

Damorcare Ltd

Suite 215, Elizabeth House

Inspection report

Suite 215, Elizabeth House
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Essex
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Date of inspection visit:
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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

We carried out an announced inspection on 4 April 2016

Suite 215 Elizabeth House provides a domiciliary care service and are registered to deliver personal to people in their own homes. On the day of our inspection, there were 7 people using the service and nine staff supporting them.

A registered manager was in place. 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 service had appropriate systems in place to keep people safe. Staff had a good understanding and knowledge of safeguarding procedures and knew what actions they would take to protect the people they supported. People's medicine were administered to them safely and in a timely way.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs.

A recruitment process was in place to protect people and staff had been recruited safely. There were sufficient numbers of staff available to meet people's needs. Staff had the right skills and knowledge to provide care and support to people.

Staff told us that they were well supported in their role and received regular supervision and encouragement to do their job well.

People were treated with compassion and respect and their dignity was maintained by staff who supported them.

People's nutritional needs were met in a way that enabled them to maintain their independence.

Staff understood people's needs and provided care and support accordingly. Caring relationships had been developed and people were fully involved in their care arrangements.

Quality assurance arrangements were in place and the service listened to people views and opinions in making improvements. There was a system for responding to complaints and concerns. The visible leadership of the registered manager showed that the service was well managed and people were receiving high quality care.

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.

Staff knew how to protect people from harm or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met by staff who understood how to maintain their independence and wellbeing.

Consent from people or their relatives was obtained before support and care was provided.

People were supported to access healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff treated people with compassion and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

The service was responsive.

People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

People's choices were respected and their preferences were taken into account by staff providing care and support.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good ●

Is the service well-led?

The service was well led.

The management of the service was open and effective and demonstrated a commitment to providing a service that put people first.

Staff were valued and they received the support and guidance needed to provide good care and support.

There were quality assurance systems in place and people's views were used to make improvements to the service.

Good ●

Suite 215, Elizabeth House

Detailed findings

Background to this inspection

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

We undertook an announced inspection on 4 April 2016. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by one inspector.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we spoke with the manager at their office location. We reviewed five people's care records, four staff recruitment and training files and looked at quality audit records. After the office inspection, we went to visit one person at their home and made phone calls to two people who used the service and one relative. We also spoke with one staff member and two social care professionals.

Is the service safe?

Our findings

People who used the service said that they were safe with the staff who supported them. One person said, "Having the same person makes me feel comfortable and secure." Comments made during a review of a person's care said, "[Person] feels safe with staff and is treated with respect, care and love."

Staff were able to demonstrate a good knowledge and understanding of their role and responsibilities around safeguarding people and protecting them from harm. They told us that as the service was small they were familiar with the people they supported and knew them well. They knew where to report any concerns should they suspect, see or hear anything that they were worried about. A safeguarding and whistleblowing policy and procedure was in place.

Staff were confident that the registered manager would deal with any safeguarding issues quickly in order to keep people safe. We saw that the registered manager recorded and dealt with incidents and safeguarding concerns. They were reminded that notifications to the Commission needed to be sent in a timely way.

People's care records included risk assessments and guidance for staff on how these risks could be minimised. For example, risk assessments were comprehensive and included aspects such as personal care, domestic activities, medicines, mobility and mobility equipment and external and internal hazards.

Regular reviews of care plans were undertaken to ensure that risk assessments were up to date and reflected current needs. For example, one care plan clearly explained that the person's needs and condition could change and worsen on different days and as a result of different emotions and care provided appropriately to keep them safe.

There were sufficient staff employed to keep people safe and there was a consistent team providing continuing care to people. The registered manager told us that they kept the service small so that they could remain flexible and responsive. The registered manager had the necessary skills and experience to provide care and support to people as and when required and was available should additional care be needed.

Recruitment processes were in place for the safe employment of staff. The relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. This included obtaining satisfactory references with follow up telephone calls to confirm performance and a Disclosure and Barring Service (DBS) check to ensure staff were suitable for this type of work. Application forms had been completed with any gaps in employment accounted for; identification and a photograph confirmed the person's identity.

We saw that there were emergency arrangements in place within the files and who to contact. Details about the internal and external home environment were recorded in order that staff were aware of the potential risks to people and themselves whilst being in their homes. Accidents and incidents were recorded in people's files and appropriate changes were made to their care arrangements to reduce the risks of these happening again.

