

Derby Senior Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 7 March 2016. Derby Senior Care provides a care and support service to people who live in their own homes. This is a small service and at the time of our inspection 23 people were receiving personal care and support. The organisation provides other support that is not regulated by us which includes personal shopping, support in the community and respite breaks for carers.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff sought people's consent before they provided care and support. Some people did not have capacity to make certain decisions. It was not clear how some decisions had been made and whether people should make the decision for themselves.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and welfare had been identified and staff knew how to support people to ensure risks were minimised. Each person was supported by a small team of staff who knew people well. People had developed good relationships with staff who recognised where care needed to be reviewed to reflect changes with people's support.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. Staff felt confident that they had the necessary skills to provide safe and effective support for people. People had support to take their medicines at the right time and staff knew how to act if medicines were missed.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this. People received the assistance they required to have enough to eat and drink and were supported to maintain with people that were important to them.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. The manager assessed how well the service was running to identify if any improvements were needed.

People felt comfortable raising any issues or concerns and there were arrangements in place to deal with people's complaints.

You can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe when they received care and there was an on call system for people to ring in the event of an emergency out of office hours. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure staff were suitable to work with people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff sought people's consent when providing support although where people may lack capacity it was not clear that decisions were always made in people's best interests. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, compassion and respect by staff who knew their needs and preferences. People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

Care and support was planned to meet people's needs and changed when this was needed. People felt comfortable to raise concerns and staff responded to this to improve the support people received.

Is the service well-led?

Good ●

The service was well led.

People were happy with the support they received and were asked how they could improve the support and service. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. Systems were in place to assess and monitor the quality of care to bring about improvements.

Derby Senior Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 7 March 2016. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We made telephone calls to five people and relatives in their homes and spoke with five staff and the registered manager and provider. We sent out questionnaires to people to ask them about the quality of the service they received. We used this information to make a judgement about the service.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

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

Is the service safe?

Our findings

People who used the service told us they felt safe with the care staff. People knew the staff well and felt comfortable with them. People told us that if they were concerned about anything they would speak with a member of staff, or the manager. One person said, "If I thought anything was wrong I'd speak to the office staff. All the staff have my welfare at the heart of what they do."

People could be assured that there were systems in place to protect them from harm. Staff had received training in protecting people from the risk of abuse. They had a good knowledge of how to recognise and respond to allegations of harm. The staff understood the processes for reporting concerns and knew how to escalate them to external agencies if needed. The manager was aware of what incidents would need to be shared with the local authority safeguarding adult's team, although they had not yet needed to share any information.

Risks to people were assessed to promote their safety. One person told us, "I have every confidence in the staff and trust them." Another person told us, "The staff know what they are doing. I have equipment in my home so I can get about. I went through everything with them so they knew what to do and I've never had to remind them of anything. I know they have had training to use the equipment." Staff told us they had received training for helping people to mobilise and were confident with how they supported people. One member of staff told us, "If anyone has any new equipment, senior staff go out and review the support plan and we get extra training. The occupational therapist has come to the office too and shown us how to use some equipment. I'm confident I know what I am doing." The care records detailed the risks involved when visiting a person's home and staff were made aware of these prior to delivering care and support. One member of staff told us, "Before we support anybody new we come to the office and read the plans. If there is anything we don't understand we can talk about it and get it right before we go and visit people." People's homes were assessed to ensure staff had guidance to follow to protect people from identified risks. The staff told us this meant they had a better understanding of reducing potential harm and keeping the person and themselves safe.

People felt there were enough staff working in the service to meet their needs and staff were on time for their visits. One person told us, "I have a small team of staff who come and support me. The manager came out and asked what I wanted and when I wanted them to visit. I get a printed sheet which tells me who is going to come out and they come on time. They are brilliant. You know who is coming and at what time. There is a number you can call if they don't arrive but I've never had to use that." Staff told us they had enough time to complete the tasks they needed to when they visited people. They had enough time between visits to ensure they arrived on time at the next call. One member of staff told us, "We never have to rush. We have a minimum of an hours visit and we always have enough time to get to the next call. The managers are very good at arranging that."

People received support to safely manage their medicines. Some people were independent or required staff to prompt them. Other people needed staff to administer any medicines. One relative told us, "We have a lockable box where the medicines are kept for safety. The staff make sure [person who used the service]

takes their medicines when they should. I've never had any concerns there." Staff knew how to safely support people to manage their medicines and had a good understanding of the different levels of support people needed. One staff member told us, "It doesn't matter what support we give people. Information about what medicines are for is recorded in the care records, and we ask people if they need help or support." Staff received training to ensure medicines were administered safely. One member of staff told us, "We had training for medicines and also for how we complete the records. It was very confusing at first but the seniors worked with me until I understood it." Staff completed medication administration records to confirm whether or not people had taken their medicines. The registered manager checked staff were competent and assessed them during 'spot checks' of their practice.

