

Danum Homecare LTD

Danum Homecare Ltd

Inspection report

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Date of inspection visit: 27 and 28 August 2015
Date of publication: 24/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out a comprehensive inspection of this service on 29 July 2014. We found that the registered person did not always have regard for complaints, comments and views made by people who used the service. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that the registered person did not always take proper steps to ensure that people who used the service had an up to date care plan which reflected their

needs. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches we had found. We undertook this comprehensive inspection on the 27 and 28 August 2015 to check that they had

Summary of findings

followed their plan and to confirm that they now met legal requirements. The provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

This report covers our findings in relation to the comprehensive inspection on 27 and 28 August 2015. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Danum Homecare Ltd on our website at www.cqc.org.uk

Danum Homecare is a domiciliary care agency which provides personal care to people in Doncaster, South Yorkshire. They deliver care and support to approximately 270 people in their own homes.

There is a registered manager who manages the day to day operations of the service. 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 told us they felt safe in their homes and staff were available to offer support when needed to help them maintain their independence. One person told us, "The staff are very good. They pop in to make sure I am safe; sometimes they will stay for a chat which is nice." A friend of the person we spoke with said, "My friend gets on well with the carer workers and would not be able to stay at home without their support."

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we

sampled was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and their care package amended to meet their changing needs. Where people needed support taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

We found the service employed enough staff to meet the needs of the people being supported. This included care workers who visited people on a regular basis. People who used the service raised no concerns about how the service was staffed. The majority of the people we spoke with confirmed they had the same group of care staff most of the time.

People were able to raise any concerns they may have had. We found the systems to encourage people to raise any concerns they might have had showed improvements from when we last inspected the service. We saw the service user guide included 'how to make a complaint' This was written in a suitable format for people who used the service. One person said, "No complaints, the carers always see if there is anything I need doing and I would recommend them to anyone."

People were encouraged to give their views about the quality of the care provided to help drive up standards. Quality monitoring systems had improved since our last inspection and the registered manager had overall responsibility to ensure lessons were learned and action was taken to continuously improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There was enough qualified, skilled and experienced staff to meet people's needs. We saw how visits were allocated to ensure people received the care and support they needed.

The service had clear medication policies to ensure staff could offer support to people safely.

Good



Is the service effective?

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People were supported to access healthcare professionals, such as GPs, physiotherapists, opticians and dentists if needed.

Good



Is the service caring?

The service was caring

People told us they were happy with the care and support they received to help them maintain their independence. It was clear from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

The service worked in partnership with other organisations to ensure people received the care and support they needed.

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.

This inspection took place on 27 and 28 August 2015 and was announced. The provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 29 July 2014 had been made.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned 16 people who used the service to gain their views and experiences of the service. They also

spoke with four relatives on the telephone. At the office we spoke with the registered manager, the registered person, three team leaders and two care workers. We also visited and spoke with three people who used the service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of service commissioners from the local council who also monitor the service provided by the agency. The Commission also sent 50 surveys to people who used the service to gain their views. Eighteen people responded to the surveys and we have included some of their comments throughout this report. We also had comments about the service from four healthcare professionals.

We looked at documentation relating to ten people who used the service, ten staff recruitment and training records and records relating to the management of the service. This took place in the office. We also looked at two people's written records, including their plans of their care. This took place in people's own homes and we asked permission from the people before we looked at these records.

Is the service safe?

Our findings

Without exception everyone receiving support services from Danum Care told us they felt safe and free from bullying when staff from the agency were providing care, and have no worries or concerns about the way they were treated. Relatives shared this view and trusted care-workers to provide safe appropriate care for their family members. People we spoke with said, “I have a key safe but they always shout when they let themselves in so I know who it is.” Also, “Feel safe as houses.” Also, “Yes, I feel perfectly safe or would not let them in if I did not like them.” Also, “I feel very safe. They have got key safe and phone numbers of who to speak to if any problems and they make sure house secure at night.” Also, “Yes I feel very safe. It’s better than I thought it would be as I was worried they might be nasty as you hear things on the telly, but they are so very different from that.”

Surveys returned to the Commission by people who used the service told us 100% of respondents felt safe from abuse and or harm from care and support workers.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the team leaders or the registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one person we spoke with said, “The carers help me to stay safe but understand I want to do as much as possible for myself.” They went on to say, “I am coping myself and wash and shower myself, get my own meals, I do my meds in the box from the chemist but the carers hand me the tablets.”

