationship with them. They are a good bunch. He has a laugh with them. He calls them his squad." Another relative told us, "They are very attentive and [family member] loves them. She looks forward to their visits. She has a great rapport with them. They cheer her up as soon as they come through the door."
- Relatives said the registered manager and staff were supportive of them as well as their family members. One relative told us, "If I am worried about anything, [registered manager] will come and discuss things with me." Another relative said, "I always have a chat with them. They look after me a bit as well. [Registered manager] and her team are like family now."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us their views about their care and support were listened to. They said they had been consulted about their care plans. One person told us, "They provided a care plan. We went through it together."
- People told us they saw the same care workers regularly, which meant staff knew their needs and preferences about their care. One person said, "I have a team of four carers. They understand the care that I need." Another person told us, "I see two or three girls usually. I am happy with that. They have become my buddies."
- Relatives told us their family members received consistent care, which was important to them. One relative said, "When your memory goes, you want familiar faces. They keep the same staff coming in, which is important." Another relative told us, "There are two main carers; it's usually one or the other. That is very good for [family member] as her relationship with her carer is very important and that is going well."
- Relatives told us new staff were always introduced to their family members by the registered manager. One relative said, "[Registered manager] always comes in if there is somebody new to introduce them." Another relative told us, "[Registered manager] always pops in when we have a new member of staff to check they are doing things correctly."
- People and their relatives told us staff were respectful and provided care in a way that maintained people's dignity. One person said of the staff who supported them, "They are very respectful, courteous and

polite." A relative told us, "They never rush [family member]. That might mean sitting with her for five or 10 minutes until she is ready but they are quite happy to do that."

- People and their relatives told us staff provided support in a way which supported people to maintain their abilities and independence. One relative said, "They respect [family member's] wish to be independent. They understand the importance of her maintaining the abilities she has got." Another relative told us, "They encourage [family member] to do things for himself where he can."

- The registered manager told us, "I encourage staff to understand they are not there to do things for people, they are there to do things with people. I tell them not to take over. They are there to promote self-reliance and well-being."

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

- Each person had a care plan which was developed from their initial assessment. Care plans contained details for staff about how people's care should be provided. Care plans also set out what people could do for themselves and how they preferred their care to be provided.
- People's care plans were regularly reviewed to make sure they accurately reflected their needs and preferences. People's views were taken into account in these reviews and incorporated into their care plans. One person told us, "We are about to have a review. We have one about every three months. We review the care plan and they ask if I want any changes."
- Staff told us they received enough information about people's needs before they began to support them. One member of staff said, "There is always a detailed clear care plan in place before I support the service user."
- People told us staff were willing to be flexible in their approach and to carry out other tasks if they found these difficult. For example, one person said they had told the registered manager they found it difficult to change their bed linen. The person said the registered manager had asked staff to do this during their visits. One person told us, "I tell them if I am struggling with something and they will do that for me." Another person said, "They will do other things if I ask them."

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.

- People's individual communication needs were discussed and recorded during their initial assessment. Any needs identified were then documented in people's care plans.
- Two people told us they sometimes found communication difficult with staff whose first language was not English. One person said, "There are two who aren't so good with their English, but they are very willing. They are lovely ladies." Another person told us, "There is a sometimes a bit of a language barrier with one or two of them. They sometimes find it hard to understand me."
- We shared this feedback with the registered manager, who told us they would assess staff's English language skills and provide support for staff to improve these if necessary.

End of life care and support

- The agency was not providing end of life at the time of our inspection although had done so in the past. The agency had received compliments for the care staff had provided towards the end of people's lives. One

relative who contacted the agency wrote, 'Thank you so much for all you did to get [family member] home for her last week. The carers were just incredible, and throughout the week, cared for [family member] with tenderness, respect, dignity and to the highest professional standards. They supported me also during this time so that I was then able to support [family member].'

- The agency had access to training in end of life care for staff and to support from specialist healthcare professionals if necessary.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain and said they would feel comfortable doing so if necessary. People who had raised concerns told us the registered manager had taken action to resolve them.
- One person told us, "I have got nothing to complain about but I would not have a problem making a complaint if I felt it was necessary." A relative said, "We have raised some minor concerns, but they have always listened and put things right."
- The provider had a complaints procedure which set out how any complaints received would be managed. The agency had received two formal complaints since its registration. These had been managed in line with the complaints procedure and resolved to the satisfaction of the complainants.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 agency's management team comprised the registered manager, a deputy manager, a care coordinator and a field supervisor.
- People and their relatives told us the service was well-run. They said they could always access any information they needed from the management team. One relative told us, "They are a good operation; [registered manager] runs a tight ship." Another relative said, "[Registered manager] is very organised. It is a good set up. We are glad we found them."
- There were systems in place to monitor the quality and safety of the service. For example, medicines audits were carried out each month and the management team carried out regular spot checks to observe the care people received. These checks assessed whether people's care had been provided in line with their care plans and appropriately recorded.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- People told us staff recorded the care they provided each day. One person said, "There is a book here that the girls write in. They record what they have done." A relative told us, "They are meticulous about the records they keep; what they have done and how [family member] is."

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

- People and their relatives told us the registered manager encouraged their feedback and was responsive to any issues they raised. They said the registered manager visited them regularly to hear their views about the service.
- One person told us, "I can always speak with [registered manager] if I need to. She comes and sees us regularly. She has said to me, you must tell us if there is something you want to talk about or if I have a suggestion." A relative said, "[Registered manager] pops in to hear how things are going. She has said call me any time if anything is not right."
- People and their relatives told us the agency did their best to respond to requests for changes. One person said, "They have come in earlier if I have needed them to. They try their best to be flexible if I want to change the times." A relative told us, "They are flexible. They will change the times or put in additional visits as long as we give them notice."
- Staff told us they received good support from the management team. They said the registered manager

and management team were receptive to their ideas and suggestions. One member of staff told us, "The management do support us as staff. We've got a WhatsApp group where we can raise concerns or we can call the manager directly." Another member of staff said, "Our management is quite responsive and has an open-door policy. They always listen and take on board ideas and suggestions that we give."

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

- People told us they had regular communication with the registered manager and that action was taken to resolve any issues they had. One person said, "[Registered manager] is very approachable. I feel I could raise anything with her and she would do her best to put it right." A relative told us, "We have had some minor issues crop up and [registered manager] has always dealt with them. Everything has always been sorted out straightaway."
- Staff told us the registered manager encouraged them to speak up about any concerns or suggestions they had and was responsive to their feedback. One member of staff said, "At team meetings we get updates on clients' feedback, suggestions on how to perform better and us carers can put forward ideas and concerns."

Working in partnership with others; Continuous learning and improving care

- The agency had established effective working relationships with other agencies and professionals involved in people's care. For example, the service had worked co-operatively with occupational therapists and palliative care specialists to ensure people received the care they needed.
- The registered manager worked well with local authorities and clinical commissioning groups that commissioned care with the agency. One professional told us, "We have worked with [registered manager] for a long time and have built a great working relationship with her. [Registered manager] is very efficient, caring and very hard working."