

Dendera Ltd

# Dendera Care

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Dendera Care is a domiciliary care service that provides personal care and support to people living in their own homes. At the time of our inspection the service was supporting 13 people.

People's experience of using this service:

People told us they felt safe with the staff and the service had systems in place to safeguard people from the risk of abuse. People and their relatives said staff usually arrived on time but if they were running late they would call to let them know. One person said, "They're [the staff] always on time and stay as long as needed."

People's needs were effectively assessed and met by staff. People and their relatives were involved in the assessment process and agreed what support was provided by staff and how. People and their relatives said they were confident staff were well-trained. One person commented, "Staff know what they're doing, they are skilled."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives gave us positive feedback about the staff. Comments included, "We get on well, I know them, they're very nice and they treat me with dignity." Staff were well-placed to understand and support people with their cultural and spiritual needs and preferences through their own personal experience. One relative said, "[Relative] is very proud, staff speaking with her in her own language is so important and makes such a difference. They understand our culture." People and their relatives told us staff treated them with dignity and respect. One relative commented, "Staff support [Relative] in a respectful way and encourage her independence."

People and their relatives told us they were happy with their care plans and the ways in which staff supported people. They also confirmed they had been involved in the care planning and review process. Many of the people supported by the service did not speak English as their first language. Staff were able to speak their language, and this was a significant benefit helping people to understand important information.

People and relatives told us they thought the service was well-led. One person said, "It seems well-organised and I'm happy. It's going well, the support is very good." The service gave people opportunities to give feedback about their care, which we saw was positive. The service had systems in place to ensure the quality and safety of care being delivered by staff was maintained.

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:

This service was registered with us on 28/02/2019 and this is the first inspection.

Why we inspected:

This was a planned inspection based on our approach to inspecting newly registered services.

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.

Good ●

### 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 ●

# Dendera Care

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Dendera Care is a domiciliary care service providing care and support to people in their own homes.

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 the service 48 hours' notice of our inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 28 February 2020 and ended on 2 March 2020. We visited the office location on 2 March 2020.

#### What we did:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, we reviewed information we had received about the service since it registered with CQC and we sought feedback from the local authority. We used all this information to plan our inspection.

We reviewed a range of documentation at the service's office location including three people's care records,

three staff files, audits and records relating to the quality checks undertaken by staff and other management records. During the inspection we spoke over the telephone with one person supported by the service and three relatives. During the inspection we also spoke with seven staff including the registered manager, care coordinator, care workers and other staff.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by the staff. Comments included, "Yes, I do feel safe" and "Oh yes, [Relative] feels absolutely safe."
- Staff had received training on this topic and were aware of their role and responsibility regarding safeguarding.
- The service had not had to deal with any such concerns to date but there were systems in place to safeguard people from the risk of abuse. The registered manager was also aware of their obligation to notify CQC of these concerns when required.

Staffing and recruitment

- People and their relatives told us that staff usually arrived on time but let them know if they were running later than normal. Comments included, "They came on time, timing is good" and "They're [the staff] always on time and stay as long as needed."
- New staff were safely recruited by the service ensuring only people who were suitable to work with vulnerable people were employed.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place to guide staff and help them to meet people's needs safely and effectively.
- Staff told us they were always able to access advice and guidance from senior staff when needed.

Preventing and controlling infection

- Staff had received training on infection prevention and control and they used personal protective equipment (PPE) when needed to help minimise the spread of infection.

Learning lessons when things go wrong

- No accidents or incidents had occurred since the service had registered with CQC. However, there were policies and procedures in place to guide staff on how to deal with these situations.
- The service had a system in place to record accidents and incidents when they occurred, and staff were aware of the importance of monitoring and acting upon this information.

Using medicines safely

- None of the people being supported by the service at the time of our inspection required staff to administer their medicines. However, staff had received training on this topic and underwent regular checks to assess their competency.

- The service had quality assurance processes to ensure people received their medicines correctly when they were providing this support.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs and preferences before they were supported by the service. This information contributed to people's care plans and risk assessments.
- People's equality and diversity needs were considered planned for during the assessment process and included within their care plans, such as age, disability and religion.
- People and their relatives told us they were involved in the assessment process and staff effectively met their needs. One person said, "I agreed the care plan, very happy with it."

Staff support: induction, training, skills and experience

- People and their relatives said they were confident staff were well-trained. One person commented, "Staff know what they're doing, they are skilled."
- New staff were appropriately inducted into their role at the service with a period of office-based training, shadow working and ongoing support.
- Staff received a good range of training so they could safely and effectively support people. Records showed staff were up-to-date with their training and refresher training had been arranged when necessary.
- Staff told us they felt well-supported in their roles and records showed they received regular support through supervisions with senior staff.