The registered manager showed us examples of environmental risk assessments which were undertaken

prior to the service commencing. For example, risks associated with pets in people’s homes were considered to ensure staff were protected. Moving and handling risk assessments were seen on the records held at the office.

People were asked if they got their calls/visits when they were supposed to or within an acceptable time frame, and also if they had experienced missed calls. We were told there had been problems in the past with both of these, but it was evident from people’s comments that the situation was much better now and most people we spoke with had calls on time (unless there was an unexpected emergency). People told us, “Staff are on time. No missed calls and they stay for full length of time” Another person said, “I used to get missed calls quite a lot and sometimes complained to team leader but nothing was done about it really. But the staff member has now gone in and in the last few months things have improved and it’s not happening now.” Another person said, “Good continuity of care, I always get the same set of girls and only rarely get a new one from another team if my regular staff are on holiday or something.”

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately. We checked ten staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff told us face to face interviews had also taken place.

The registered manager told us staff were employed to work in geographical areas across Doncaster. This meant that staff lived close to people they were supporting. We were shown rotas which confirmed there were sufficient suitably skilled staff to support people in their homes.

The service had a comprehensive medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training which was refreshed regularly. We checked the medication administration records (MAR) belonging to two

Is the service safe?

of the people we visited. They were completed correctly and the registered manager told us the records were checked periodically as part of the care plan auditing procedures. One person we visited told us they were able to manage their medication independently and only needed support to make sure their medicines were checked when they arrived from the chemist. They said, "I take my own medication, I know what the tablets are for and I do not need any support with them." Another person said, "They (staff) just prompt me to take my medication but I can do it myself."

People we telephoned told us that care staff supported them to take their medication as prescribed. The level of support varied but people we spoke with told us that they received their tablets in a NOMAD (monitored dosage system) pack and for the majority it was just a matter of making sure they could access the tablets and prompting them. People said, "They remind me to take my meds and stay with me to make sure I have taken them." Another person said, "I've got a NOMAD which they put on my knee. They watch me get them out and stay to make sure I have taken them. They also put in my eye drops at night."

Is the service effective?

Our findings

People using the service and their relatives told us they feel care staff have the right competencies, knowledge, qualifications, skills, training, experience, attitudes and behaviours to provide support appropriate to their needs. One person we spoke with on the telephone said, “Yes they are very capable and always going on training. Only last week my regular told me she would not be coming one day as she was on training.”

People were supported to live their lives in the way that they chose. One person we spoke with told us that they liked their independence and wanted to remain in their own home for as long as they could. People were supported to have their needs assessed. This ensured their wishes and preferences were respected. From the surveys received 94% of respondents told us they received care and support from familiar, consistent care and support workers. And 96% of respondents would recommend this service to another person.

People told us they felt the support they got enabled them to live a good quality of life. One person we spoke with on the telephone said, “I don’t get out much but they come in four times a day and do whatever is needed, for example meals, shower me, check I have my tablets. They never rush me, they are friendly and have chat and always ask if there is anything else I need before they go. I am quite satisfied. They are very professional but always have a laugh and joke with me. Make my life better on daily basis.” One relative we spoke with on the telephone said, “For five years I said I did not need help, I did it all myself, but realise now that support with personal care and sitting service has given me quality of life for myself as well as for my family member who enjoys the change of company.”

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. One person told us, “Staff always makes sure I have plenty to drink available when they leave me. They are always saying to me make sure you drink plenty.” Another person we visited told us their partner always prepared their meals so they did not require help with this. A further person said, “Yes I am supported to make my own choices. Choose my own food, tell them what I want for breakfast, get a frozen meal out of freezer

and defrost it ready for them to microwave, and I always have trifle for pudding. I get my own tea out of the fridge.” We saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically.

Staff at the office told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Daily records were completed which stated what the person had eaten and drunk each day and staff described how they would raise issues with healthcare professionals or the person’s family if they needed to. One person we spoke with on the telephone told us, “They assist me with what is required from the care plan and definitely notice if I am not well. I’m a wheelchair user and have several complex health conditions and staff are aware of how to treat the different ones and act appropriately to my situation. They have even come back round after they have finished their calls to check if I am okay.” Another person said, “Staff are very on the ball if I am not well. They have called the ambulance for me in the past when I was not well.”

Records we looked at confirmed staff were trained to a good standard. The registered manager, team leaders and care workers had obtained nationally recognised certificates to levels two and three. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be different for each individual.

