

Darare Limited

DarSarno Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

DarSarno Care Services is a domiciliary care service providing personal care to older and younger adults, people living with dementia, sensory impairment, physical disability, learning disabilities and autistic spectrum disorder. People are supported in their own houses. At the time of our inspection there were 13 people using the service.

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

People were safe. Systems and processes protected people from the risk of abuse. Regular risk assessment took place with measures in place to mitigate risk. Accidents and incidents were monitored and analysed for trends and patterns, learning was shared with the staff team.

Medicines were managed safely, and people received their medicines when they needed them. Staff were trained in medicine administration and regularly monitored for competence.

Staff were recruited safely and received regular training, support and supervision by the management team.

Staff worked in partnership with other healthcare professionals and ensured people had timely access to healthcare when they needed it. The provider had implemented an innovative approach to ensure a smooth transition between services.

People were supported where needed with enough food and drink. Choices and preferences around food were recorded. Specialist dietary requirements were well communicated and supported.

There was a positive culture and care was person centred with people's choices and preferences assessed and planned in to care. End of life decisions were recorded appropriately and accessible to emergency healthcare teams.

Staff were kind, caring and respected privacy and dignity. People were encouraged to be as independent as possible. Staff were respectful of people's and their family's homes and personal space.

People knew how to make a complaint and complaints were managed in line with the providers policy and procedure.

Regular audits and subscriptions to professional support ensured that the provider maintained their

knowledge and effective oversight of the safety and quality of the service.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (5 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

What happens next

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

DarSarno Care Services

Detailed findings

Background to this inspection

Inspection team

The inspection was carried out 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 provider was also the manager registered with the Care Quality Commission. This means they 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 four days' notice of the inspection. This was because it is a small service and we needed to liaise with the provider to ensure they would be in the office to support the inspection.

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 contacted Healthwatch Northamptonshire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We did not ask the provider to complete a Provider Information Return prior to this inspection. This is information we require providers to send us annually following their first inspection to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including, the provider, the branch nurse and three care

assistants.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We were given further information on a care plan, risk assessment and medicine protocols.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Safeguarding people from the risk from abuse

- The providers systems and processes ensured people were protected from the risk of abuse. The provider was knowledgeable in how to protect people including reporting incidents appropriately.
- Staff had access to the providers whistleblowing and safeguarding policies. They were trained and knowledgeable around types of abuse, how to recognise the signs and how to report concerns.
- Staff were able to explain types of abuse that would be reportable. For example, physical, emotional, verbal and financial abuse. Staff told us they felt confident they would be listened to by the management team if they had concerns.
- Staff were aware of how to raise concerns with other organisations if needed. One staff member told us they would contact the local authority and the Care Quality Commission.

Assessing and managing risks; Ensuring equipment and premises are safe

- Risks to people were assessed and planned into care. Personalised risk assessments considered risks in the environment, delivery of personal care and risks associated with people's health.
- One person with a complex health condition had a record in place in addition to their risk assessment to assist staff in making quick decisions and reduce risk to the person. This person also had a regular team of care staff that understood their health needs well.

Staffing; Recruitment

- Safe and robust recruitment practices included reference checks, identity checks and profiles of candidate's personal philosophy on care that was checked against the care standards. This meant that only suitable staff were employed by the service.
- Disclosure and Barring Service (DBS) checks were completed prior to staff working with people. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Staff were trained and their competency checked by a qualified professional who was employed by the service as a branch nurse.
- Medicine records were audited regularly by the branch nurse. Staff demonstrated a good understanding of the providers policy in reporting medicine errors. Staff told us that medicine records were clear and easy to follow.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained and understood the importance of thorough hand washing and the use of personal protective equipment (PPE) such as gloves, hand gels and aprons.
- Staff told us they had access to PPE and stocks were replenished regularly. People told us that staff used PPE appropriately. One person that supports a relative with care told us that they had received recent information from the branch nurse on handwashing to prevent the spread of infection.

Learning lessons when things go wrong

- Staff understood the accident and incident procedure. The provider maintained good oversight of accidents and incidents and analysed records for trends and patterns.
- Learning was shared amongst the staff team, we saw evidence of learning being shared at staff meetings and to each staff member directly via e-mail.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Initial assessments prior to care starting ensured the service could meet people's needs and preferences.
- Assessments were completed with people and their family's involvement and included medical history and care needs, information around culture, religion life history and relationships.

Staff support, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. Where required staff had received specific training for health care conditions to ensure people were well supported and safe.
- Staff told us they felt well supported, regular supervisions and meetings took place. One staff member said, "If I have questions, they [management team] are happy to help and come back to me promptly, I can pop in the office anytime if I need too."
- The provider was an equal opportunities employer and employed a workforce that reflected the local community including, staff from different cultural backgrounds.

Meeting people's needs and preferences in relation to eating and drinking

- People were well supported with food and drink. People's needs were assessed and planned into care. For example, a malnutrition tool was in place which was updated regularly to prevent the risk of people becoming malnourished. Staff were vigilant and where they had identified risk we saw this had been reported appropriately.
- People's choices and preferences around food and drink were recorded in care plans for staff guidance including, how people preferred their food to be cooked.

Working together and with other organisations to provide effective and coordinated care; Supporting people to live healthier lives and access healthcare services and support

- Staff supported people to access healthcare services and worked in partnership with other professionals such as GP's, specialist nurses and social workers. Staff were also working with local pharmacies to ensure people had access to their medicines when needed.
- Measures were in place to ensure a smooth transition between services. The provider had adopted an initiative called "The Yellow Bracelet Scheme". The yellow bracelet is an electronic device that gives emergency services and hospitals access to information around people's health and social care needs, their care package and contact details they have in place to support them.

