Care Worldwide (London) Limited

# Dana Home Care

## 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

This was an announced inspection that took place on 5 January 2016. This was the first inspection of this service as operated by this provider. At the time of our visit, the service was providing personal care support for four people at three different supported living schemes. The provider also has registration for three care homes, all of which are located close by.

Dana Home Care provides care in your own home and supported living services. Its stated specialisms include dementia, eating disorders, learning disabilities, physical disabilities and sensory impairments.

There was a registered manager in post. 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. The registered manager of Dana Home Care is additionally registered as manager for one of the provider's local care homes.

People and their relatives, and community professionals, provided positive feedback about the service. We saw evidence indicating that the service had supported people to develop their skills and reduce behaviours that challenged. People's positive behaviour guidelines provided clear and individualised guidance to staff on how to encourage positive behaviours and respond to risks.

There were enough staff working to meet people's needs. The service safely supported people to attend to health, medication and nutritional needs. The staff we spoke with were knowledgeable about the needs and preferences of people they supported. They had appropriate skills and provided care and support in a professional and friendly way that was focussed on the individual.

People were supported by consistent set of staff who knew their individual communication needs, which helped positive and caring relationships to develop. People's privacy and dignity were respected and promoted by staff whose recruitment considered whether they had a caring approach.

There was a positive and enabling culture that focussed on empowering people using the service. The service enabled people to raise complaints, including through regular meetings for people at each scheme.

The service's management team was approachable and responsive. They encouraged feedback and consistently monitored and assessed the quality of the service provided. Further work was needed with ensuring that the principles of the Mental Capacity Act 2005 were consistently applied for everyone using the service, however, the management team showed that they were trying to address this.

## 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. There were enough staff working to meet people's needs. Staff had been appropriately recruited.

There were effective safeguarding procedures that staff understood, followed and there was no current safeguarding activity.

People's positive behaviour guidelines provided clear and individualised guidance to staff on how to encourage positive behaviours and respond to risks.

People were supported to take medicines safely and in a timely manner.

### Is the service effective?

Requires Improvement

The service was inconsistently effective. The service supported people to attend to health and nutritional needs. Staff providing support to people were well-trained and supported for that role.

However, further work was needed with ensuring that the principles of the Mental Capacity Act 2005 were consistently applied for everyone using the service.

### Is the service caring?

Good

The service was caring. People's privacy and dignity were respected and promoted by staff whose recruitment considered whether they had a caring approach.

People were supported by a consistent set of staff who knew their individual communication needs, which helped positive and caring relationships to develop.

### Is the service responsive?

Good

The service was responsive. People's support plans identified the support they needed and how staff were to provide it. The approach to people currently using the service was meeting many of their individual needs and supporting with skills development.

The service enabled people to raise complaints, including through regular meetings for people at each scheme.

## Is the service well-led?

Good

The service was well-led. There was a positive and enabling culture that focussed on empowering people using the service and staff.

Quality assurance systems at the service had been improved on, as the provider had recruited senior staff to undertake comprehensive checks of services. We saw that this enabled monitoring of standards and action to be taken to implement improvement.

# Dana Home 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.

This was an announced inspection and took place on 5 January 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and we wanted to make sure the registered manager was present.

Before the inspection, we checked information we held on our database about the service and provider. This included a pre-inspection questionnaire that the provider sent us, and questionnaires returned from two people using the service. We also received feedback about the service from two community healthcare professionals.

The inspection was carried out by one inspector visiting two small supported living schemes that the service operated at. There were four people using the service for personal care needs at the time of the inspection. During the inspection process, we spoke with three people using the service, two people's relatives, three staff, the registered manager and the operations manager. We watched how people were supported in communal areas of the schemes, and looked at care and management records at the schemes including the care files and medicines records of three people and the personnel files of two staff members.

Following the inspection visit, the provider sent us further information at our request.

Good

# Is the service safe?

## Our findings

People and their relatives told us that they were safe and well-looked after. One person using the service told us that staff are "careful."

Staff were enabled to protect people from abuse and harm by the service's policies and procedures. Staff received training in how to recognise abuse and possible harm to people using the service. They understood what abuse was and the action required if they should encounter it. Staff were also aware of how to raise a safeguarding alert and when this should happen. Safeguarding alerts were suitably reported and investigated. The registered manager told us, however, that recent alerts had not been accepted by the local authority as safeguarding cases. This indicated that the local authority was satisfied with the actions taken by the service in situations that were marginally within the scope of safeguarding processes. There was no current safeguarding activity.

