

Denise Care Limited

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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

Denise Care Limited provides personal care for people in their own homes, most of whom were older people. 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. At the time of this inspection the service was providing personal care to four people.

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

Family members told us people were supported safely. Due to communication difficulties, we were unable to speak directly to people. Family members consistently shared positive feedback about the care their loved ones received. Staff demonstrated an understanding of safeguarding processes and relatives were confident they could report any concerns to the registered manager.

People's specific risks had been assessed and managed safely. People were supported by staff who understood their needs and could access essential information to keep people safe. This was monitored by the registered manager and provider. People received support from staff who were recruited and inducted safely this included shadow working with the registered manager. People were supported to take medicines safely; staff were trained and the provider had systems in place which monitored this. Infection risks to people were assessed and relatives told us staff wore PPE to keep people safe.

Relatives confirmed people's care and treatment was assessed holistically, support was effective and promoted a good quality of life. People were supported by staff who had the knowledge and skills relevant to their role.

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.

Relatives shared their views on the experience of people and told us staff were kind and caring and focussed on the individual. People and relatives were encouraged to feedback their views of the care.

People received support which was personalised and care plans provided evidence of how people's choices had been incorporated in their support. Relatives were confident they could raise concerns with the registered manager.

People were supported by a service which demonstrated and promoted a person-centred culture and leaders consistently demonstrated this ethos. Quality assurance systems were in place and ensured people received good quality support. People benefitted from a service whose open partnership working was clearly visible in their everyday work.

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

This service was registered with us on 09/09/2020 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

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?

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 finding below

Is the service caring?

Good ●

The service was caring

Details are in our caring finding 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 section below

Denise 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. 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 team consisted of 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 August 2021 and ended on 9 September 2021. We visited the office location on 2 September 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give 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 three relatives of people who used the service about their experience of the care provided. Due to communication difficulties, it was difficult to speak to people directly. We were assured that people's voice was conveyed through good feedback from their loved ones who observed the support given. We spoke with three members of staff including the registered manager, nominated individual and one care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and logs were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who had worked with the service recently.

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

- Systems and processes protected people from harm or abuse. One relative told us about how, "They would be confident to report any concerns to the manager."
- Staff received safeguarding training and were aware of local policies. Staff understood the different types of abuse and how to recognise signs of abuse. Staff knew the process to report concerns internally and escalate externally should this be required.
- The registered manager demonstrated their understanding of reporting safeguarding issues. Records showed these had been completed appropriately.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely.
- We reviewed a range of risk assessments relating to moving and handling, skin integrity, falls and swallowing difficulties.
- One person who could not manage to eat and drink orally had a feeding tube (percutaneous endoscopic gastrostomy - PEG) in place and received safe care. This involved the placement of a tube through the abdominal wall into the stomach or direct to the intestine through which nutritional liquids and medicines can be infused, when taking in food, drink and medication orally was limited or no longer possible. Staff were knowledgeable about the management of this and had been trained in this area.
- One relative said, "They understand [persons] needs and the equipment they need."
- Staff were directed by care plans which outlined how to provide safe support and the registered manager monitored these to ensure changes were followed up and risks reviewed.
- The registered manager understood their responsibilities; to support the person safely and to monitor and report any concerns to health professionals.
- Environmental risks assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff when care was being delivered.

Staffing and recruitment; Learning lessons when things go wrong

- There were enough staff to support people safely; Relatives told us staff were usually on time for their visits. One relative said, "They come on time and let you know if they are going to be late."
- A staff member described their induction which had included shadow working alongside the registered manager, "Shadow worked until I felt confident, and they were happy with my work." This provided assurance the service monitored the experience and knowledge of staff and ensured people received safe care.
- The registered manager understood the importance of learning lessons when things went wrong. A

relative had shared their experiences of care provided by a new staff member who had not been confident in the role. The registered manager had listened and had responded by increasing the level of support and induction staff received.

