

Mr Johnson Gyamfi Amoo

Desire Care - Burton

Inspection report

167 Waterloo Street
Burton-on-trent
DE14 2NG

Tel: 01283777300
Website: www.desire-care.co.uk

Date of inspection visit:
01 October 2020

Date of publication:
19 November 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Desire Care Burton is a domiciliary care agency providing personal care to 82 people due to a variety of needs. This may include younger or older adults with dementia, learning disabilities, physical disabilities or sensory impairments.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

There were limited quality monitoring systems in place and improvements were required to ensure records were up to date and to demonstrate how people's views were captured and used to influence the development of the service.

We found numerous records had gaps in information or were not up to date, this including people's care records. The provider did update some of these records during the inspection, but we were not assured that they would have identified these gaps through their own quality monitoring systems.

In addition, the provider had not notified CQC of allegations of abuse that had been raised against the service, as required by the law. The provider had worked with the local safeguarding team in addressing these allegations at the time they arose.

Despite identification of areas where the service needed to improve, people told us they were protected from potential risks as staff had a good awareness of what these were and how to mitigate them.

People were satisfied with the arrangements for management of their medicines.

People said staff took appropriate precautions to protect them against the risk of infection.

People were supported by enough staff, who were caring and had developed good relationships with a group of staff they knew well.

Checks of staff when employed were completed they were safe to work with people who used the service, although the provider needed to ensure records of these checks were more organised and easily accessible.

People felt able to share their views with the provider and staff and people felt if they raise any concerns the provider would do what they could to put things right

Staff told us they felt well supported by their managers and they said were approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 12 October 2017)

Why we inspected

We received concerns in relation to the management of people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Desire Care – Burton on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to good governance and notification (to CQC) of other incidents, namely any allegations of abuse whilst staff are delivering personal care.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Desire Care - Burton

Detailed findings

Background to this 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. We checked 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 completed by one inspector.

Service and service type - This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 the inspection. This was because we needed to be sure that the provider who was also the registered manager would be in the office to support the inspection.

Inspection activity started on 29 September 2020 and ended on 21 October 2020. We visited the office location on 01 October 2020.

What we did before the inspection - We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This included Healthwatch who is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection - We spoke with 11 people who used the service and eight relatives about their experience of the care provided. We spoke with, or communicated electronically with 19 members of staff

including the provider/registered manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and other records associated with the delivery of their care. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection – We continued to seek clarification from the provider to validate evidence found. We looked at management and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 with staff and knew who to talk to if they had any concerns about their safety and they said they would be confident approaching staff or the registered manager. People's comments included, "I do feel comfortable with [staff] and they are very careful" and, "Safety, I've never had any worries".
- Staff told us they would raise concerns about abuse and knew how to do this. One member of staff said, "I feel confident to whistle blow and I will contact authorities i.e. CQC or the local authority".
- The registered manager understood where there were allegations of abuse these were to be reported to the local safeguarding authority. Records confirmed the local authority were informed, but not CQC. They understood what their responsibilities were in working with the safeguarding authority to investigate allegations of abuse when requested.

Assessing risk, safety monitoring and management

- We found areas of risk to people were not fully captured in risk assessments at the time of our site visit, although updated risk assessments that addressed these gaps were forwarded to us before the end of our inspection.
- People told us how risks to their safety were considered and some told us how changes were made to make them safer, for example, more appropriate equipment was sourced. A relative told us, "Staff are very competent with equipment". People told us having a smaller number of consistent staff also helped as they knew them well and were aware of risks to their safety.
- People received appropriate care when there was a risk of skin breakdown or sores. One relative said, "No issues with sore skin. If staff are concerned, they will ask me to ring nurse. The staff will ask what the nurse said and always make a record". Another relative told us their loved one's skin had improved with support for staff.
- Staff, with little exception, told us people had up to date risk assessments in their homes. People told us where equipment was used staff met with health care professionals such as occupational therapists at the person's home, so they knew how to use equipment correctly.

Staffing and recruitment

- People told us that staff attended their calls within a reasonable timeframe and stayed for the time agreed or on occasions longer. One person told us, "The times are no problem and they [staff] will do extra". A relative said, "Their [staff] timings are good, within 30 minutes of agreed time unless there is a hold up and they would ring, but this is very rare".

- Staff told us they had time to get to people's calls and stay the time agreed. A member of staff told us, "Rotas are always planned, and we do have sufficient time to get to people".
- Planned call times on the staff rota reflected the times staff recorded in people's daily reports, and showed staff stayed the agreed call time, or on occasion longer.
- Staff were recruited safely although improvements were needed to ensure information was easier to access. At the time of our visit to the agency we found some gaps in staff pre employment checks. The provider did send us copies of the missing information after our site visit.
- Staff were subject to a Disclosure and Barring check (DBS) before employment. DBS checks allow an employer to check if an applicant has a criminal record or is included on barring lists

Using medicines safely

- People told us they were confident in the way staff assisted them with their medicines. Their comments included, "They (staff) support with medication, they put out in the morning and staff see I take them" and "There is a medication record staff will sign".
- Oral medicines were documented by staff, although prescribed topical applications were not always recorded. The provider has evidenced since our site visit that these are now documented on a medication administration record (MAR).
- Staff told us they had received training in administration of medicines. Some told us their competency had been checked although this was referred to as being through checks on MAR sheets rather than observation of their practice. A member of staff said, "I have training in medication and administration of oral medication and topical medication is assessed by the supervisor regularly by checking and going through the MAR sheet".

