

Dennyson Care Limited

# Dennyson Care Limited

## Inspection report

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Date of inspection visit:  
14 May 2019

Date of publication:  
07 June 2019

## 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:

The service is based in the London Borough of Redbridge and provided personal care to adults living in their own homes. At the time of our inspection, the service provided personal care to 90 people.

People's experience of using this service:

The provider had made improvements to the service following our last inspection. People were safe and there were procedures to protect them from abuse. Risks associated with people's needs were assessed more thoroughly.

Staff treated people with dignity and respected their privacy.

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's independence was promoted.

Staff provided care to people in their own homes and arrived at times that suited people.

People were provided their prescribed medicines and they were supported with their nutritional needs by staff.

People had access to health care professionals, such as GPs when required. They received care and support from staff who were kind and compassionate.

Staff were recruited safely and were supported with training and supervisions for their development. They maintained positive relationships with the people they supported. They understood people's needs, preferences and what was important to them.

Care plans were person centred and detailed people's support needs. People and relatives were supported with complaints they wished to make. They were able to provide their feedback about the service.

Staff felt supported by the management team and told us there was a positive culture.

The registered manager carried out audits and checks to ensure staff provided a good standard of care. They were committed to making continual improvements. Learning took place from incidents to help improve the service.

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:

At the last inspection on 24 April 2018, the service was rated 'Requires Improvement' (report published 22 June 2018).

Previous breaches:

At the last inspection we found breaches in relation to ensuring safe care and treatment to people and good governance of the service. We asked the provider to complete an action plan to show what they would do to improve and by when. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Dennyson Care Limited

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

This service is a domiciliary care agency. At the time of the inspection, the service provided personal care to adults living in their own homes. The CQC only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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. The registered manager was not available at the time of the inspection. The operations manager and senior care coordinator supported us with the inspection.

#### Notice of inspection:

Our inspection was announced and took place on 14 May 2019. We gave the provider 48 hours' notice and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection:

Before the inspection, we reviewed relevant information that we had about the service, including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked

the last inspection report and requested feedback from social care professionals.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection:

We spoke with the operations manager, a senior care coordinator, a care coordinator. We spoke with six people and three relatives by telephone for their feedback about the service. We also spoke with four care staff by telephone to check their knowledge and how they were supported by the management team.

We reviewed documents and records that related to people's care and the management of the service. We looked at eight people's care plans and five staff recruitment files. We also looked at staff training records, quality audits, feedback records, complaints and accident and incident records.

After the inspection we continued to seek clarification from the provider to corroborate evidence found. We looked at more training data and complaint records.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection on 24 April 2018, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people were assessed in a more detailed and robust way. Risks such as skin integrity and pressure sores, risks around people's home environment and risks relating to people's mobility were assessed and monitored. Risks to people were reviewed as their needs changed.
- Where people were at risk of choking or required their food to be served in a particular way, such as soft or pureed, this was identified so staff ensured they mitigated the risk.
- Staff told us risk assessments provided them with sufficient information. One staff member said, "The care plans and risk assessments are very helpful, especially for new staff so they can understand the client."

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

- People and their relatives told us the service was safe. One person said, "Oh yes, I feel safe." Another person told us, "Yes, it's very safe."
- The provider had a system to safeguard people from abuse and worked with local authority safeguarding teams.
- Staff had received training on safeguarding procedures. They knew the course of action to take should they suspect an incident of abuse had taken place. A staff member said, "I would report abuse straight away to the safeguarding team."

### Using medicines safely

- People told us they received their prescribed medicines on time. One person said, "Yes I do have medication. Staff have assisted me in reminding me to take the medication."
- The service had suitable arrangements in place for medicines. Where people needed assistance to take their medicine, staff helped them.
- Staff completed Medicine Administration Records (MAR) to record when they administered people their medicine. These were checked and audited by senior staff to ensure they were being completed correctly and were up to date.
- Staff competency to handle medicines safely was assessed through regular spot checks from senior staff. A staff member said, "I help people with their medicines that are in blister packs. We complete daily logs and

MAR sheets."

#### Staffing and recruitment

- There were enough staff employed to meet people's needs. People were supported by the same staff for continuity of care, as much as possible. One person told us, "Yes I get the same staff, though once or twice someone different comes but that has only been for cover."
- Staff were monitored by an electronic call system, which tracked the times staff logged in and out of their visits to people. This helped to minimise late and missed visits.
- Staff were allocated postcode areas to work in, which helped them plan their travel and made it easier for staff to arrive on time. If staff were running late, the office staff notified the person.
- One person said, "Yes, they [staff] stay the correct amount of time." Another person told us, "Yes they are on time. If there is any change of plan they have always called me. It has been really reassuring."
- Records showed that staff arrived at times that suited people but also showed that staff did not always log in and out appropriately. The operations manager told us staff were being reminded to do this.
- A staff member said, "I am happy with my rota and have enough time to travel to see my clients."
- Safe recruitment procedures were followed to ensure staff were suitable to work with people. Pre-employment and background checks were carried out before staff started to work for the provider.

