

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?

**Requires Improvement** 

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

Derby Senior Care provides a care and support service to people who live in their own homes in and around Swadlincote. At the time of our inspection 20 people were receiving a service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt they received their medicines as prescribed, although improvements were needed to ensure care plans included all information about the support people needed. Medicine records were not always completed to show the support people received. We have made a recommendation about how the provider manages medicines.

People felt safe when being supported by staff and risks had been identified to ensure staff could take action to keep people safe from harm. Staff knew how to recognise potential abuse and how to report this. People were confident that staff knew how to minimise the risk of infection and took suitable measures to ensure good working practices. There were sufficient staff working in the service who had been suitably recruited.

People made decisions about their care and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. Staff completed training to develop the skills they needed to support people effectively and received support from the management team to help them care for people in the right way. People's health was monitored, and staff worked together with other professionals to ensure they remained well.

People were positive about the way staff provided their care and said they were kind and compassionate. Each person had a small team of staff who provided all their care and they had been introduced to them before any care was delivered. Staff knew people well and respected the things that were important to them. People were encouraged to be independent and their privacy and dignity was upheld in their home.

People's care was reviewed to ensure this continued to reflect the support they wanted. People felt comfortable raising any issues or concerns and there were arrangements in place to deal with people's complaints.

The provider had systems in place to assess and monitor the quality of care. People were encouraged to share their experiences and views and they felt the provider and staff listened to them, to ensure they received the service they wanted.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. (Published August 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Derby Senior Care Limited

## 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 this 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave a short period notice of the inspection to ensure people had an opportunity to consent to a home visit or a telephone call from an inspector.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives and friends about their experience of the care provided. We spoke with six members of staff, the provider and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one social care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now been rated as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People felt the staff supported them to take their prescribed medicines and applied creams when these were needed. People remembered taking their medicines, however, we saw some medication records were not always completed and daily records did not record all medicines had been administered. Effective systems were not in place to ensure staff reported this and necessary checks were made to determine whether people received their medicines as prescribed.
- The care records did not always record information about all prescribed medicines. Some people needed support to apply prescribed creams when required, although there was no information available about when these were needed or where to apply the cream.
- Where people needed reminding to take their medicines, information was not recorded in the care records about the level of support needed and what medicines were needed. A record of when these medicines were administered was also not recorded.
- People received care from a small number of staff who knew them well and understood people's medicines, although the lack of evidence in people's records placed them at risk of receiving inappropriate care in this area.

We recommend that the provider considers current best practice guidance for managing medicines for people receiving social care in the community and take action to update their policy and practice accordingly.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving a service from staff they knew well. Staff had received training to understand how to safeguard people from harm and how to act if they had any concerns to keep people safe.
- Where concerns had been identified, these were documented, and referrals made to the local safeguarding team. This meant these could be suitably investigated and measures put in place to ensure people's safety.
- The registered manager notified us of where potential safeguarding concerns had been raised, as required.

### Assessing risk, safety monitoring and management

- People felt staff assisted them to retain their independence and encouraged them to continue to do as much for themselves as they could. Potential risks to people's health and well-being were recorded and identified the measures in place to mitigate these.

- Staff were knowledgeable about how to keep people safe and told us because they knew people well, they could quickly identify any changes and respond to keep people safe. One person told us, "The staff are very good at noticing anything different."

#### Staffing and recruitment

- People received care from a small team of staff and people felt there was sufficient staff they knew well who could provide their care.
- Suitable recruitment procedures were in place to ensure checks were made before new staff started working in the service to ensure they were suitable to work with people.

#### Preventing and controlling infection

- People felt staff maintained suitable hygiene standards when delivering personal care. One person told us, "I take some pleasing with this, so I'd be the first to say if anything wasn't right."
- Staff understood how to maintain suitable standards and practices were in place to ensure this protected people.

#### Learning lessons when things go wrong

- Staff knew how to report accidents or incidents; they told us they were able to call the office or the 'on call' staff member for support at any time. Accidents and incidents were recorded and reviewed to ensure themes and trends could be identified. We saw this meant care was reviewed to help keep people safe.
- Contingency plans were in place to ensure the service was able to continue even in adverse weather. The provider had assessed which services for people were critical, in order that these were prioritised in such events.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and a care plan developed with them before they started to receive a service. Care plans included information about how people wanted to receive their care, to ensure staff understood how they wanted to be supported to stay safe.
- Assessments of people's needs included information about protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This was important information to ensure people did not experience any discrimination.

Staff support: induction, training, skills and experience

- People felt staff had received the training they needed to provide their support effectively. One person told us, "The staff are very efficient, and I'm very impressed with the care and how they complete my records."
- Staff received an induction when they started working which covered how to provide care and support safely and to understand best practice care guidelines. Staff explained this included how to support people when changing position and how to support people to receive dignified care.
- Staff shadowed experienced staff and worked under supervision before supporting people. The staff told us this meant the management team could check they had the necessary skills to work alone safely.
- Staff had further opportunities to receive training and meet specific needs of people. One member of staff told us, "We can discuss what training we want to do at supervision. When we have had training, we have our work assessed, to check we are doing things right."

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

- Where it had been agreed as part of the care package, people felt they received the support they needed from staff with their meals and these were prepared as requested. People's care plans contained information regarding how they needed to be supported.
- People felt that staff ensured they had access to drinks and snacks when they left their home and always checked they were happy and could reach these. A record of meals served was recorded to ensure this could be reviewed by the staff team and to check that people had a range of different meals served.

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

- People were supported to access health and social care where this was needed. People told us that where staff identified any changes, they would alert others to ensure their care was reviewed.
- The staff monitored people's health and liaised with relevant health care professionals and people told us there was good communication. One person said, "We have a community matron and they make sure

everyone knows what's what."

