Danbury Care

Danbury Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection on 2 September 2016. Danbury Care provides a domiciliary care service and is registered to provide personal care to people in their own homes. On the day of our inspection, there were 70 people using the service and 21 staff supporting them.

A registered manager was in place. 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.'

During the inspection, we found that improvement was needed in the way the service was managed and how staff were trained and supported. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service did not have robust systems in place for the overall effective management of the service. The provision of mandatory training and supervision of staff was not in place to ensure they had the necessary skills and knowledge in carrying out their roles.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. People's medicine were administered to them safely and in a timely way. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Care plans were sufficiently detailed and provided an accurate description of people's care and support needs.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service.

People were treated with kindness and respect by staff and their dignity was maintained. Staff gave people choices and supported their independence. People gave their consent to care and support and their rights were respected.

People's health needs were met as staff liaised well with health and social care professionals. People knew who to make a complaint to at the service and complaints were dealt with quickly and appropriately. People were supported to be able to have their meals as and when they wanted them which met their nutritional needs.

Staff understood people's needs and provided care and support accordingly. Caring relationships had developed and people were fully involved in their care arrangements.

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.

Staff knew how to protect people from harm or poor practice in order to keep them safe.

There were processes in place to manage any risks to people's health and wellbeing.

There were enough staff to meet people's needs who had been recruited safely

Staff followed correct procedures for supporting people with their medicines so that people received their medicines safely and as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received the training and supervision they needed to provide them with the necessary knowledge and skills to carry out their responsibilities.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support.

Consent from people or their relatives was obtained before support and care was provided.

People were supported to access healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received

Is the service responsive?

Good

The service was responsive.

People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

People's choices were respected and their preferences were taken into account by staff providing care and support.

There were processes in place to deal with people's concerns or complaints. These were dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems and audits were not in place to monitor the management of the service.

The management and staff demonstrated a commitment to providing a service that put people first. Staff were motivated and positive about working for the service.

There were systems in place to obtain people's views and to use their feedback to make some improvements to the service.

Danbury Care

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 undertook an announced inspection on 2 September 2016 at the offices of Danbury Care and followed this up with telephone calls to people who used the service, staff and professionals. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by one inspector.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we spoke with the registered manager and office staff at their office location. We reviewed eight people's care records, five staff recruitment and training files and looked at quality audit records. After the inspection, we undertook phone calls to five people who used the service, two relatives and five members of staff. We also spoke with a health professional.

Good

Is the service safe?

Our findings

People told us that they felt safe and secure having the staff who visited them in their home and providing their care. One person said, "I have had some of the girls for many years and I do feel safe with them." Another said, "When a new staff member starts, they always work together so I am not on my own with them until they are familiar with the things to do for me."

Staff understood their roles and responsibilities regarding safeguarding people and protecting them from harm. They were able to demonstrate how to report concerns should they see or hear anything which concerned them. Staff shared information and any concerns they had with the coordinator or registered manager and felt confident that action would be taken if and when they reported any actual or suspected harm to anyone. No notifications of any safeguarding concerns had been raised with us in the past year but the registered manager was aware of how to report them by following their own policy and procedure and within the Southend, Essex and Thurrock safeguarding guidelines.

People's care records included risk assessments and guidance for staff on how these risks were minimised. These included risk assessments associated with a person's mobility, nutritional needs and the ability to take their medicine themselves. People and/or their relatives were involved in discussing their needs and requirements and we saw that these were recorded appropriately. This meant that people could live their lives as independently as possible and be supported to take risks associated with everyday living. Most reviews of people's care were undertaken to ensure that the risk assessments were up to date and reflected their current needs.

Any safety concerns in the environment were recorded such as possible risks from the use of equipment and if someone could not open the door themselves. Information was recorded which showed how these risks were reduced with certain procedures in place. Staff were aware of the risks to people and to themselves whilst being in their homes. Accidents and incidents were recorded and changes made to the risk assessments as appropriate to reduce the risk of these happening again.

The registered manager told us that they had enough staff employed with the right skills and experience to keep people safe and well cared for. Whilst they were always recruiting for new staff, they told us that they were not taking on any more clients so that they could continue to provide the service with sufficient staff for people already using the agency.

We saw that the rotas were organised in advance and showed that staff knew who they would be seeing and at what times. People told us that the staff were generally regular in the times that they visited and were not rushed and spent the allocated time with them.

People were protected by the service's recruitment procedures which checked that staff were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made as to the suitability of applicants before they started work in line with legal requirements. This included obtaining satisfactory references and a Disclosure and Barring Service (DBS)

check to ensure that staff were not prohibited from working with people who required care and support. We saw that disciplinary processes had been followed and any poor practice addressed as per the services' policy and procedure in order to safeguard people.