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. The staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us and we saw that some people who used the service did not have capacity to make decisions about their care. Where people no longer had capacity, assessments had not been completed and decisions were being made by other people. For example, support plans and consent to administer medication had been signed by family members as staff told us people no longer had capacity to understand these. The staff had received training in the MCA but had not identified that where people lacked capacity, assessments should be completed to ensure decisions were being made in their best interests. Some people had a Lasting Power of Attorney to make decisions about personal finances. A LPA is a way of giving someone people trust the legal authority to make decisions on their behalf, if people are unable at some time in the future to make decisions for themselves. The provider had not seen these to ensure that these had been registered and what decisions these gave nominated people the authority to make.

This evidenced demonstrated there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people had capacity, people felt they were supported to make decisions and be in control of their care and support. People were asked about how they wanted to be supported and where they had capacity, had consented to their support plan. One person told us, "When I started using the service, they asked me what I wanted and what support I needed. I have a folder which has everything in it. I read what they write every time they come and I'm happy with the support. They do what they say they would."

People were supported by staff that were trained to care for them safely and were supported by the registered manager. We spoke with two staff who had recently started working in the service. They told us that they completed an induction during their first week of work to ensure they knew how to safely support people. One member of staff told us, "We focused on training to make sure we knew what equipment to use and how to support people." Before working with people new staff completed 'meet and greets' and were shadowed by other staff until they felt confident to work alone.

New staff were supported through a mentorship programme. A senior member of staff told us, "This means new staff can move seamlessly from induction into working into completing the care certificate." All staff were completing the care certificate which sets out common induction standards for social care staff. It has

been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff told us they continued to receive training which focused on people's different needs. One member of staff told us, "We have to support some people who need extra care so they don't get pressure sores. We have had training to recognise changes in people's skin and how to use different equipment. Some people use feet protectors so this stops their feet rubbing or getting further skin damage." Another member of staff told us, "We check the mattresses are set up correctly and know the basics on their maintenance so they work properly for that person."

People benefitted from staff who were supervised to ensure they were supporting people effectively. The staff participated in quarterly supervision meetings which were used to appraise their performance and identify any training needs. One senior member of staff told us, "We carry out spot checks to make sure staff are administering medicines properly, what regard they have for infection control and how they support people. It helps because I also support people so work alongside side so it's less intrusive." One member of staff told us, "After we have spot checks, we have our supervision and if there is anything of concern or anything positive this is talked about as part of our development."

People were supported to eat and drink enough to help keep them healthy. Some people received support with preparation of their meals. One person told us, "The staff help me to sort out my meals when I'm on my own. Everything is here that they need." Staff told us that when they were concerned about people's health and their diet, they checked that people were eating and drinking. One member of staff told us, "I support one person who has fortified drinks. I check they are having them and if I was concerned I would record this and alert the office to make sure they kept well." One member of staff told us, "For some people we prepare a meal from scratch, for others we heat food. It's all about what people want." The care records included information about how people needed to be supported and about people's likes and dislikes.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. One person told us, "If I'm ill, then it's up to me to call the doctor. I don't expect the staff to get involved and they know this." Other people were supported by family members. One relative told us, "As a family, we support [person who used the service]. I am confident that if the staff notices anything and were worried they would let us know though." The support people needed and risks associated with health care were recorded in care records to guide staff to provide the support people wanted. Staff told us they knew how to contact external health professionals if people's needs changed or they were unwell. We saw the contact details were recorded in people's care records, which were kept in their homes.

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. Comments from people included; "The staff do more than we expected. They even help with the housework and they do this because they care." "The staff are pleasant; they are very easy going and do a fantastic job. I have a laugh and a joke with them and it's a pleasure to see them." and "I'd recommend them to anyone. They are absolutely brilliant."

People were supported by staff who knew their likes and dislikes and got to know them as a person. People felt it was important to be supported by staff who knew them well and they told us that they had the same staff who visited them and knew how they preferred to be supported. One person told us, "The staff are wonderful. It's always someone I know and I get on really well with all of them; they are lovely." A member of staff told us, "It's lovely that each person has the same set of carers. We have time to spend with people and enough time to get to each visit. I think this is what makes us stand out from the rest."

People were happy with how staff supported them and had developed relationships with staff. One person told us, "The staff have definitely formed a bond with [person who used the service] and they are really happy." One relative told us, "There's a team of four staff that visit. We think of them as family and [person who used the service] gives them all a hug." A member of staff told us, "What's nice is that we are asked if we feel we can offer people a service. They care enough to make sure we get along and for a good relationship both people need to be happy and at ease. I think this is what makes us really good at what we do."