The service kept records of people's money where they had responsibility for looking after it. These accounted for what had been spent and where money had been removed. Senior staff documented regular audits of these records. We checked one person's records against recent bank statement and found that bank withdrawals could be accounted for within the records kept by the service, meaning the service was taking steps to ensure the safety of the person's money.

Records demonstrated an appropriate staff recruitment procedure. Identity documents were checked, written references were taken up, work history was scrutinised, and criminal record checks were carried out before confirmation in post. There was also an interview which included scenario-based questions to identify care skills and knowledge. The operations manager told us that finding the right calibre of staff was important and many applications had been considered but not offered employment.

There were enough staff employed to meet people's need. Rosters for two schemes showed that consistent staffing numbers were kept to. The registered manager explained that she and other senior managers were on-call at all times should additional support be needed. Staff confirmed that they could access this support when needed.

The service carried out individual risk assessments that enabled people to take acceptable risks as safely as possible. Examples included for community support, self-harm, falls, and in respect of financial safety. Where one person was at higher risk of developing pressure ulcers, records showed that pressure-reliving equipment had been supplied. The risks assessments were monitored, reviewed and adjusted as people's needs changed. Staff demonstrated that they were able to identify situations where people may be at risk and take action to address this. For example, when supporting someone to go out, by planning the route to avoid situations that may trigger behaviours that challenged the service.

A person using the service confirmed they consistently received medicines support, and could access painkillers when needed. Staff safely supported people to take prescribed medicines. We saw that medicines were kept securely, and that people's medicine records were fully completed and up-to-date.

Systems were in place to ensure that represcriptions were addressed in a timely manner, and so no-one ran out of medicines. Records showed that the service regularly checked people's medicine administration records, to ensure that medicines were safely and properly administered.

There was clear guidance in place for one person's as-needed medicine that was to help calm the person in situations where their behaviour challenged the service and positive behaviour interventions had not addressed risks. The guidance helped to guide staff on circumstances when the medicine was to be offered to the person, including the maximum amount of the medicine to be administered across a day. Records were kept whenever this medicine was administered, which we saw to be in line with the guidance. When we checked the amount of medicine available against records of administration across the previous month, there was no discrepancy, which further indicated that the person was offered the medicine only as prescribed.

Another person had an as-needed medicine prescribed for similar situations. However, their medicine profile did not have a guidance sheet for circumstances on when and how much of the medicine to offer. The medicine was only offered to the person once in the previous month, however, it was not administered as prescribed. The registered manager explained that this was a result of a miscommunication, and we saw that action was taken to address the error and minimise the risk of reoccurrence.

People's positive behaviour guidelines provided clear and individualised guidance to staff on how to encourage positive behaviours and respond to risks. Staff knew people's individual guidelines and recognised people's individual skills, limitations and triggers in these situations. Records of incidents were made and kept under review, for example, within monthly keyworker reports which provided oversight of the amount of medicines given to the person as a result of incidents. The registered manager told us that the records were taken along for one person's meeting with a psychiatrist that resulted in adjustment to prescribed medicines. These showed that appropriate procedures had been followed and learnt from.

Requires Improvement

# Is the service effective?

## Our findings

Most people and their relatives told us that the service was effective and that they would recommend it. Someone using the service said, "They look after you." A relative explained that their relative had progressed well using the service, for example, that they had lost weight through the service's support and so was now "much healthier." Another relative told us that their relative was more content since using this service. A community professional also provided positive feedback about the welfare of people using this service.

The service supported people to eat meals they liked and maintain a balanced diet. Someone using the service told us that the food they received was "lovely" and reflected their preferences. We saw that there was fresh fruit available to people in the schemes, and fresh vegetables available for home-cooked meals.

People's care plans included sections for health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink. People were advised and supported by staff to prepare meals based on individual needs and choices. For example, staff told us that one person sometimes taught staff how to prepare meals from their culture, whereas another person had been supported to develop skills to make a cup of tea but was assessed as needing staff to prepare meals for them. Staff we spoke with had sufficient knowledge of supporting people to try to follow balanced diets and where appropriate, diabetic diets.

People had Health Action Plans and Hospital Passports in place. These helped to provide healthcare professionals with relevant information on the person's needs, preferences and treatments, for example, for unplanned hospital admissions. Staff knew people's individual health needs and associated risks. Records demonstrated that that the service supported people to liaise with relevant health services. This had resulted, for example, in diabetic screening checks, blood tests, and neurology and chiropody appointments. One person told us they had new glasses as a result of a recent optician appointment. Management team feedback and records showed evidence of reduced reliance on medicines for one person. However, we noted that of the three people whose care records we checked, two had not been supported to attend dentists for check-ups. The management team told us that both people needed considerable support for this, however, they would address this point.