The registered manager had an up to date medicine policy in place and staff had been given a copy. They told us that staff were able to administer medicines to people. We saw that three staff were trained in medicine administration, two of them to level three to ensure that people were given their medicines safely.

Spot checks on staff members' competency to support people with their medicines appropriately were completed by the registered manager. We saw these were recorded in their staff files. In people's care plans we saw that their medicines were recorded, how they took them and who was responsible for them. People and their relatives told us they received or were supported to take their medicine in the right way and at the right time.

Is the service effective?

Our findings

People were very positive about the service they or their family member received. One person said, "Lovely, I couldn't wish for better." Another said, "It's a very good service and they lift my spirits when they come."

Staff had the necessary knowledge and skills to carry out their roles and responsibilities. We observed records kept in staff files which confirmed that induction, training, supervision and appraisals were completed.

All staff had undertaken an induction programme. This consisted of the completion of the Skills for Care common standards, shadowing more experienced staff and continuous assessment of their practice and performance. New staff were accessing on line training in order to complete the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. After the induction, regular unannounced spot checks were completed by the registered manager to monitor and assess their competency.

Staff told us that they were provided with the training that they needed to meet people's needs. A programme of face to face sessions and online learning were completed on a regular basis. Most staff had undertaken mandatory training which included manual handling, safeguarding adults from abuse, medicine administration, infection control, food hygiene, health and safety, and fire safety. We saw that two staff had also obtained knowledge in dignity and dementia awareness and end of life care.

Staff had the opportunity to write their views and feelings down and these were discussed during supervision and appraisals and competency checks. We saw words of encouragement and very positive feedback from the registered manager to the staff which showed respect for them and encouragement in their role. For example, "[Staff member] was soft and caring." "[Staff member] spoke to person with respect and in a compassionate tone." Staff meetings were recorded and gave an opportunity for staff to come together to share information and learn new skills.

Staff told us that they felt supported in their role and there was good communication with the manager and other staff. The staff member we spoke with said that the registered manager was, "Always available and had been so very supportive to them."

We saw that people's needs were assessed, recorded and communicated to staff effectively. The care plans and daily logs reflected that the staff followed specific instructions to meet individual needs and people told us this was the case.

People told us that their consent was sought before any care and support was provided and that staff acted upon their wishes. People's records included information regarding their capacity to make particular decisions and they or a representative, where required, had signed their records to show that they had consented to their planned care. One person said, "They always listen to what I say and respect that I have my own mind and make my own decisions."

Staff had received guidance and training on their responsibilities of the Mental Capacity Act (MCA) 2005 and what this meant in the ways that they cared for people. They were able to give examples of how they applied the principles of the MCA in practice to involve and support people in making choices and decisions about their lives.

Where people required assistance with food and drink, they were supported to maintain their independence through choosing their meals and when they were served. We saw in the daily notes that meals and drinks taken had been recorded. For example, "[Person] thoroughly enjoyed their tea and cheese on toast."

People were very involved in understanding their health needs and keeping well with input from the staff. Referrals were made quickly when people's health needs changed. People told us that the flexible approach offered by the service meant that people's changing health needs were met in a way that could prevent them from going to hospital. One person said, "When I have trouble getting [Person] to the gym, [staff member] says, don't worry I will take them and then watches them like a hawk to make sure they don't hurt themselves." Changes to people's care and treatment were recorded in their care plans to enable staff and other professionals to meet their needs effectively and timely.

Is the service caring?

Our findings

We were told that positive, warm and caring relationships had developed between the staff and people who used the service. "One person told us, when referring to staff, "I really like the chatty ones." Another person said, "When I get a bit down and I don't want to go out [staff member] says, come on, let's get going, let's do it together and off we go in the car. I couldn't do without them."

The care and support provided was based on a caring approach and tasks undertaken were completed with the involvement of people themselves. People and their relatives told us that the staff knew and understood them and their family members well. Enabling people to remain independence, with choice and control over their lives was evidence from what people told us and from what we saw.

In talking with the registered manager and staff, they spoke about people in a kind and genuine way, with empathy and concern for their wellbeing. We saw information from observations of how staff cared for people and noted that the registered manager had written, "[Staff member] provided personal care and communicated well with [person]. They did this with dignity and respected their choices." And "[staff member] double checked that the hoist and sling were correctly secured and stayed calm in helping the service user. They explained to them what was happening and made them feel comfortable." And "[Staff member was soft and caring.]"