Preventing and controlling infection

- People said staff used personal protective equipment (PPE) when providing care, this including face masks, gloves and where needed aprons.
- Staff said they were aware of what precautions they should take to protect themselves and people they care for when visiting them. Staff comments included, " We do have sufficient PPE. We wear and dispose of them in the right way we have been trained. We try to control infection by washing our hands wearing the proper PPE cleaning surfaces, washing down bed frames and wheelchairs and anything hands get contact with".
- The provider ensured the number of staff visiting people was limited to the smallest possible number, this another factor in helping reduce the spread of infection.

Learning lessons when things go wrong

- Investigations completed by the provider in response to concerns did show that learning and actions needed as a result were identified as part of the specific investigation. When asked the registered manager was not however able to demonstrate how this learning was monitored to ensure they could easily demonstrate that the identified actions had been completed.

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.

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has now remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of consistent and assured high-quality, person-centred care.

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

- We reviewed the provider's incident records from November 2018 to date. Several of these involved allegations of abuse and had been raised with the local authority safeguarding team but not CQC. The provider was aware that they needed to inform CQC of certain events, and this was highlighted within their safeguarding policy but had failed to do so.

This meant statutory notifications in respect of allegations of abuse had not been submitted to CQC. This is a breach of the Care Quality Commission (registration) Regulations 2009 Regulation 18(1).

- The provider had some systems in place to monitor the governance of the service. There were gaps in these systems which indicated elements of the service were not well monitored and improvements were required to improve the effectiveness of governance arrangements.
- People's care records were not available in their entirety at the time of the site visit. Some of these were updated after our visit based on the recorded date of completion. People we spoke with have told us their records were satisfactory, although some people said they don't check them as their care was delivered as expected. It was not always clear whether the registered manager would have identified these gaps if the inspection had not highlighted them.
- In some instances, we were supplied with out of date procedures, with an updated copy of the same forwarded after the first was received. Staff should have access to up to date policy and procedure, so they are well informed as to the provider's expectations. This should be managed through a system that includes regular review and version control of policies and procedures.
- There was also limited evidence of recent formal staff supervision and up to date training despite most staff telling us they did have access to this.
- The provider's investigation reports into incidents showed there was identified learning and action points, but these were not drawn out into an overarching record of findings, so that there was easy to access information as what action was taken in response.

This meant the provider's governance was not always effective in identifying their compliance with legal requirements. This is a breach of the Health and Social care act 2008 (Regulated Activities) Regulations 2014

17(1).

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

- People we spoke with were positive about the service they received and felt involved in any decisions about their care. People's comments included, " I do feel comfortable with staff and they are very careful. My carer [staff member] has works with me every day carer and knows signs if unwell, I can't praise enough" and "Part of the thing with Desire is the consistency and relationship I have with staff".
- Relatives comments included, "We have a care plan and have agreed, happy with what is written in there. Sometimes need 15 minutes extra but staff will stop over and never an issue" and, "[person's name] thinks the world of them [staff]. We have had a couple of incidents recently where have needed overnight stays and they [Desire] have responded straightaway – they are excellent, and I know carer has changed shifts to accommodate different call times".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and said they would uphold this when dealing with people.
- Relatives told us the provider had been honest and open with them when they had raised complaints and had informed them of what their response was to manage any issues raised. One person told us, "I had a complaint and asked the [registered manager's name] to come out and see me, which he did, and I was happy with resolution".

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

- People told us they were able to share their views with the managers and provider although there was limited documented evidence of this feedback for use to support quality monitoring. The provider told us the last survey of people using the service was over a year ago and there was no documentation to show how people's views were gathered and used to support development of the service.
- People and relatives told us the provider and senior staff were approachable and they were able to talk to them. One relative told us, "[Registered manager's name] has been here a couple of times and discussed hours, had reviews three or four times and on [the person's] birthday sends flowers, a big bouquet as a thank you".
- People told us that their wishes in respect of the gender of the carer they received was considered and accommodated. People also said staff were aware of their individual needs and considered these. The registered manager told us matching staff to people was important, for example when someone's first language was not English, they would send staff who could communicate in the person's first language.
- Staff were positive about the support they received and said they could share their views. Staff comments included, "The manager is an easy person to talk to and he listens to us when we raise concerns. We do get feedback already on some issue's others will take a bit longer but will get a response eventually" and "We do have spot checks and supervision done on a regular basis. Team meetings are on hold because of COVID 19 but we do SMS and text to update us on any issues".

Working in partnership with others

- The provider told us how they worked in conjunction with other healthcare professionals to improve people's safety and care, for example there was evidence that occupational therapists were used to ensure staff had professional input in respect of how to move people safely. A relative told us, "An occupational therapist came in with Desire and went through procedures".

- Relatives told us they would ask they what visiting health care professionals had said when visiting people and follow the advice given.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Statutory notifications in respect of allegations of abuse had not been submitted to CQC. Care Quality Commission (registration) Regulations 2009 Regulation 18(1).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance was not always effective in identifying their compliance with legal requirements. Health and Social care act 2008 (Regulated Activities) Regulations 2014 17(1).