- Staff were recruited safely and in line with best practice. Records showed applications forms were completed and included employment histories. Suitable checks such as references and Disclosure and Barring Service (police checks) were obtained prior to employment

Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines; their competencies were assessed by the registered manager.
- Some people had prescribed medicines to use 'as required' to help them when in pain. There were protocols in place for staff to follow when administering these medicines. This helped ensure a consistent approach. Medicine Administration Records (MAR) were well organised, clear and completed accurately.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and had been updated to reflect the latest guidance for the COVID-19 pandemic.
- COVID-19 testing was carried out in accordance with government guidance, staff confirmed they underwent a regular testing regime.
- The registered manager had ensured staff understood appropriate use of personal protective equipment (PPE). One relative said, "They always wear masks, aprons and we feel assured they are keeping people safe."
- Staff had received training in infection prevention and control.
- Staff told us they had been kept well informed of changes to guidance and felt well supported by the registered manager.

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's needs and choices were assessed in a holistic and person-centred way.
- People's care plans contained details of their background, any medical conditions, and information about their choices and preferences. Information had been sought from relatives and other professionals involved in their care. This meant that staff understood people well and supported them in line with their wishes.
- A health professional spoke positively about working with the service, "At assessment, the principal carer from Denise Care demonstrated significant insight and knowledge of all aspects of the patient's individual care needs without having recourse to, or consulting, or referring to, protocols, care plans, risk assessment, in a manner that particularly struck me as being over and above what is expected by the role of a carer."
- Relatives were positive about how personalised and effective the service was. One spoke of how the service monitored a person's health need. "They followed up to ensure [person's health condition] was kept up with."
- The registered manager communicated with health professionals effectively to ensure people's needs were reviewed. We observed an example of this during inspection, the registered manager discussed a person's needs and a potential change to medicines to support those needs. This meant people's needs were reviewed, monitored and delivered effectively in line with best practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff that received training relevant to their role, and additional training was sought in response to people's needs. For example, a person who required equipment to support them to sleep safely, the registered manager trained the staff in the use of this equipment and provided guidance to ensure staff were confident in its use.
- Staff had the knowledge, skills and experience to support people effectively.
- The registered manager had ensured there were effective systems in place to support staff into the service. New staff would shadow experienced staff until they were deemed competent to work alone, this also gave people an opportunity to get to know them.
- Staff spoke positively of the support they had received, "The induction was in depth and gave me time to develop."
- Records confirmed staff received regular and relevant supervisions, spot checks and attended meetings.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a balanced diet. Where needed staff assisted people with nutrition and fluid intake.

- Risks to people associated with eating and drinking were identified and assessed. One person who was living with diabetes required support with making choices about food. Records confirmed how the service had supported them to live a healthier life whilst balancing the persons choices.
- The registered manager told us how they continued to support the person, "We try to encourage the person to make healthier choices, this can be challenging at times." They went on to describe how they respected the persons choices.

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.

- People were consistently asked for consent by staff before any care delivery. A relative told us, "If anything changes, they ask [persons] consent, they explain the process and talk [the person] through it."
- The provider and staff understood the MCA and knew how to support people who lacked the capacity to make specific decisions for themselves. Staff encouraged and supported people to make day to day decisions.
- Records confirmed consent had been discussed with people and relatives and where required people had been supported with best interest decisions.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare agencies and support.
- One relative told us how Denise Care Limited had been effective in maintaining links with health professionals including physiotherapy and the mental health team. and staff worked with these agencies to provide good outcomes for 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.

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 service had a person-centred culture, relatives confirmed how the registered manager and staff supported people. One relative said, "They are excellent, they are interested in [the person] they speak about [the person's culture] and are interested in learning their native language and sharing some of their own."
- Staff treated people with kindness and compassion. A relative described how the service had worked with the family and ensured they expressed their views, were involved in decisions and received reassurance from the staff. They told us, "Feel really confident in how they worked with [family], they have worked things out and it's been exceptional." Another relative said, "They are very, very kind."
- The service had received several compliments and comments from relatives and people who had used the service. They were consistently positive about how caring and supportive the staff had been.

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

- People and their relatives were involved as partners in their care.
- The provider and registered manager had effective systems in place to ensure people and their relatives could express their views of the service. They worked directly with people and as a result recognised when people and their relatives wanted support from staff. Rotas were scheduled in line with the needs of the people.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and respected.
- Relatives spoke highly of the staff and how they respected their loved one's dignity and independence. Records confirmed how staff responded in a timely compassionate manner to the needs of people.
- Confidential information relating to people was handled appropriately by staff. There was a policy and procedure on confidentiality.