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

- People were appropriately supported to eat and drink in line with their needs, preferences and choices. Staff were knowledgeable about people's preferences, along with any associated spiritual and cultural needs.
- Staff had received training on this topic and were able to safely and effectively support people with their eating and drinking needs.

Staff providing consistent, effective, timely care and supporting people to live healthier lives and access to healthcare services and support.

- The service worked in partnership with other healthcare professionals to ensure people's health and wellbeing needs were met. This included signposting, supporting and referring people to access other healthcare services when needed.
- One relative explained staff helped their relative with their post and attended appointments with them to provide support and, when needed, assist with translation.

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 with appropriate legal authority. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

- None of the people supported by the service were subject to a Court of Protection order. However, systems were in place to ensure people who lacked the capacity to make specific decisions, were supported in the least restrictive ways possible.
- Staff had received on this topic and were aware of the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave us positive feedback about the staff. Comments included, "We get on well, I know them, they're very nice and they treat me with dignity" and "[The staff are] so caring, they go out of their way for [Relative]."
- Staff were well-placed to understand and support people with their cultural and spiritual needs and preferences through their own personal experience. People and relatives told us how beneficial and reassuring it was that staff were able to communicate with people in their first languages. One relative said, "[Relative] is very proud, staff speaking with her in her own language is so important and makes such a difference. They understand our culture."
- People were supported by regular carers who they and their relatives knew them well.
- Staff were knowledgeable about the people they supported and what care and support they needed.

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

- The service involved people and their relatives in making decisions about their care. One relative said, "Honestly, I can't express how good they've [the staff] been. Staff support [Relative] to express herself in her own language."
- The service asked for people's views about their care during quarterly satisfaction questionnaires and care plan reviews.
- Staff gave people information and signposted them to advocacy services and other support services where this was needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect. One relative commented, "Staff support [Relative] in a respectful way and encourage her independence."
- Staff understood the importance of maintaining people's privacy and dignity and could give examples of how they did this.
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they were happy with their care plans and the ways in which staff supported people. They also confirmed they had been involved in the care planning and review process.
- People's care plans were person-centred, regularly reviewed and contained the basic information staff needed to support people safely and effectively. This included essential information about risks associated with people's care, emotional and physical health, religious and cultural needs.
- People's care plans had limited background information about them, such as their work, life and social history. We discussed this with the registered manager as an area that could be developed to give staff better documented insight into the people they were supporting.

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.

- Care plans contained information about people's individual communication needs.
- None of the people supported by the service at the time of our inspection had any particularly complex communication needs. However, we found the service was able to provide information in alternative ways if needed, such as braille, easy-read and translated.
- Many of the people supported by the service did not speak English as their first language. Staff were able to speak their language, and this was a significant benefit helping people to understand important information.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since it registered with CQC. However, there was a policy and procedure in place to guide both people and staff when required.
- People and their relatives said they knew how to raise any concerns and felt able to do so if needed. One person said, "I feel comfortable talking to the people at the office if there's a problem."

End of life care and support

- The service did not usually support people with end of life care. However, the registered manager explained staff would work with other healthcare professionals when required. Staff understood people's end of life spiritual and cultural preferences to ensure these needs would be supported.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a manager registered with CQC who understood and met their legal obligations, such as notifying CQC of any significant events that had occurred.
- Staff were supported with a range of regularly reviewed policies and procedures to help guide them.
- The service had systems in place to monitor, assess and improve the quality of service being provided.
- The registered manager and other senior staff carried out regular spot checks on staff to monitor their practice, gather feedback from people supported and ensure staff were providing high-quality, safe and effective care.
- Regular meetings were held with staff at the service to share learning and guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- Senior staff understood their responsibility regarding the duty of candour and there was an open and caring culture at the service.
- People and relatives told us they thought the service was well-led. One person said, "It seems well-organised and I'm happy. It's going well, the support is very good."
- Staff said they felt valued and well-supported in their roles and were always able to contact the registered manager or care coordinator for advice.

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

- People were able to share their views about their care in a variety of ways, such as during quarterly satisfaction questionnaires and care plan reviews.
- Records showed people were happy with the service being provided and gave positive feedback about the staff. This echoed the feedback we received from people and their relatives during our inspection.
- People's equality and diversity needs were considered and met during the care planning process to ensure staff were aware of and respected these needs.

Working in partnership with others

- The service had good working relationships with other health and social care professionals, such as GPs, social workers and occupational therapists.