People's privacy and dignity was respected and staff demonstrated they knew the values in relation to respecting people's privacy and dignity. People were asked if they wanted to be supported by staff of a particular gender. One person told us, "The manager asked if I was happier being supported by male or female workers. I said I wasn't bothered but it was nice to be asked." Another person told us, "I can't fault them. They are very respectful and make sure I'm covered up when they help me."

As part of the observations of staff practices in people's homes, the senior staff assessed if staff were respectful of people's privacy and dignity. One person told us, "The staff help me to get dressed. They know what they are doing and don't cause me any pain and are very respectful and considerate." One member of staff told us, "The seniors check to make sure we are doing things the way people want it done. We are all very considerate and make sure people are covered and wouldn't do personal care in the company of others."

The staff told us that there was no-one currently using an advocate but that discussions were held with people to ensure they were aware of advocacy. Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

People were included in planning their own care and support. People had a copy of their support plan and had been involved with its design. People told us they were able to choose when to have their support and had opportunities to change the times. One person told us, "If I'm going out or have family here, I just let the office know and they change the visit. They are very good." A member of staff told us, "We have to be flexible because people go out or change their plans. We sometimes visit people and they're out. We check they're okay but don't mind if they are out doing something."

People made changes to their care and support when needed and quarterly review of people's support plan was completed. One member of staff told us, "We ask people whether they are happy with the carers and with their plan. If people want anything changed we arrange this." Where significant changes were required the support was reviewed and a new plan completed. For example, we saw where one person needed additional support and the plan was reviewed and the staff were informed of the changes. One member of staff told us, "If we notice anything different we are always told 'recognise, record and report'. If we do this then everything is always going to be right for people."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. People who used the service and their relatives told us they had received a copy of the complaints procedure. We saw where people had raised concerns there were arrangements in place to resolve these, and people were informed of any outcome. One person told us, "I can raise anything. I told them once that I'd prefer a different carer and it was sorted straight away." Another person told us, "I'd certainly speak to the manager if anything was bothering me. I don't need to though because they are fantastic."

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

Is the service well-led?

Our findings

There was a registered manager in post and they understood their role and responsibilities. The provider was also an integral part of the service and worked alongside the registered manager supporting staff and giving care and support to people who used the service. People were clear about who the registered manager and provider were and felt they could approach them if they wanted to talk about anything. They told us that they would listen and make changes as a result of this. A person who used the service told us, "The company is as good as its manager and we certainly think they are excellent." One relative told us, "The whole company is set up so everything is done right."

There were arrangements in place to provide support to people and staff through an on call arrangement. One member of staff told us, "There's an on call number and the office number gets transferred to us too. This means if people want extra support or a visit needs covering, there is someone available to go out." One relative told us, "If I've ever had to call the office, there's always someone to answer the phone; I can rely on them being there."

People were given the opportunity to have a say in what they thought about the quality of the service they received through a quarterly review of care. People were sent a questionnaire which asked them to comment on how satisfied they were with the service and this could be completed anonymously. Competency checks were carried out for each member of staff on a quarterly basis. Senior staff took this opportunity to speak with people and ask them if they were happy with the service and whether they were happy with the staff supporting them. One relative told us, "We are asked about what we like and whether we get the service we expected. I only have positive things to say. We are very pleased."

People felt they were well cared for and we saw many people had commented positively on the service they received. Compliments the provider had received included; 'The staff were very professional, extremely caring and gave them a great deal of confidence in supporting our family.' 'We are thankful that you have kept your promises and provided us with everything you agreed. The continuity of carers has made such a difference.' And 'Thank you for the exceptional care, support and friendship everybody gave [person who used the service]. You significantly enhanced the quality of their life.'

People told us they were supported by a staff team that were happy in their work and enjoyed working for the service. The staff were confident they could take any concerns to the registered manager and would be taken seriously and that action would be taken where appropriate. One member of staff told us, "We are always reminded what to do if we have any concerns about staff attitude and what we see. We pride ourselves in doing a good job and we would definitely report something so action could be taken." Staff members told us the registered manager was accessible and approachable and were confident that they would deal effectively with any concerns they raised.

The provider carried out quality checks to ensure the office was safe and well maintained. Checks had been made on the electrical equipment and fire checks had been completed.

The provider had not had cause to send us any notifications but was aware of the events that required a notification. Providers are required by law to notify us of certain events that happen in the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people lacked capacity, the registered person had not acted in accordance with the Mental Capacity Act 2005 to ensure decisions were made appropriately.</p>