The registered manager was aware that all new staff employed would be registered to complete the ‘Care Certificate’ which replaces the ‘Common Induction Standards’ in April 2015. The ‘Care Certificate’ looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with told us that they had worked for the agency for different lengths of time ranging from one to three years. They said they enjoyed supporting people in

Is the service effective?

their own homes. They said they received guidance and support from the managers and other care workers. Staff told us they worked in small teams and found managers were available whenever they needed to contact them. One staff member said, “Our managers are really supportive.” We looked at formal supervisions which were undertaken at the office. They were completed to a good standard. Observations of work practice had also taken place in people’s own homes. We saw copies of these spot checks on the staff files we looked at.

We spoke to the registered manager about gaining consent to care and treatment. She told us that staff had received

training in the Mental Capacity Act. However, she said that most people they supported had some capacity to say how they wanted their care delivered in their own homes. Where people had limited capacity we found they were living with a spouse who shared caring responsibilities with the care workers and other relatives. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Is the service caring?

Our findings

During our inspection we visited three people in their homes accompanied by the registered manager who introduced us to the people being visited. We observed positive interaction between the registered manager and the people who used the service. People told us the registered manager visited them when they first started using the service and also called to see how satisfied they were with the service.

People felt staff respected their rights and dignity and provided the opportunity for them to exercise choice in their daily lives where appropriate and safe. Staff were mindful of people's privacy especially when supporting with personal care. We were told care workers addressed them respectfully, asked permission before carrying out tasks and offered choices. People we spoke with told us, "I need help with a bath but there is only one carer who I will let do this and they respect my personal preference here." Another person said, "When they wash or shower me I never feel embarrassed as we have a talk and a laugh and I do my own private parts they just do bits I can't reach." Another person said, "They respect my privacy. I have a wet room and I shout when I have finished showering and they come and pass me a towel to cover myself before I get off the chair and they help to dry and dress me."

We received a comment from a healthcare professional which helped us confirm the service was caring. They said, "I always find the agency helpful and responsive. I would recommend it for my family member. I have had regular contact with Danum Homecare and their co-ordinators, who manage day to day support for their service users. In my experience Danum co-ordinators and their care staff provide an excellent service. On several occasions Danum staff have gone that extra mile to ensure that their service users can return home from hospital as per their wishes. I am aware of Danum co-ordinators and carers providing more than the agreed level of support, should their service users need it."

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care so that they were respectful and maintained the person's dignity. From the surveys we received from people who used the service 100% of respondents said they were

happy with the care and support they received from this service. The care and support workers always treated them with respect and dignity and care and support workers were caring and kind.

Staff working with people in their homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and they told us the care and support provided was good. People told us they were happy with their care and they felt staff were respectful. One person said, "Yes very much so and with bed bathing they are very gentle."

The registered manager told us that staff worked in geographical areas of Doncaster and belonged to a small team which was led by the team leader. This meant that staff and people who used the service could build up relationships. The registered manager told us that they endeavoured to ensure only a small number of care workers were involved in individual care packages. This ensured consistency when delivering care. The people we visited confirmed this arrangement.

People told us they were involved in developing their support plans and people we visited showed us their records, which were written in a way people could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, making sure the person always had a good supply of drinks within easy reach. People we spoke with on the telephone told us, "I love them both (regular care workers) they are very kind, loving and homely people who just come to check I am alright, have eaten and had my tablets. Can do rest myself mainly." Another person said, "Ladies (care workers) are all first class. Have laugh and joke with them but very professional. Mostly it's the same person and she is always ahead of things. I give them 20 out of 10."

People we spoke with on the telephone told us they felt able to express their opinions about the service. One person said, "They (care workers) encourage me to do what I want to do and they support me with that. Also if I have any concerns I feel able to raise them and have been encouraged by the team leader to do so and make comments." Another person said, "I feel comfortable and in control of things and feel as though I am treated as an individual, and the care is very focussed on me. They (care workers) are always checking to see if everything is ok but

Is the service caring?

not intrusively just making sure. I was shocked (but impressed as I was without care at that time) at how quickly they got my package in place once they had been out to see me.”

Team leaders, carried out observations of staff working with people in their own homes. Some were unannounced

and focused on the person’s experience. They judged how staff maintained people’s dignity and respected people’s wishes. Staff received feedback from team leaders which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

Is the service responsive?