Most people took their own medicines or were assisted by family members. This information was recorded if they self-administered their medicine, were prompted or were assisted by staff and what support was required. An example we saw said, "Please prompt medicines for [person], and please ensure meds are taken as [person] has not been taking them correctly." This was being monitored by the care staff and the family so that the person remained well.

The registered manager told us that they had a medicine policy and procedure in place which was in need of updating. They agreed they would update this to ensure it met current guidelines and staff would be reissued with a copy to remind them of their responsibilities. We will follow this up to check it was carried out.

A list of the medicines that people took was recorded in their care plans so that staff knew what they were, the dosages and times to be taken. Staff told us that they were aware of the process for administering medicines appropriately and safely. They also confirmed that they were confident at medicine administration and followed the correct procedure although some staff had not had any up to date training in the past 12 months. However, they said that they were competent to support people as they knew people's routines "off by heart", the reasons they took a particular medicine and looked out for any changes to the medicine prescribed, The coordinator reassured us that she routinely observed staff prompting people with their medicines correctly but that this was not written down.

The coordinator told us that when they visited people to do reviews or when providing direct care, they checked the medicine administration records (MAR) to ensure they were being completed correctly and any errors were dealt with quickly. They also asked people if their arrangements were working well and if any changes were required. One staff member said, "We get checked occasionally by the coordinator to make sure we are doing people's meds properly."

The records we saw confirmed that staff administered medicine for people correctly. People and their relatives told us they received or were supported to take their medicine in the right way and at the right time.

Requires Improvement

Is the service effective?

Our findings

We looked at records and spoke with staff which confirmed that an effective process for the induction, training, supervision and appraisal of staff was not in place.

The registered manager told us that the induction programme for new staff was informal. This consisted of time looking at the policy and procedures, undertaking moving and positioning training with the coordinator or themselves in the office and then shadowing experienced staff to learn the role.

The system for the training and induction of new staff was not always thorough. The service did not ensure that staff undertook training in the introductory mandatory subjects to work with people in the community such as safeguarding adults from abuse (SOVA), administering medicines, health and safety, theory of moving and positioning, infection control and mental capacity as part of the induction process.

Of the five staff personnel files we looked at, only one staff member had some record of what they had completed in their induction process. The coordinator told us that they worked with new staff to ensure they were competent and capable of working with people in the community. We did not see any record of how this was taking place, the timescales or the learning and understanding gained. It was confirmed by the staff we talked with that their induction had been informal and practical but that training was, "A bit hit and miss." And, "You learnt on the job."

We were told that nearly all staff had a vocational qualification in health and social care. One staff member was completing the Care Certificate (the new qualification for health and social care workers) and one new staff was at present shadowing an experienced member of staff [their close relative].

The organisation of training for new and established staff in the mandatory subjects was not in place. We asked to see a copy of a training programme to see what training had been provided for staff and training which was planned in the months ahead. The training programme was confusing, inconsistent and not up to date. It only provided details of the year the training was due and no indication as to whether training in 2015 for example had been provided or completed by staff.

The registered manager also sent us after the inspection a list of training to be completed which consisted of dates for safeguarding adults from abuse (SOVA), (mostly due September 2016), moving and positioning people (mostly due October 2016) and medicine administration (mostly due February 2017). We were not assured that all staff had the knowledge and skills to care for people effectively.

We saw from the records and heard from staff that they had received some training to support them in their role, such as the practical application of how to assist people to move comfortably by the use of a hoist and other equipment. However, the records we saw showed that only two staff of the five we looked at had received training in medicine administration in 2016 and only three staff had undertaken fire and health and safety training. The registered manager told us that no staff had received training in the Mental Capacity Act (MCA) 2005.

The registered manager told us that there was not a system in place for the regular supervision or appraisal of staff. The coordinator confirmed that they provided support to new and existing care staff as they worked alongside them on a daily basis so they could 'keep an eye' on them. However, they did not meet one to one with them on a regular basis, discuss their role, responsibilities or personal development and staff confirmed that this was the case.

Spots checks were not undertaken and very little information was recorded about staff performance, other than addressing disciplinary matters. No annual appraisals had been completed. Staff did not have the opportunity to develop new skills and the service was not monitoring the competence of staff in carrying out their duties effectively.

This is a breach of Regulation 18(2)(a) of the HSCA 2008 (Regulated Activities) Regulations 2014.

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

Staff told us that they knew people very well and any change in their mood or decision making they would check with the family or other staff to consider their approach. One staff member said, 'People should always have control over the small things in their life as well as the big things."

Staff told us that they had not had MCA training. However, despite a lack of knowledge about the legal responsibilities on them, all the staff we spoke with were able to describe how they supported people with decision-making about everyday tasks.