#### Preventing and controlling infection

- Care staff followed the correct procedures where necessary to control infections.
- Staff were provided with personal protective equipment (PPE), such as disposable gloves and aprons. Staff had received training in infection control.
- Staff told us they washed their hands thoroughly before and after providing personal care.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed to learn lessons from them and prevent reoccurrence.
- We received some concerns about missed visits to people prior to our inspection.
- The operations manager told us this was due to technical errors caused by the electronic rota generator that was used to create staff rotas. Staff had not received the correct rota and this caused two people to not receive support from the service.
- Records showed that these incidents were investigated and actions were put in place to prevent reoccurrence. The senior care coordinator said, "Since these incidents, we have made sure each member of staff has received the correct and updated rota by emailing, phoning and sending them text messages. This has helped to reduce these mistakes."



# 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

Good: 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

- Before a person started to use the service, an assessment of their abilities and needs was undertaken by the operations manager or a senior member of staff. People and their relatives were involved in the process.
- Assessments of the person's home environment, medicine requirements, mobility needs and nutritional needs were undertaken.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported to deliver care and support safely with appropriate training. One person told us, "Yes, without a doubt, staff are trained." Another person said, "I don't know what training they get but they are OK."
- New staff received an induction, which covered the provider's policies and procedures, mandatory training and included shadowing of experienced staff to help them familiarise with their roles.
- Staff were offered the opportunity to develop in their roles. The senior care coordinator said, "We are encouraging staff to learn so they can become future team leaders in the service."
- Staff told us the training courses were helpful and informative. Training topics included safeguarding adults, moving and handling, nutrition and hydration and first aid. Staff received refresher training when it was due to keep their knowledge and skills up to date. A staff member said, "The training has been good so far."
- Staff received supervision and annual appraisals to review their progress. They were able to discuss their own health and wellbeing, as well as work related matters with their line managers. Staff told us they felt well supported in their roles.

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 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 had received training in the MCA and understood its principles. They told us they sought people's consent before supporting them. Staff told us they gained consent from people before assisting them with personal care.
- People's ability to consent to their care was not always recorded on their assessments and we discussed this with the management team. They told us they would look at reviewing these to ensure this was

recorded.

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

- People were supported with maintaining a healthy and balanced diet. One person said, "Yes they [staff] support me. Just cereals in the morning, sandwich and tea at lunch and a microwave meal at night time." A relative told us, "Sometimes the carer helps with breakfast that I have laid out and washes up afterwards."
- People's dietary requirements and preferences were recorded, and this gave staff guidance on how to support them.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals such as GPs and district nurses to help maintain their health and wellbeing.
- Staffed worked with other agencies, such as occupational therapists and district nurses to provide effective and timely care to people.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with respect and kindness by staff. One person said, "Yes, absolutely. They are caring." Another person told us, "Yes, I am treated well."
- People and relatives told us they got to know staff well, which helped to develop positive relationships. One relative said, "Both of the carers are very nice people. They make my [family member] comfortable and I know [family member] looks forward to them coming. They never influence us on our values. We talk and have discussions and I would say that we are good friends."
- Staff ensured people were treated equally. They had received training in equality and diversity which helped them understand and respect people's backgrounds, cultures, gender, sexuality and religion. One member of staff told us, "I don't discriminate. I treat everyone how I or someone from my family would want to be treated." A relative said, "There are no problems with religion and culture. Staff are understanding."