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

- People received personalised care specific to their choices. This was evidenced within care records and confirmed by relatives. For example, one told us, "They know [person] really well, they are very engaging and keep [them] very comfortable every day".
- People and their relatives were involved in developing care plans. Needs have been identified and considered holistically and personal preferences had been considered. We reviewed a range of care records and areas covered included health, interests and hobbies, communication, and details of specific choices.
- Timing of calls had been agreed with people and their relatives. The provider shared how they had responded to the needs of people and relatives by carrying out additional tasks on an as needed basis.
- The provider and registered manager spoke about how they valued the importance of ensuring people received personalised care. Systems they had implemented demonstrated their focus on the person.

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.

- The service had considered people's communication needs and assessments detailed how people were supported with this.
- For example, one staff member told us how they worked with a person who used a communication aid, "I am getting to know the person well but if I struggle to understand they will write it down for me." Records confirmed the arrangements in place to support staff to effectively communicate with the person.

Improving care quality in response to complaints or concerns

- People and relatives were encouraged to provide feedback on the service this included complaints. Relatives told us they would be confident to report any concerns to the registered manager. One relative spoke of how they had fed back about a particular concern and were satisfied with the response and action the service took.
- The provider had effective feedback systems in place which encouraged open dialogue with people and relatives and was able to describe the actions they took to respond to complaints.

End of life care and support

- The service was not supporting anyone at the end of life stages at the time of inspection. The registered manager confirmed end of life wishes had been discussed with people and relatives where appropriate.

- The provider was aware of any specific decisions people had made should their health deteriorate and records relating to this were kept safely.
- The registered manager described where end of life support had been provided. They had worked closely with the family and health professionals and ensured the person was supported. They shared with us compliments they had received from relatives thanking them for their kindness, compassion and understanding.

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

- The service promoted a positive, person-centred and inclusive culture for people. Within the statement of purpose Denise Care Limited stated, "Our aim is to provide the highest quality of care; ensuring a comfortable and supportive environment where individuality, dignity and quality of life are paramount to the client and [their] family in the comfort of their own homes".
- Peoples experience of care as described by relatives consistently detailed how the provider worked with people in an open and person-centred manner. People received support from staff who understood their needs and respected their choices.
- The provider and registered manager spoke of the importance of people being at the centre and achieving good outcomes with people. "Our service is very personalised; we want to retain this as we grow the business."
- The registered manager spoke of how well they knew people using the service and how they provided direct support. "It's really important to me we provide consistent support and I spend time working with staff to ensure they have the skills and knowledge to provide that." They spoke of their training and their vision for the future which included employing trained nurses to support people in their homes with complex health needs.
- Staff confirmed the open ethos of the registered manager and provider and one staff member described the registered manager as, "Fair and approachable, anytime I need support I can call."
- The provider had effective recording systems in place which demonstrated the person-centred inclusive culture of the service. The provider told us of their plans to move to an on-line care management system. They were mindful of the need to ensure this supported their person-centred focus.

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; Continuous learning and improving care

- The provider was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Relatives confirmed the registered manager had communicated with them to detail actions they had taken when they had investigated something which had gone wrong.
- The registered manager described how learning from incidents had driven quality improvements and one example resulted in changes to their induction of new staff and improved the care of people they supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had daily oversight of the service and undertook quality assurance visits to people themselves. During the visits the registered manager carried out quality audits including checks on documentation such as daily records, fluid balance sheets and care plans. As a result, they identified changes in people's needs and communicated in a timely manner with health professionals ensuring people received good quality support.
- Management systems identified and managed risks to the quality of the service and the information from these was used to drive improvement.
- The provider carried out various quality audits including care plans, medicines, Infection prevention and control (IPC) and a 'Dignity audit'. Actions were identified and followed up on. For example, an action noted from a recent audit was to ensure staff kept a log of visits to people, to gather data to ensure the provider could evidence people received their support as agreed.
- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service.

Working in partnership with others

- The service worked in partnership with external agencies. One healthcare professional who had worked with Denise Care Limited when setting up a support package for a person told us about their experience, "[The] carer demonstrated motivation and flexibility in facilitating the team-work approach the virtual Continuing Healthcare assessment requires, over and above the ordinary expectation of a care agency," They went on to share their view of this particular person's experience, "[Regarding this] individual patient's care episode I would rate it as outstanding."