People's level of capacity to make choices and decisions was noted in their care plan. People had also signed to consent to their care where appropriate. People told us that their consent was sought before any care and support was provided whenever the staff attended to them. Staff acted upon people's wishes and decisions and offered them choice about meeting their needs. One person said, "Everything is done in agreement with me. That's the way I like it and it works very well." A relative told us, "The carers always talk to [name of person] and ask if it's OK to do personal care, they never assume even though they have been coming a long time."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. A small number of people who used the service required assistance with the preparation of their meals and staff enabled them to have food and drink of their choice and it was prepared how they wanted it. "One person said, "I always have the same for my breakfast and I get it with a smile." Another person said, "I always have fresh food made for me and she chats whilst doing it."

Referrals were made quickly when people's health needs changed. We saw that appointments were made on people's behalf with professionals such as their GP, occupational therapists and district nurses where there was a need identified. We saw examples of referrals made, for example care staff had identified that a person was unwell and had got in touch with their GP. Medicines were dispensed quickly in order to make them more comfortable.

People had received appropriate equipment to enable them to walk with support around the home and the use of a hoist so that a person could be repositioned more comfortably. Occupational therapists ensured

staff new how to use the equipment properly so that people were comfortable and safe.

Changes to people's care and treatment were recorded in their care plans to enable staff and other professionals to meet their needs effectively and timely. One healthcare professional told us, "I would always be confident that the staff would escalate concerns to us which were beyond their experience. They are very good at what they do."

Good

Is the service caring?

Our findings

People who used the service and their relatives were very happy with the support and care provided by the staff at Danbury Care. The staff were caring, kind, warm, friendly and considerate.

Relatives told us that the staff knew and understood their family members well and valued the support and genuine care they gave. My [name of person] is very happy to see the girls when they arrive, its extra company for them other than me." Staff helped to build and maintain people's independence and confidence as one person said, "The girls are reassuring and tell me its going to be OK." People told us that staff helped them to maintain their dignity and privacy. Examples included, the privacy given when washing and going to the toilet and the attention to detail in helping someone get ready to go out with a relative and, "Looking their best."

People felt listened to and able to talk through with the staff any concerns they had and were respected and valued. One person said, "When we have a review, they check out if we are happy with the service and if any changes are needed. Nothing is too much trouble." Another person said, "If I am going out, I can change or cancel my call time without a problem. This enables me to live my life and carry on doing the things I enjoy."

Long term relationships had developed between staff and people who used the service as the same staff had been providing their care over a long period of time. One person said, "The consistency of staff has been great. We are really good friends now." Another person told us, "The carers are absolutely fantastic, wonderful." A relative said, "The carers are polite and very good. I left my [name of person] knowing I could go to work and they would be in good hands."

We saw written records, which people had signed their agreement to. This showed that they and their families were involved in making decisions about the care and support they received. People told us that they felt included and consulted and that any amendments to the care arrangements and support were put in place in accordance with their views and wishes.

The written content, style and tone of the daily notes was written in a sensitive and person-centred way and showed a respectful familiarity and good rapport with people who were valued by the staff. Staff described what was working well for people, such as, "[Person] has settled well using the new equipment." They also described people's moods such as, [Person] is feeling a bit down this morning." And "[Person], lovely as always and is enjoying the tennis."

In our discussions with staff, we got an understanding of their attitude and respect for the work they undertook. For example, "What I like about this job is that you have time to spend talking and being with people, not just doing things for them." Another staff member said, "You get lovely feedback from people you visit, sometimes it's like, you know, mutual appreciation of each other and that's nice."

We spoke with a healthcare professional who told us, "I think they are reliable and communicate well with people they come into contact with. The calibre of staff at Danbury Care is very high."

Good

Is the service responsive?

Our findings

Most of the people we spoke with told us that they received a service in a consistent and timely way which met their needs. One person said, "I have had about 3000 visits a year and in all that time I have only had one 'no show'. You can't get better than that." Another said, "Even though they swop and change, I know them all and they all know me. All the new ones respond well to my direction and respect my wishes."

Everyone told us that the staff responded to their needs in an individual way and respected their preferences, likes and dislikes and views and opinions. Some people told us that on occasions staff were late in arriving but they understood the reasons why this had occurred and, for most people, the amount of late calls had always been occasional rather than a regular occurrence.

People said that they usually got a call if the staff member was going to be late and they appreciated this. Sometimes, they had called the office to check where the staff member was and action had been taken to investigate this. They were responded to in a timely way by a person in the office or the registered manager who held the duty phone out of hours so they knew what was happening and were reassured.

Information was provided to people about the service in response to an initial enquiry from an individual or a referral from a health or social care professional. Information about people and their requirements was discussed during the initial assessment period and prior to the service being agreed. Decisions about the service to be provided were made in agreement with the person so that the service was tailor made and person centred.

The care plans covered all aspects of a person's individual needs, circumstances and preferences, including use of their preferred name. This included details of any personal care and support required, duties and tasks to be undertaken, medicines they were taking, risk assessments, how many calls and at what times in the day or evenings visits were required.