The service provided staff with induction and on-going mandatory training. Records showed that the induction covered a broad range of topics relevant to the work staff were to perform. The registered manager told us that new staff received a lot of initial support from senior staff, including time discussing the work and being challenged with hypothetical scenarios to ensure they understood their roles. She acknowledged that the induction process was not up-to-date in respect of the new national Care Certificate guidance. However, the provider had taken action on this by purchasing an online training resource which staff had been using for four months. This additionally allowed staff to undertake specific training courses for which they had to demonstrate sufficient knowledge to pass. Staff had therefore received refresher training on a range of courses such as medicines management and emergency first aid. We also saw certificates demonstrating that half the staff team had achieved national care qualifications. This all indicated that staff had the overall skills and knowledge needed for supporting people effectively and that

identified gaps were being addressed.

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. We checked whether the service was working within the principles of the MCA. Staff had received recent training on the MCA. Those we spoke with said they regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished.

However, further work was needed to ensure that the principles of the MCA were consistently applied for everyone using the service. People's care records did not include assessment of their capacity to consent to receiving care and support from the service. One person was unhappy with how the service was managing their money. Records and feedback from the management team showed that this was a concern of the person that pre-dated them using this service. The service kept records which demonstrated that the money was safely looked after and that the person was supported to access it. However, there was no mental capacity assessment of the person's consent or refusal to the service looking after their money. The provider started assessing this formally, shortly after our inspection visit.

We saw that another person was denied their request for a cup of tea as part of their documented positive behaviour guidelines, as staff blocked their access to kitchen cupboards. We saw that they accessed tea at other times. The management team explained that there was a risk of harm if the person had unlimited access to tea. However, the person's capacity to consent to these guidelines and restrictions had not been formally assessed under the MCA, to ensure that the guidance was both in their best interests and least restrictive.

The management team told us that enquiries had been made with local authorities to deprive some people of their liberty at one scheme, as some people there were assessed as not safe to go out alone and had their liberty restricted in other ways. However, the process had not been completed as applications to the Court of Protection, as required for people in supported living schemes, had not yet occurred. There was evidence that the provider had been liaising with funding authorities to address this, however, this process needed to be completed to ensure the service was acting lawfully when depriving people of their liberty.

These points did not assure us that the service had completed the process of working in line with the principle of the Mental Capacity Act 2005 so as to ensure people's human rights were properly promoted and respected. We noted that the management team responded positively to our discussions about these concerns, and provided evidence of starting to address the matters shortly after our visit.

Good

# Is the service caring?

## Our findings

People and their relatives told us that they were treated with dignity and respect by staff. Staff could provide examples of how they ensured privacy during personal care support. We saw that staff supported people in a friendly and helpful way. Where needed, staff challenged inappropriate behaviour in line with guidelines and we saw that people often responded positively to this.

Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. They showed respect for people when talking about them, for example, in recognising their strengths. They also demonstrated ways in which they communicated effectively with different people using the service. We saw staff communicating consistently with people in a way that worked well for each person. At one scheme there was a book of commonly used signs that one person using the service and staff could use to enable better communication. We also noted that people's care plans included individualised communication guidance.

People and their relatives spoke positively of having consistent care staff which helped people's needs and preferences to be understood. One relative told us that their relative's keyworker is "excellent, knows what he is doing and takes very good care of" the person in question. We also received positive feedback from a community professional about how staff engaged with people using the service. This all helped to demonstrate that positive and carting relationships were enabled by the service.

The management team told us that before one person started living at a scheme, a staff member worked with them for two weeks at their previous home, to help establish a trusting relationship and continuity of care. They explained that the person also associated the staff member with going out, which helped support the person with community involvement. Staff rosters showed that the staff member was continuing to work with the person, many months after their move to the scheme.

We noted that the staff recruitment process placed focus on recruiting caring staff. The registered manager told us that some applicants had been refused due to insufficient English language ability, an important aspect of being able to communicate effectively with people. Many staff had received training about respecting people's rights, dignity, and treating them with respect. A new staff member with no previous care work experience demonstrated they had learnt a number of non-verbal communication signs that one person used along with other skills relevant to the role, and gave examples that indicated a caring attitude.

