

Derby Senior Care 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

Derby Senior Care provides a care and support service to people who live in their own homes in and around Swadlincote. We inspected this service on 3 and 4 July 2017 and at the time of our inspection 38 people were receiving a service. This is the first inspection of this service since they registered with us.

The service had a registered manager in place at the time of our inspection. 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 confident that the staff were knowledgeable about the different types of abuse and knew how to report any incidents or concerns to help to keep them safe. Risks to people's safety had been assessed and staff knew how to support people to reduce any risk of harm. People were able to retain their independence and staff supported them to feel safe in their home and receive their medicines as prescribed. People felt there were enough staff and they had a small team of staff who provided all their care and support. Recruitment procedures meant that any new staff completed checks to ensure they were suitable to work with people.

People remained independent and choose how they wanted to be supported. People consented to their care and where they had difficulty making decisions, assessments were carried out to ensure decisions were made in their best interests. When needed, people were helped to eat and drink the food they enjoyed and encouraged to retain responsibility for their health care.

People liked the staff who provided their support and felt their dignity was promoted and privacy respected. People received individual support and their records reflected how they liked to receive their care. Concerns and complaints were responded to and people were encouraged to raise any issues.

People could comment on the quality of the service and felt their views were listened to. People and staff were positive about the leadership and management in place and felt they received guidance and support.

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 were kept safe by staff who knew how to safeguard people and protect them from harm. Staff understood how to recognise potential abuse and were confident reporting any concerns. Risks associated with people's care were assessed and staff knew how to support people and they received their medicines as prescribed. There were enough staff to meet people's needs and the provider had recruitment processes to check the staff's suitability to work with people.

Is the service effective?

Good ●

The service was effective.

When people were unable to make decisions about their care, the provider had assessed their capacity, and were able to show how decisions made on their behalf were in their best interests. Where people who used the service had capacity the staff gained consent before they were supported. Staff had the knowledge to provide effective care to people, and they received training to develop their skills. People were able to make choices about the food they ate and were supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind and caring way and people had developed positive relationships with them. Staff knew people well and treated them in a dignified and respectful manner.

Is the service responsive?

Good ●

The service was responsive.

People were involved with the assessment and planning of their care, and the provider was responsive to people's changing needs. People shared their experiences and people were confident to report any concerns.

Is the service well-led?

Good ●

The service was well-led.

The provider had effective systems in place that identified areas where improvements were required. There were quality checks in place to drive improvement and a positive culture was promoted. The staff felt supported and valued in their roles and had their views listened to.

Derby Senior Care 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.

We inspected the service on 3 and 4 July 2017. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We made telephone calls to six people, visited three people with support from staff, spoke with six staff and the registered manager and provider. We sent questionnaires to people who used the service, staff and professionals; we received nine responses. We also consulted with commissioners of the service. We used this information to make a judgement about the service.

On this occasion we did not ask the provider to send us a provider information return (PIR). This 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We looked at four people's care records to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People received support to take their medicines and they were confident they received these when they were needed. One person told us, "The staff know me really well but they still write down where I need to have my cream applied." Another person told us, "There's a record of my tablets in my folder. I have all my tablets delivered in a blister pack but I need staff to take them out for me." Staff demonstrated they knew why people needed their medicine and one member of staff told us, "If there were any concerns with any tablets we would call the office or the emergency services and seek guidance." We saw staff ensured that people took their medicines before they left and a record was maintained of any medicine or cream that needed to be applied. When new medicines arrived this was checked by two people to ensure accuracy.

People felt there was enough staff to provide safe and effective care. They had a small group of regular carers who provided all their care and who they knew well. One person told us, "I am happy with the staff. They've never let me down." Where people were considered vulnerable as they lived on their own or would be unable to call for support, the staff were required to log their visit by making a telephone call when they arrived and left people's homes. If any visit was missed, the registered manager would receive a text alert so action could be taken to ensure people remained safe. Where people needed support between their visits there was an emergency out of office number to call. The on call system was managed by senior staff and a copy of the office number was recorded in people's care records. One person told us, "If I needed to call anybody for help, then this would be an option, or if it was urgent, I'd just call the emergency services." One member of staff told us, "The number is not just for people but for us too. Some of us work quite late and if we have any concerns then we just call that number. It's always answered and we get the support we need."

People felt safe and comfortable with the staff and were confident that they knew how to protect them from harm. Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. They had completed training for safeguarding people and understood their responsibilities to report any concerns. One member of staff told us, "If we had any worries then we would call the office first and get advice on how to proceed. Where there have been concerns with people, we know about this so we can keep people safe and prevent any further harm occurring."

Staff knew the risks associated with people's care. Where people used equipment, an assessment was carried out to ensure equipment was used correctly and was suitable for people. One person told us, "At the moment I can get around. I have a stair lift and the staff know how to use this if they needed to, but at the moment I'm quite independent." One member of staff told us, "We are quite lucky as we have our own moving and handling trainer. If anyone has any new equipment, even though we've had the training they come out and show us how to use it and can check we are doing things properly." Another member of staff told us, "When people have any new equipment it has an ID code. We let the office know that code so if something breaks or is missing they can get straight onto the company and make sure it's fixed without delay."

