

Ddee Consulting UK, LTD

Mendip Court

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

Mendip Court is a domiciliary care agency which provides personal care to people in their own homes. At the time of the inspection the agency was supporting nine people.

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 happy with the care they received and the staff who supported them to remain independent in their own homes.

People received their care safely from staff who knew how to recognise and report any concerns. Risk assessments were carried out to minimise risks to people and staff.

People were cared for by staff who had undergone a thorough recruitment process. Staff had undertaken basic induction training to make sure they could care for people safely.

People had their needs assessed before they began to use the service. From these assessments care plans were developed to give staff the information they needed to provide effective care. People told us they were happy with their care and continued to make choices.

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.

People were cared for by staff who were kind and respectful. People were visited by small teams of staff who they were able to build comfortable relationships with.

People knew how to raise concerns and said they would be confident to do so. Where people had raised issues with the registered manager they had been investigated and resolved to the satisfaction of all parties.

The service was well led by a registered manager who was committed to providing person centred care. People could be confident that quality was monitored, lessons were learnt when things went wrong, and there was an emphasis on continued improvement.

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

Rating at last inspection

This service was registered with us on 15 January 2020. They moved to their current location on 16

November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Mendip Court

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. 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 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 homes.

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

This inspection was announced.

We gave a short period of notice because this is a small domiciliary care agency and we wanted to be sure someone would be at the office to support the inspection.

We visited the office location on 9 June 2021.

What we did before the inspection

We reviewed information we had received about the service since their registration. 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 three members of staff and the registered manager. We looked at a range of records including four care plans, four staff recruitment records, a selection of audits and a sample of medication administration records.

After the inspection –

We made phone calls to four people who used the service to enable them to share their views on the care provided to them.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person said, "I always feel very safe with them." Another person told us, "They are all very kind and make me feel safe."
- People were protected from abuse because the agency had a clear policy and procedure for recognising and reporting abuse. The policy was discussed with staff at a team meeting.
- Staff received training on safeguarding adults as part of their induction. Staff spoken with knew how to report concerns and said they would be confident to do so.

Assessing risk, safety monitoring and management

- Risks to people were minimised because risks to individuals were identified and highlighted to staff. Information about how risks could be minimised were included in care plans. This helped to ensure people received their care safely.
- The provider carried out environmental risk assessments to make sure staff were able to safely access and move around people's properties. This included identifying issues with the approach to the property and any pets.

Staffing and recruitment

- People were cared for by staff who had undergone a thorough recruitment process. Staff records showed staff did not start work until checks had been carried out and references had been obtained.
- The agency employed sufficient staff to meet people's needs. People received their care from small groups of staff who they got to know well. One person said, "I have the same little group of carers. I feel comfortable with them."
- The registered manager said they did not take on new packages of care unless they had enough staff to meet the persons needs and preferences.

Using medicines safely

- People received support with prescribed medicines according to their individual needs. Risk assessments were in place which identified the amount of support people needed.
- People who required full support with medicines, received their medicines safely. This was because staff had undertaken specific training and had their competency assessed to make sure their practice was safe.
- Where people just needed to be reminded to take medicines this was clearly written in their care plan. One person said, "I do my own tablets, but they make sure I remember."

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was accessing testing for staff. Staff were using rapid tests and the registered manager was in the process of arranging for laboratory test kits to be delivered to them.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- Staff were being kept up to date and were working in accordance with government guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Where incidents occurred, these were used to learn and improve. For example, one incident had led to further training for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People had their needs assessed before they started to use the service. This helped to make sure the agency could meet their needs and preferences.
- People received the care they required to support them to remain independent in their own homes. This was because care plans clearly set out what people needed help with at each care visit. Staff said the care plans gave them all the information they needed but they always listened to people's particular choices when they provided care.
- People said they received the care they needed. One person commented, "They come when they say they will, and do what they should." Another person told us, "They are very punctual. It helps me to have routine."

Staff support: induction, training, skills and experience

- Staff felt well supported by the provider and the staff team. One member of staff said, "Everything is really well structured and there is always someone to phone for advice and support."
- People were supported by staff who had the basic skills needed to support them. Staff all completed on-line mandatory training before they began work with people. There was information in staff files to show training had been completed.
- People had confidence in the staff who supported them. One person said, "They know what they are doing. They are well trained."

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

- The agency was not responsible for shopping or cooking for the people we spoke with. However, they monitored people to make sure they had food available to them. One person commented, "They always make sure I've got something to eat."
- Care plans contained information about people's nutritional needs and who supported them with meals. One care plan we read showed that staff supported the person to make their own meals to help them to remain independent.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health and worked with other agencies to make sure people received the care and treatment they needed. Whilst we were at the office a carer rang with a health concern about a person and the care co-ordinator rang their GP to make sure they had the support they needed.
- People received joined up care because the staff worked with other agencies. For example, we saw in one care plan that staff had worked with an occupational therapist. This helped to ensure the person had the

equipment they needed, and staff were competent in using it.