The service was flexible in meeting people needs and promoted their independence. People told us that when they wanted to go out or had appointments, the service changed the times to suit them and this was never a problem. One person said, "They have always been flexible and thoughtful. Nothing is a problem or gets in the way of being able to go out and about."

Whilst the staff had their usual rota on a weekly basis, they told us that they were happy to swop and change to suit people's needs and wishes. One person suggested that the only improvement they might make to the service was to have a list of staff visiting them (like a rota) across the course of a week so they knew who would be coming, even if it had to change occasionally.

People told us that they usually had a review every year or sooner if their needs or arrangements changed. Out of the seven care plans we looked at, half had been reviewed and the care plan updated and one person was relatively new to using the service. One person told us that they had not received a review of their care plan despite the onset of a health related concern needing a readjustment in their arrangements. The staff

had just written in large letters across the notes book so that other staff would know about this change in circumstances. We made the registered manager aware of this.

In addition, daily notes recorded were held in people's homes which allowed staff to share information with each other so that the care and support people received was responsive to their daily requirements. We saw previously completed copies which provided an understanding of the care which had been provided. One family member said, "The carers will always tell me about something that needs attention and they will tell me what they write it in the book so that it will update the ones coming in later. They always keep me informed."

A health professional told us "What I like about the service is that they are honest. They are very clear about what they can do or not do and there are no empty promises."

People told us that they knew who to contact if they had any concerns or complaints and this would be the registered manager or the coordinator. Most people said they knew who the registered manager was but had not met them, but spoke with them on the telephone and their concerns had been dealt with. One person told us they had complained about not being informed about a change in the time of a call. This was acknowledged and dealt with and they were satisfied with the reason.

The registered manager told us that they did not have any written or verbal complaints outstanding but dealt with any concerns at the time of receiving them. This was also the experience of people who used the service as the majority said they were satisfied with the way they had been dealt with by the registered manager. People told us that on-going contact with the coordinator meant that problems or queries were resolved quickly before they had to contact the office.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection, we found that the service was not always well led and managed. In checking the records relating to all aspects of the service and speaking with staff, we found that improvements were required in this area.

A registered manager was in post who managed a coordinator and three office staff. The coordinator worked on the rota in a senior caring role and managed the care staff in addition to their duties. People told us that the coordinator managed their care arrangements which they were happy with. The registered manager told us the coordinator kept an "eye on staff" as they worked with them more closely and left them to "get on with things". Staff confirmed that the registered manager was not very visible in the service and left the coordinator to manage them. Staff were very complimentary about the coordinator and the support and help they gave. One staff member said, "What would we do without her."

We asked the registered manager to show us what quality assurance systems were in place to review the quality of the service. The manager was transparent about their lack of auditing and monitoring, record keeping and reviews of people's care. They provided some information to us as requested after the inspection but this was insufficiently robust to gather an understanding of the improvements which were to be made. There was little evidence also to show that the registered manager involved staff in the development of the service.

The policies and procedures we saw were in need of review and of being updated. The registered manager could only find one page of the medicine administration policy and the Mental Capacity Act (MCA) policy contained incorrect information, for example, the date on the policy of the MCA was wrong as it said MCA 2007 and not 2005. There was no evidence that the registered manager had kept up to date with current guidance in relation to good practice in working with people in their own homes.

The registered manager did not have systems in place for the proper training, supervision and appraisal of staff. They were aware of their responsibilities but told us that they had let this side of things slip. The registered manager could not remember the last time they provided supervision or an annual appraisal for the coordinator. There were no supervision records for the coordinator in their file but we saw that they had received an appraisal in 2013. We did not see any written records of spot checks or the monitoring of staff in administering medicines properly, using protective clothing or using equipment safely

This is a breach of Regulation 17 (1)(2)(a)(b)(dii)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new computerised record keeping system was being implemented in the service. We saw that information such as contact with people who used the service, relatives and professionals was kept, staff training, care plans and review information was started to be collated. The registered manager told us that once this system was up and running it would help the service to keep up to date and enable them to monitor the service. Paper records relating to people who used the service were kept confidential.

The annual customer survey had been completed in December 2015 and the results had been analysed. People were satisfied with the service. Where improvements had been identified, an action had been put in place to improve the service.

Staff were able to share with us their vision and values for the service and worked as a team, supporting one another in an informal way, for example, one staff member said, "The carers who cover [area] meet together for a coffee sometimes which is a bit like supporting each other." They were motivated, enjoyed their work and were aware of their responsibilities. We saw the records for two staff meetings held in 2016 which discussed relevant work issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have a robust system in place for the overall effective management of the service.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provision of mandatory training and supervision of staff was not in place to ensure they had the skills and knowledge in carrying out their roles.