The written content and tone of the records including daily notes was written in a sensitive and person-centred way and showed respect and courtesy for people. We saw entries in the records which described the person's mood, how they expressed their views and wishes, and comments on activities they had engaged in together. Comments from staff included, "[Person] can make jokes and we need to make sure staff have a witty mind." "Had a nice day out with [person]." "Went out with [person] we had great fun. [Person] was very chirpy and all was OK."

People had signed their agreement to their care arrangements which showed that they and their families were involved in making decisions about the care and support they received. People told us that they felt included and consulted and that any amendments to the care arrangements and support were actioned in accordance with their views and wishes. People said they were listened to and able to talk through with the staff and registered manager any concerns they had.

Is the service responsive?

Our findings

People were very happy with the service provided. The service responded to their needs in an individual way and respected their preferences, likes and dislikes. Their views and opinions were taken into account and listened to. One person said, "I have gained my independence and a bit of 'me' back since they have been coming to me."

Information about what the service could offer was provided to people when they or a health or social care professional made an initial enquiry. A visit was made by the registered manager to talk about the service and if they could meet the person's needs. The registered manager told us that they always considered if they could meet the needs of a person before a service was started and they were honest with people if they could not provide the level of service required. One social care professional told us, "They have been fantastic, especially in emergency situations and have supported people at short notice. Very pleased with them."

Decisions about the care arrangements, times and dates and tasks were made jointly so that the service provided was tailor made and person centred. People or their relatives had signed their agreement to their care arrangements. People could choose if they wanted or preferred a male or female worker as both were available. One staff member was described by a person using the service as, "A gentle giant."

The care files covered all aspects of a person's individual needs, circumstances and preferences. This included details of an assessment entitled 'About You' and asked how the person would like to be treated such as 'Treat me with dignity and respect, and listen to me and treat me as a human being.' They provided clear information about personal care and support required, duties and tasks to be undertaken, risk assessments, how many calls and at what times in the day or evening. People's mobility and use of equipment, their hearing, sight and communication was recorded so that staff were aware of their sensory needs and risk of falls and how to prevent them.

We saw that people's individual assessments and care plans were reviewed every six months or sooner if a person's needs changed. In addition, daily notes recorded were held in people's homes which allowed staff to share information with each other so that the care and support people received was responsive to their daily requirements.

The service promoted people's independence and encouraged them to maintain their daily living skills. People were able to access the community with support, look after their health through taking their medicines and visits to the GP, maintain their physical and emotional wellbeing and have much needed company which reduced isolation and loneliness.

People told us that they knew who to contact if they had any concerns or complaints. The registered manager undertook regular visits to people to seek their views; observe care practice and deal with any concerns at the time. This provided assurance and security to people who used the service. For example, one person was happy with the service but they reported that they had to wait in the morning for the staff

member to turn up. In agreement with them, the times were changed which suited the person better. One person said, when asked if they have any complaints about the service, "Complain about them? No, they are wonderful."

Is the service well-led?

Our findings

People, their relatives, staff and professionals told us that the registered manager was very visible, open and transparent in their dealings with them. One person said, "[Registered manager] is always there and sorts things out if you need anything." A staff member said, "Really supportive of me and my situation." A social care professional said, "Really approachable, thorough and straight to the point."

The registered manager carried out their role and responsibilities of managing the service as well as providing a caring role when needed. They were not on the daily/weekly rota so they could provide a responsive service to those who were on flexible packages of care. They intended to keep the service small in order to remain flexible and available should people need them.

We observed that all aspects of the service were monitored and the information was used to drive improvements and provide quality care to people who used the service. Surveys were used to gain people's views and experiences. We saw that the written responses to the surveys were positive with no complaints or concerns recorded. One relative said, "You have a great understanding of [person] and the ability to keep boundaries, you are very caring and have established a great rapport." One person said, "The carers are all together fantastic. I would highly recommend them and would give five out of five for ability and caring."

Staff were well supported through supervision and engagement on a daily or weekly basis. Staff told us that there were regular staff meetings which enabled them to express their views and suggest any improvements to the service. They knew what was expected of them and their role.

Observations we saw of their care practice enabled on-going personal development and training so they had the right skills to care for people; spot checks of staff arriving at the required time provided reassurance and the ability to monitor missed or late calls; and checks on staff wearing appropriate clothing and using infection control materials all provided an oversight of how staff were providing a safe and effective service.

The registered manager was up to date with all the necessary CQC registration requirements and notifications. The records relating to all aspects of the service were maintained and information about people was kept confidential.