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references,

having a police check and confirming the validity of their qualifications, previous experience and training.

Is the service effective?

Our findings

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 make 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. The application procedures for this for people living in their own homes is through the Court of Protection [CoP].

On this inspection we checked whether the provider was working within the principles of the MCA. People felt they were helped to make decisions and be in control of their care and support and had consented to their support plan. One person told us, "The staff know me really well but they still ask me what I want. They don't take anything for granted." Some people who used the service lacked capacity to make decisions about how they wanted to be supported. We saw that capacity assessments were completed which described how people's capacity was assessed and how the decision was reached. A best interest decision was made in consultation with people who were important to them. The provider understood their responsibility to ensure they had accurate information about any legal agreement to make decisions on others behalf. Staff understood that where people were no longer able to make decisions for themselves, other people could help make this decision in their best interests. One member of staff told us, "Some people need help to make decisions about whether they need to take their tablets or how to have help. The support plan includes information about it, if anyone can help them make this decision."

New staff completed an induction and were supported by a mentor when they started working in the service. One member of staff told us, "Mentorship means new staff can be observed. We can make sure they have received all the training they need to support each person and that both the staff and person get on and are happy. New staff shadowed experienced staff before they started working alone. One person told us, "I have a new staff coming today to see how I do things. I never have care from somebody I don't know." One member of staff explained, "We always make sure people are happy with the staff who support them. We are very proud about how committed we are to ensuring this both for staff and people, as it makes a difference to the quality of the service that is provided."

People were confident that staff knew how to support them. One person told us, "I have a team of staff who come and visit me. I've been using the service for a while now and it's always the same staff. I have a plan but they don't need to use it as they know me so well and know how I like things done and what I need. I have no worries about staff knowing what to do." Another person told us, "When the staff have had any new training they let me know what it's all about. It's good to know the company cares and helps the staff to learn to be better and keep up to date with things." Staff told us they received training which focused on people's different needs. One member of staff told us, "The company is very good at training and make sure we have learnt what we are supposed to. If we have training, our skills are checked when one of the senior staff come out and work with us and check what we are doing." Staff completed work books to record evidence of their training and used this towards demonstrating their competence. For example, where staff

had received medicines training they were expected to demonstrate their knowledge and whether they were safe to administer medicine. All staff completed training for the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. Where changes were identified, the staff raised any concern with health professionals. One person told us, "I've been seeing the occupational therapist because staff were worried about how I was and wanted to check to see if there was any new equipment available that could help me." A member of staff told us, "When we recognise people's needs have changed we alert the office who contact the health professional. It helps as each person has a small team of staff who support them so we notice these changes and can do something about it." The support people needed and risks associated with health care were recorded in care records to guide staff to provide the support people wanted.

People had choice and flexibility about the meals they ate. One person told us, "The staff are very good at preparing me what I want to eat. It's always cooked well." One member of staff told us, "[Person who used the service]'s relative ensures we have everything to prepare meals. A small amount of money is left so we can buy fresh vegetables when they run out. We record all the money we spend and get a receipt so everyone can see what we have bought. This works really well and means we can prepare the meals they like." A record was maintained of meals and drinks prepared so staff could identify what people had eaten or drank between support visits.

Is the service caring?

Our findings

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. One person told us, "I think the staff are of a high standard and I get on well with them." Another person told us, "I get on really well with everyone. Nothing is too much trouble for them and the staff are very respectful to me and my family. We are a close family and it's nice to see the staff take the time to know everybody. When family visit its never awkward, which is lovely."

People's privacy and dignity was respected. People were asked if they had a preference about the gender of the staff who provided personal care support. One person told us, "I prefer it that a man helps me with my shower. It's always been that way and that's good for me." Another person told us, "I'm quite a private person and like to get to know and trust staff before they do any personal care. They are really kind and patient and because I have the same staff I'm happy with the help I get. The girls are very good and I always have a towel over my lap to cover up." Another person told us. "If the staff leave the room, they always ask if they can come back in and check I'm alright first."

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "The service provided is of a high quality, we see the same carers on a regular basis with very little change. They all know me really well now and know what they are doing. I feel very fortunate."

People were encouraged and supported to be as independent as they wanted to be. One person told us, "I'm very stubborn and determined. I like to do what I can for myself. It's reassuring to have staff around as sometimes I worry about falling so will wait until my visit before I go off on my own. They never stop me though and they know I like to keep going." People's support plans guided staff on how to ensure they were encouraged to do as much as they wanted so that they retained control. One member of staff told us, "Everyone has an up to date care plan, but we know people so well. That's the good thing about having such a small team of staff helping each person."

People were involved with their support and given choices about their care. One person told us, "I'm very happy with the times they visit. I was asked what I wanted and this is what they arranged." Another person said, "I have every opportunity to make a choice about what I want. It starts at the beginning of the day, when the staff are helping me to get dressed. They will open the wardrobe and I chose what I want to wear, then what I want to eat. I am still in control, which I like."