The management team told us that people were informed of and supported to attend meetings with external professionals, for example, housing officers. When a clinician asked for someone to have a blood test, the person was prepared in advance by explaining what would happen and was supported when at the clinic. They also gave examples of how people's relatives were kept informed of progress and how their views were considered. One person's relative had been supported to attend healthcare appointments with them.

Good

# Is the service responsive?

## Our findings

People and their relatives confirmed that the service supported people to go out and undertake activities. For example, we were told of support to go shopping, swimming, meals out, and walks locally, which records confirmed as occurring. The service had access to a number of cars and drivers to assist with trips out, which we saw occurring during our visit. Records and staff feedback also informed us that the service supported people to develop independent living skills such as vacuuming and gardening.

People and their relatives told us about being provided with responsive, individualised care and support. One relative said, "They have learnt how to handle him. They know they have to tell him in advance of trips out so he can prepare." Staff feedback showed they knew people as individuals.

People's support plans reflected their individual needs and preferences and any relevant risk assessments. There was an emphasis on the person's specific likes and dislikes, which helped staff to see them as individuals. Plans guided staff on how to support people safely and appropriately, for example, in developing independent living skills.

The management team told us that before anyone started receiving a service, senior staff visited the person to carry out an assessment visit. During this visit they checked the person's needs and preferences along with any risk factors. This helped to ensure that the service could meet the person's needs and would fit in well with people living at a particular scheme. The management team were open that the services they supplied to one new person during the previous year had not worked out, from which they had learnt the value of ensuring a robust face-to-face assessment of someone before agreeing to provide a service. They also noted that another person had successfully moved on from their services, and we could see that the approach to people currently using the service was meeting many of their individual needs and supporting with skills development.

People and their relatives told us they knew how to raise concerns and complaints. One relative told us they would discuss with their relative's keyworker "in the first instance," indicating that this was a trusted route for bringing about a satisfactory response. Another relative said, "There is nothing to complain about."

The service had a system for logging, recording and investigating complaints. The registered manager told us that the procedure was discussed with new staff during their induction, which records confirmed. Records showed us that the procedure was also discussed regularly at meetings for people using the service.

The registered manager told us of one complaint made by someone using the service. We saw that records of this had been developed to provide an easy-read explanation of the complaint that the person had signed. We were told that actions were being taken to address the complaint, although at the time of the inspection, the complaint was six weeks old without being resolved. The registered manager explained that the delay was due to sourcing the adapted equipment needed to resolve the complaint. She confirmed that the service would be paying for the equipment.

Good

# Is the service well-led?

## Our findings

People and their relatives told us that they felt comfortable speaking with members of the management team. One person confirmed that the registered manager visited them from time to time. The management team told us they regularly visited people, and it was evident that people knew members of the management team and could approach them. The current small number of people using the service enabled there to be an individualised approach to monitoring service quality and listening to people.

We received positive feedback from a community professional about the management of the service providing good support to staff and enabling them to work well with people using the service. During our visit we saw an open culture of supportive leadership and team work. Staff told us the support they received from the management team was very good. The management team were in frequent contact which enabled staff to voice their opinions and exchange knowledge and information. Staff felt suggestions they made to improve the service were listened to, which records of regular staff meetings confirmed. There was also a whistle-blowing procedure that staff felt confident in. This all helped to demonstrate that service promoted a positive and empowering culture.

The provider had developed its quality auditing team across the previous year. This had enabled detailed arms-length reviews of schemes to take place, to recognise what was working well and areas for improvement. The report of one scheme's auditing visit from December 2015 identified aspects of safety, care practices and staff support that could be improved on. Senior staff were aware of actions they needed to take in response to the report. This quality auditing approach was supported by members of the management team undertaking audits of specific aspects of the service such as medicines management and care files. Keyworkers also recorded monthly reviews of progress and concerns for their key-client, which provided a useful oversight although in one case the reviews were four months out of date. The management team assured us this would be promptly addressed.

The management team told us that there was continuous learning to help deliver high quality care. For example, it was recognised that the registered manager needed additional senior staff to help with responsibilities as the service was growing. Records showed that there was additional senior staffing who did not have direct care and support responsibilities but helped provide management support at specific schemes. We also noted that the management team took action in response to our suggestions.

The management team told us of attending training and good practice events hosted by local authorities. They were able to access support from a number of local authorities due to scheme locations and funding arrangements. We received positive feedback from one local authority who had recently checked on service standards at one scheme.