- Where people were ill, the staff sought emergency care and stayed with people. One relative wrote, 'The staff did the right thing to call an ambulance as [Person] was in severe pain... We appreciate the efficient handling of the situation and the very professional way in which they did what was necessary.'
- Some people received additional support from other care agencies. People told us that where there were changes or important information was needed, they communicated well to ensure they received consistent care.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People felt able to make decisions about their care and told us the staff listened to what they said and respected their wishes.
- Where people had capacity, they recorded their consent to care and how information should be used and stored.
- Where people lacked capacity, staff understood how to act to ensure decisions were made in their best interests. Where other people had authority to make decisions, the registered manager had obtained a copy of any legal documents to ensure only authorised people made decisions on other behalf.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 felt the staff were kind and considerate and spoke positively about them and the support they provided. One person told us, "It's lovely to start the day with this level of care and the attitude of the staff is excellent."
- People had developed close relationships with staff. The provider's values promoted caring support as people only had a small team of staff who provided their support. People felt the staff knew how they wanted to be supported and one relative told us, "The staff always make sure they have a shave as this is really important to them."

Supporting people to express their views and be involved in making decisions about their care

- The staff listened to any decisions people made about their care and understood when people wanted help and support. One person told us, "The staff anticipate your needs."
- New staff were always introduced to people and spent time with them before providing their care. People told us they had a choice about which staff provided their care, and any personal preferences, such as the gender of staff, were respected. One relative told us, "We chose what staff we wanted to come here and at what time." Another person told us, "We only have three staff provide our care and when they first come here, they shadow other staff. The manager makes sure we get on before they start providing any care."
- Good relationships between people and staff had been created which helped people express their views. One person told us, "I would tell them straight away if things weren't right. We have that sort of relationship where we can talk about anything."

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy was respected and they were always treated with dignity. One person told us, "I receive dignified care."
- People were supported respectfully, and they told us staff respected their right to privacy. One person said, "We have an hour for staff to deliver the care, so the staff are more relaxed, and have the time to do things properly and right."
- People respected people's homes and personal property and were assisted to remain independent, as they had the necessary equipment to enhance their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Before starting to receive a service, the support requested, and the times of the support visits was agreed with people. People told us they were involved with developing a care plan to ensure staff understood how they wanted to be supported. One social care professional told us that the provider always carried out these assessments before providing support to ensure they could meet their needs and introduce staff. This helped to ensure people received care based on their preferences and needs.
- People knew when their care was organised and had a small team of staff who provided all their care. One person told us, "The staff are always on time; their punctuality is exceptional." Another person told us, "The staff are very punctual, which means a lot. It would be chaos if we didn't have this level of organisation."
- People were involved with regular reviews of their care to ensure it continued to meet their needs. One person told us, "My care plan has been reviewed as I had changes in my home."

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 communication needs were considered upon assessment and at reviews. The registered manager told us that people had reported they were happy with the current format of their care records and had information about the service in a suitable format. The registered manager understood this needed to be kept under review to ensure people continued to have information in an accessible format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- 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.
- Staff knew people well and had a good knowledge of people's interests which helped them to engage with people effectively. Continuity of care meant people developed positive relationships with staff who knew people well. Staff recognised the importance of people's family and one relative told us, "The staff will always include the rest of the family. For instance, if they make [Person] a drink, they always offer to make one for me to which is really kind."

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints. Where any complaint was received, these were investigated, and people were advised of the outcome and any changes or improvements.
- People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed.

#### End of life care and support

- There were no people receiving end of life care, however, people were supported to express their views about how they wanted to be supported towards the end of the life. Care plans included information about people's preferences including, their wishes following their death.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were positive about the way their care was managed and the culture of service, and there was good communication with the registered manager. People felt the office staff were available to provide additional support where needed. One person told us, "If I have to ask anything at the office, they will attend to it straight away. We have a very good relationship and communication is very good."
- Staff were supported by the management team to understand their role, so they knew what was expected of them. Regular checks and audits were undertaken including spot checks to monitor the care people received. One person told us, "When they are doing spot checks, they let us know what they are doing." They told us the process was not intrusive as they knew the senior staff who carried out these checks.

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;

- There was a system in place to evaluate and monitor how care was delivered and to ensure people received the support that they expected. For example, staff recorded their arrival and departure time in the care records and this was reviewed by the registered manager to ensure that people received the agreed support on time. Records were audited at the provider's office to ensure people received their care in accordance with their care plans. The registered manager told us that any concerns would be addressed through supervision to ensure staff continued to learn and develop.
- The staff felt there were clear lines of responsibility and everyone had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis. The staff felt supported and the registered manager recognised the importance of staff well-being. To recognise good practice and increase staff morale all compliments received were shared with the staff team.
- The registered manager understood their responsibility to inform us of significant events, such as safety incidents, in accordance with the requirements of their registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were involved with decisions about the services they received, and their views were considered during the care review process and quality monitoring arrangements. Care professionals confirmed their views were considered to improve people's care.

- Staff meetings were held to discuss people's care needs and to make suggestions for improving their care. Staff felt the registered manager listened to their views and implemented any changes where improvements could be identified.
- A formal annual review was completed which sought people's views about their care and how the service was managed. The views were analysed, and an easy read poster was developed regarding the findings. The provider agreed it would be beneficial for people to receive this to understand the outcome of the formal review.

#### Working in partnership with others

- The registered manager and staff worked in partnership with other agencies to ensure people received consistent care, which met their preferences. Where health or social care professionals have made recommendations to people's care, these have been recorded within their care records.
- People felt communication about any issues or concerns was good to ensure they were supported, and their health needs were monitored.