Information about people was kept securely in the office. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People received support at the time they wanted and staff arrived when expected. Visits were planned to enable staff time to travel to each person. Each person received a rota which recorded which member of their staff team were working and what time they were expected. One person told us, "I'm really lucky. I have three staff who come and visit me and have from the start. I think of them as my family and I'm very happy they know what they are doing." Another person told us, "I've always had the same staff. I'm happy with them all and they have never let me down and they always come when they are expected; on the dot." A record was maintained of when staff visited and a description of the support that was provided.

People's care and support was planned to meet their needs and they contributed to the development of their plan. An assessment was carried out before starting to care for people and one person told us, "One of the office staff came to visit me and asked lots of questions so they knew what I wanted. When they started to do the visits, they came out with the new staff and worked together until I got to know them and they knew how to do everything right." One member of staff told us, "We have a 'meet and greet' session with people and shadow existing staff. It's really important we can get to know each other so we can provide the care people want." Where people's needs changed the staff arranged for the support plan to be reviewed. One member of staff told us, "If we find or recognise anything is different we let the office staff know so they can update the plan." The plans were reviewed three monthly to ensure the care provided still met people's needs. One member of staff told us, "A lot can change in three months so we need to speak with people to make sure we are still doing what is right for them. We may do this in person or on the phone depending on what is better for them. Some people find it difficult to speak on the phone so in those cases we always do a personal visit."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. One person told us, "I'd call the office if I had any concerns, but I don't. All the staff are lovely and I'm really happy." Another person told us, "What I like is they are very flexible and they understand things can go wrong and we just deal with it there and then. They are very supportive and we sort anything out. I've never needed to complain about anything." Another person told us, "If I had any concerns I'd definitely let the office staff know as it would be very awkward having your care from people you don't like or weren't very good. I'm pleased to say that isn't the case." The provider had a complaints procedure and we saw where any complaint had been raised, these had been investigated and people informed of the outcome. The provider also kept a copy of all compliments received and we saw these included; 'We have been very pleased with the standard of care you have provided, their punctuality and standard of work has been excellent.' And, 'We have had total confidence with everyone who has helped us, knowing that all their needs would be dealt with in a caring manner.'

People were supported to pursue activities and interests that were important to them or were helped with their shopping and cleaning. The provider arranged services for people to be supported with their interests or to support people when out; for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

People were able to share their views and the provider took action to improve their experience of the service. Each year people were asked for their views about the service in the form of a satisfaction questionnaire. We saw the results of the survey was generally positive and these had been analysed to evidence people's views and opinions. We saw comments included; 'All carers turn up on time. Any problems are sorted immediately,' 'A super hard working team. The staff work very hard ensuring that all needs are met.' And, 'The staff have gone above and beyond to look after us.'

A courtesy call was made after the initial care visit to ensure people were satisfied. One member of staff told us, "We want to know we are doing things right from the start. If it's not to people's expectations then we can make changes so we can provide care for people they way they want and need it. We also want to know how they got along with staff as that's important too." Quality checks monitored the service people received. Records were audited to make sure people received their medicines as prescribed and care was delivered as outlined in their support plans.

Staff were encouraged to contribute to the development of the service. They completed questionnaires on how they felt the service was managed, the quality of the training and support and what could be improved to make the service a better place to work. The responses were analysed and we saw that staff reported positive comments about the service and how it was managed. Staff meetings were held for them to discuss issues relevant to their roles and how the service was inspected. One member of staff told us, "We can discuss any new training, or how to record information or if we have any concerns. It's a good opportunity for us all to meet up and talk about what is happening and what has changed."

People benefitted from having support from staff who were supervised to ensure they were supporting people effectively. Staff told us this included observational supervision as well as one to one meetings. One member of staff said, "We have supervision every three months and we talk about how everything is and if we need any more training. If people's support changes we can talk about how we can help them." Another member of staff explained, "We have spot checks to make sure we are doing our job right and people are happy with the care they receive." Another member of staff told us, "Carrying out spot checks helps staff to achieve the care certificate as we are looking at how the staff can demonstrate their competence. For example, how staff are supporting people to have enough to eat and drink and how this is recorded."

People who used the service knew who the registered manager was and felt the service was well led. One person told us, "I can call the office at any time and speak with them or sometimes they come out and visit me to see how I am." One member of staff told us, "The manager and office staff visit people so they know who we are supporting and can help us when they are on call. It's important that they know people as they don't want any care being done by staff who aren't known to people." The provider and staff were proud of the service they provided and staff enjoyed working in the service. One member of staff told us, "The manager cares about us as well as everyone who receives a service. They help and understand us and are flexible so if anything happens we work together so we can cover calls and help each other out. It works really well." The staff knew how to act if they had concerns or witnessed bad practice and had the

confidence to report them to the registered manager. One member of staff told us, "It's clear that we need to report any problems and if we had any concerns about how we worked. Working closely together means we can feel safe letting the manager know if anything is wrong."