- People's needs were reviewed to make sure the care they received continued to meet their needs. Any healthcare changes were also identified at reviews. One review showed that the person's GP had been contacted to review their medicines.

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 possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- No one using the service lacked the capacity to make decisions for themselves. However, staff had received training regarding the mental capacity act and knew how to support people when needed.
- People only received care with their consent. Care plans showed people had given their consent to all aspects of their care including staff administering first aid and seeking medical support in an emergency situation.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager led by example to ensure people were treated with respect. The policies and procedures of the agency supported this.
- People were supported by staff who were respectful of them and their property. Staff spoke respectfully about people and showed compassion for them.
- People told us staff were always kind and caring. One person said, "We get on well. They are kind." Another person told us, "They are always very respectful of me."

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

- People were involved in planning and reviewing their care. One person said, "We went through everything in the beginning. All very satisfactory."
- People had opportunities to share their views. The registered manager visited people in their homes to seek their views. They also sent out satisfaction surveys.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they promoted people's privacy by ensuring their personal care was carried out respectfully and in accordance with their wishes.
- People's independence was promoted. Care plans showed how staff should support people to carry out tasks for themselves, such as taking medicines and making snacks.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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; End of life care and support

- People received personalised care because care plans gave staff information about how they wanted to be supported. One member of staff said, "We get to know people's routines and how they like things."
- People we spoke with said they continued to make choices. One person commented, "They are led by us and what we want." Another person said, "They respect choices."
- The agency was not supporting anyone with end of life care at the time of the inspection. In addition to care plans each person had a 'grab sheet' with important information which was easily accessible if they became acutely unwell or needed to be admitted to hospital.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met because care plans gave information about how people communicated. This made sure staff had the information required to help people make their needs and wishes known.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans gave information about any social, cultural or religious events that people attended regularly but the agency was not responsible for supporting people with social events.
- During the pandemic staff had been aware that people's social circles had diminished. Staff said they made sure they spent time chatting to people to try to alleviate social isolation. One member of staff said, "Because people only see a small amount of people, we have formed bonds with them."

Improving care quality in response to complaints or concerns

- People felt able to share their concerns with the registered manager and were confident action would be taken to ensure improvements would be made. One person told us, "I told [registered manager's name] about something. He came to speak with me and we got it sorted."
- Records showed that where concerns had been raised the registered manager took action to make sure these were fully investigated.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 promoted a culture that was respectful of people and treated them as individuals. The ethos was understood by staff. One member of staff said, "Dignity and choice is fundamental in everything we do." Another staff member commented, "We are all about providing person centred care."
- People described the registered manager as very open and approachable. One person told us, "The boss man is very good. You could go to him with anything." Another person said, "I have spoken with [registered manager's name.] Absolutely brilliant. He has put things right when needed."
- Staff and people felt included and said they could always make suggestions which would be considered. One person said, "I still feel in charge. They just help me."

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

- People thought the service was well led. One person said, "It's all very well run and efficient. Good on times and flexible." Another person told us, "Obviously it's early days but they seem very organised."
- This was a new service and the registered manager sought advice and support from other professionals and provider groups. This helped them to set up systems to enable the smooth running of the agency.
- People could be confident their care was being provided by an agency who monitored quality and identified and minimised risks. This helped them to learn from mistakes and plan improvements.
- Various audits were carried out to ensure people received quality care and that records reflected this. This included spot checks on staff working with people. This enabled the care provided to be observed and it also sought feedback from people. One person said, "Occasionally [registered manager's name] comes out to check on things. He asks if you're alright and puts it on a form."
- At times the registered manager and care co-ordinator worked alongside other staff. This enabled them to monitor care and offer advice and guidance where necessary.
- The registered manager had a continuity plan in place to make sure people who required it, continued to receive a service in exceptional circumstances such as severe bad weather or extreme staff shortages.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were able to have their say on the care provided to them during spot checks and satisfaction surveys. One person had written on their survey how happy they were with the service and that their care

was; "Conducted with the upmost kindness and consideration with a sense of being involved in a happy and up lifting way."

- The staff worked with other professionals and agencies to make sure people received the care and support they needed. This had included staff receiving training from an occupational therapist to meet a person's specific need.

- Staff felt involved and consulted with. We were told that the agency had been holding virtual team meetings during the pandemic and planned face to face meetings when restrictions allowed. One member of staff said they felt well supported and were kept up to date with text messages and phone calls.