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

- People were involved in decisions about their care which helped them to retain choice and control over how their care and support was delivered.
- People told us they had seen their care plan and knew what it was for. One person said, "The carers always use it and I look at it from time to time."
- People were offered choices about how they wanted their care delivered and their decisions were respected.
- Staff told us they were aware of people's likes and dislikes, and how they preferred their needs met. A staff member said, "I love my job and I really enjoy looking after my clients and getting to know them."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "Personal care is done in private. I close the bedroom or bathroom door when I am dressing clients."
- Staff encouraged people to maintain their independence as much as possible. People's level of independence was detailed in their care plans. One person said, "Yes they help me with independence. They say things like 'Can I help you out of the shower.'"
- Staff were aware of the importance of confidentiality and not sharing confidential information with non-authorised persons. One member of staff told us, "I don't share people's personal information. I am respectful of this."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that met their individual needs. Care plans were developed and contained information on people's likes, dislikes and specific preferences.
- People told us staff were responsive to their needs. One person told us, "Yes, very happy with them. They have been lovely. We are able to talk about things very freely."
- The care needs of people using the service were reviewed regularly and their care plans were updated when needed.
- If a person was admitted to hospital, their care needs were re-assessed to establish their current needs and to make sure staff were able to continue to support them. The senior care coordinator was qualified to reassess people in the event of a change in people's circumstances and carried these out.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The senior care coordinator told us how the service was compliant with the AIS and told us people's communication needs were assessed. Care plans detailed people's communication needs and abilities and explained how staff should communicate with people or provide them information. For example, one person's preferred method of receiving information was through the telephone by speaking loudly and clearly to them or providing them leaflets with large letters because they were hard of hearing.
- However, some people told us care staff did not always communicate or understand them very well. One person said, "We do have a problem with language. [Staff] does not really engage, just does the job. I struggle with [staff], but it is a bit better now. [Staff] needs more help on how to talk and interact with people."
- We discussed this concern with the management team and we noted that many staff did not have English as a first language which affected the way they engaged with some people.
- The management team told us this was a common complaint from people but they were looking to address the issue by introducing specialised training for staff.

Improving care quality in response to complaints or concerns

- People told us any concerns or issues they had were addressed by the management team and they knew how to complain. One person said, "I would talk to either [registered manager] or [operations manager]." A relative told us, "I would speak to someone in the office on the phone." Another person said, "I have never

had to complain."

- The provider had a complaints procedure and we saw that all complaints were addressed and investigated by the registered manager. We noted that most formal complaints were made on behalf of people from health and social care professionals. Outcomes of complaints were detailed in a letter of response to the complainant by the registered manager.
- Some people and relatives complained by telephone and we saw how these were logged and resolved. One person told us, "I have never made a complaint but did express concern about the first carer at the beginning. They replaced the carer very quickly."
- The operations manager said, "We investigate all complaints whether by phone or letter."

#### End of life care and support

- The service did not support people at the end of their life at the time of our inspection, where they had a terminal illness.
- People's cultural and spiritual needs were taken into account when they started using the service. The operations manager told us they would liaise with specialist end of life care professionals to ensure people received dignified care.

# 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.

Good: 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

At our last inspection on 24 April 2018, the provider had failed to ensure there was an effective system to assess, monitor and mitigate risks to the health and safety of people using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had reviewed how risk assessments for people were developed and they now contained more guidance for staff to ensure the assessed risks were mitigated against.
- The registered manager was unable to attend the inspection due to illness but was supported in the day to day running of the service by the operations manager and senior staff, such as field supervisors and care coordinators.
- The management team carried out unannounced spot checks on staff to ensure they were following correct and safe procedures. Telephone calls were also made to people to ensure they were receiving care at the assessed times and they were satisfied with the service.
- Records and logs, such as medicine records and daily notes were checked to ensure they were completed by staff correctly and appropriately.
- We noted that duplicate copies of people's care plans were kept in the office. However, they were not always complete. The operations manager told us they would improve this and make sure the duplicates were fully completed.
- The registered manager and other managers understood their responsibilities and notified the relevant authorities, including the CQC of safeguarding concerns and serious incidents.
- Staff were clear about their roles and felt supported by the management team. One member of staff said, "The managers are amazing. They are so helpful." Another staff member told us, "The managers are very nice and very approachable. They are easy to talk to and we can ask for help when we have problems."

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

- People and relatives told us the service provided to them was satisfactory. One person said, "I can't think of anything they could do better." However, a relative told us, "They didn't introduce themselves properly when they started but they are OK now."

- Person-centred care was provided to people and the management team knew people well. People told us staff were caring and positive in their approach.
- Staff felt there was a positive culture in the service and told us they enjoyed working for the provider.

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

- People had opportunities provide their views about the quality of the service and staff in quarterly and annual surveys. One person had written, "I have very good carers. I can't praise them enough. We have a laugh." A person told us, "The lady in charge has come to see me twice to check on me."
- Staff and management meetings were held to share information and remind staff of their duties and responsibilities. Any areas of concern were discussed as a team.

Working in partnership with others:

- The provider worked well with health and social care professionals to help maintain people's care and support needs. The senior care coordinator said, "We have a good relationship with the local authority. They know we do a good job and are reliable. We learn from any mistakes."
- We received feedback from the local authority who told us the provider was professional and cooperative in their approach.

Continuous learning and improving care:

- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. We saw that feedback was mostly positive.
- Areas for further action or learning were identified to ensure there was a drive for continuous improvement in the service.
- For example, the management team discussed concerns they had about specific people or staff. They developed an action plan to ensure the service ran as smoothly as possible.
- The provider was investing in technology to help further improve the service, such as transferring to paperless systems.