Consent to care and treatment

- The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect people who are unable to make decisions about their own care and support.
- Decision specific mental capacity assessments to establish people's insight and understanding of their care needs had taken place appropriately with people's and their family's involvement. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- Records were signed by people or their representatives to consent to care, photography and support with pharmacy collections.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, respect and compassion

- Staff were kind and caring and committed to providing a personalised service. One person told us, "It's a small company they have a personal touch." A relative said, "I'm happy with the staff, they are friendly and approachable".
- Staff had built good relationships with people and their families. One relative told us, "They [staff] are very good with [relative], very nice. Another relative said, "They [staff] know a lot about [relatives] life and career they are able to chat with [relative], they laugh and joke with [relative] they know how to break the ice and make [relative] smile."

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

- Records evidenced people and their relatives were involved in planning care and were encouraged to make decisions around how they would like their care to be delivered. One relative told us, " [Branch nurse] comes out [to visit], they keep their finger on the pulse, they ask me if there's anything I am not happy with."
- People were encouraged to lead their own care as much as possible and make their own decisions. People's preferences were recorded and reviewed regularly. One relative told us, " [Relative is] definitely supported with making choices, [relative] leads their own social activities. They [staff] have [relatives] best interest at heart."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, people and relatives told us that staff closed doors and curtains when they were supporting people with personal care.
- Staff had a good understanding of people's privacy and dignity. One staff member said, "We don't discuss people with anyone unless it's with a team member or management." Another staff member told us they ensure that people's records are put away into a cupboard in the home so that visitors do not see them.
- People's independence was encouraged, one staff member told us it was important that people lead their own care. A relative told us that their relative was encouraged to do as much as they can for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Care was person centred. Choice and preferences, culture, eating, drinking, life history, relationships communication and health were all considered and planned into care.
- Care plans included details that were important to the person such as, what name they prefer staff to use to address them and how to support them emotionally to prevent distress.

Meeting people's communication needs

- The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
- Peoples communication needs were assessed and planned into care. For example, sight and hearing needs were recorded and guidance available for staff on how best to support people.
- Information could be made available for people in different formats as required such as pictorial, large print and other languages. A pictorial record was in place for one person to support them.

Supporting people to develop and maintain relationships and to avoid social isolation

- People were supported to access the community when they chose to if this was part of their care package. Where this was supported people chose where they would like to go and what activities to partake in.
- Staff told us they had time in their schedule to chat with people to avoid social isolation.

Improving the quality of care in response to complaints or concerns

- There was a system and process in place for managing complaints. We reviewed complaints records and saw they had been managed and responded to in line with the providers policy and procedure.
- People told us they were given information on how to make a complaint and were confident should they need to this would be well managed. The providers policy included signposting people to other organisations such as CQC and the local authority. One relative told us, "I would be confident if I needed to make a complaint, they call frequently to see if we are happy."

End of life care and support

- At the time of the inspection no one was receiving end of life support. However, staff had received training through partnership with the NHS in how to support people.
- End of life decisions were recorded where people had wished to include them in their care plan. Information on end of life decisions was stored via the yellow bracelet scheme to ensure other health care professionals had access to this information promptly.

- People had been supported with advanced care planning where they wished. Advance care planning is a process that enables individuals to make plans about their future health care. Advance care plans provide direction to healthcare professionals when a person is not in a position to make and/or communicate their own healthcare choices.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership vision, values and culture

- The provider, management team and staff were friendly, approachable and open to suggestions. Focus on providing good quality person centred care with positive outcomes for people was at the heart of the service.
- People had received a copy of the providers statement of purpose which demonstrated a commitment to inclusion, equality and diversity. Records and people's experience reflected this commitment in practice.
- People spoke highly of the management team who they felt were efficient, kind and supportive. One person told us, "They go above and beyond the call of duty." Staff described morale as good and told us they felt well supported by the management team.

Acting with honesty and transparency if something goes wrong

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- The provider demonstrated a good understanding of the duty of candour and was open and transparent when things went wrong, they had reported appropriately to CQC and the local authority.

Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities

- Systems and processes were in place to manage the safety and quality of the service. Regular record audits took place and staff were well trained and supervised.
- The provider subscribed to a system to ensure the service met the most current legal requirements along with guidance on best practice.

Engaging and involving people using the service, the public and staff

- People were encouraged to give feedback on the service and were provided with forms to complete anonymously if they wished to share their experience.
- The provider engaged with the public via their website and social media, where they provided people with information on the service along with topical care items such as good infection control practices.
- Staff attended regular team meetings and told us they were encouraged to share ideas, experience and good practice.

Continuous learning, innovation and improving the quality of care

- The provider demonstrated commitment to continuous learning and improvement by attending provider

forums to share and learn from good practice and experience.

- The provider subscribes to CQC updates, medicine and medical equipment recall alerts and skills for care. Skills for care is the strategic body for workforce development in adult social care in England.
- The provider had identified a delay in people being discharged from hospital due to transport issues, particularly for people who use a wheelchair. To ensure a smoother transition from hospital back to home and reduce stress for people and other services the provider had purchased a wheelchair accessible car for company use.

Working in partnership with others

- The provider recognised the value of partnership working with people and their families. One relative told us they had learned a lot from the provider and staff team on how to best support their relative in areas such as, pressure area care. The relative also said they worked in partnership with staff around medicine collections and shared health concerns.
- The provider had worked in partnership with health care professionals such as specialist nurses, social workers and GP's to ensure good outcomes for people. For example, reviewing medicines, care packages and guidance on health care concerns.