Our findings

At our last comprehensive inspection we found the registered person did not always take proper steps to ensure that people who used the service had an up to date care plan which reflected their needs. This was a breach of Regulation 20 (1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at three support plans for people visited. We also looked at ten support plans in the office. It was clear that the plans were person centred and reviewed as the support needs changed. The registered manager told us after the last inspection they reviewed all of the care plans for people who used the service. They told us this process took three months to complete and gave the registered manager an opportunity to visit all service users and involve each person in how they wanted their care delivered. The registered manager told us they had a schedule which informed them when care plans were due for reviewing. However if people's needs changed before that planned date then they would undertake an earlier review to make sure staff understood how to deliver care to people.

People we spoke with told us they knew what was written about them by care workers and care workers always discussed how they could support them better. People who we visited told us they were encouraged by care workers to remain as independent as possible. One person said, "I like to do things for myself but I know I need help in the morning to help me get dressed. The staff are very kind and patient." People we telephoned told us, "I was fully involved in drawing up care plan and they listened to what I wanted and the carers are always checking that I am ok when delivering care and if need anything else. They always have a laugh and help me have a good quality of life." Another person said, "Yes I have got a care plan which I have seen and signed myself as I am able to understand it." Another person said, "I have had a phone call from the main manager wanting to come out and meet me and see

how things are going with my care." From the surveys we received from people who used the service 94% said they were involved in decision-making about my care and support needs.

People were provided with information about the service, this is called a 'Service User Guide'. The guide informs people of their rights, what they can expect from the service and how to raise concerns.

The registered manager told us since the last inspection they had developed the complaints procedure also in easy read format, as well the comprehensive complaints' policy and procedure. She told us this was explained to everyone who received a service. It was written in plain English and gave timescales for the service to respond to any concerns raised. We looked at the records in relation to complaints and we saw that they were appropriately investigated and the complainant had received confirmation of the outcome.

The registered manager told us some minor issues were dealt with by the appropriate staff straight away. The registered manager told us that she met regularly with team managers to learn from any concerns raised to ensure they delivered a good quality service.

We saw there was also a compliments folder where cards and letters were kept. One letter described the care workers as friendly, polite and described the difference having the service had made to their life. Another card described the care workers as reliable and friendly.

People we spoke with when we visited them did not raise any complaints or concerns about the care and support they received. People who we spoke with on the telephone said, "I have no complaints at all about the agency or the manager who I feel able to talk to. I have to pinch myself sometimes to make sure it's all real, as I have had previous bad experiences with other agencies." Another person said, "I have had nothing to do with the office as I have never had to complain." Another person said, "I have never had to complain, but if I did I would complain first to team leader. She is very good and keeps things in order."

Staff told us if they received any concerns about the service they would share the information with their line managers. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

Is the service well-led?

Our findings

At the last inspection we found the registered person did not always have regard for complaints, comments and views made by people who used the service. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people consistently told us they could get in touch with the office and that staff were easy to get on with. Most people could recall their care reviews and told us these were face to face meetings. Conversations with people who used the service gave a favourable impression of the manner and professionalism of the office staff and managers.

The registered provider told us following the last inspection they had adopted the '15 Steps Challenge'. This is a series of resources to help look at care in a variety of settings through the eyes of patients and people who use services such as a domiciliary care agency. This helps to capture what good quality care looks, sounds and feels like. The provider told us the staff working in the office used a set of questions to telephone and ask people how the service was working for them and how they could improve the service. At the end of the conversation the staff member asked the person if they needed support to obtain any other services. For example, a chiropodist, gardener, handyman or help inside the house. The registered provider told us that they constantly evaluating the responses which form an action plan. The managers and team leaders review the action plan to develop the service.

Staff told us that they felt part of a team which encouraged involvement in developing an excellent service. They told us that they attended staff meetings and training sessions which gave them opportunity to raise any concerns and share knowledge.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager told us they were looking to purchase further computerised programmes to help plan work and monitor staffs time. We saw how team leaders currently manage calls to ensure people received the care they needed when they needed it.

Team leaders conducted at least two observations of care workers each year to check if they were delivering the care and support that met people's needs and the quality of care provided. We looked at a number of records completed following those checks. The records showed staff were assessed on how they delivered their support, health and safety, maintaining privacy and being respectful. Staff received feedback following the observations which included things they did well and areas for improvement.

People who used the service were formally asked their views by completing quality assurance surveys. People's answers indicated they were happy with the service. This meant most people strongly agreed with statements on the questionnaire. For example, "I can contribute ideas on improving the service provided, and I feel safe at all times with the carers." People said they would recommend the agency to other people. All respondents said they knew who to tell if they had a reason to make a complaint and they all responded they felt safe.