

Darethealthcare UK 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

This inspection took place on 6 September 2017 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure the manager and staff would be in the office. At our last inspection in August 2016 we found the service to be meeting regulatory requirements and was rated 'Requires Improvement'. This was because improvements that had been made following our inspection of the service in March 2016 had not been operational for a sustained amount of time for us to be sure the service was good.

Darethealthcare UK Limited provides personal care and support services to older adults living in their own homes within the London Borough of Bromley and its surrounding areas. At the time of our inspection there were approximately 34 people using the service. The service had a registered manager in post. 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 and associated Regulations about how the service is run.

Assessments and care plans were in place to support people where risks to their health and wellbeing had been identified. There were appropriate safeguarding procedures in place. Recruitment checks took place before staff started work and there was enough staff to meet people's needs. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and received training relevant to the needs of people using the service. Care plans detailed people's nutritional and support needs. People were supported to access health and social care professionals when they needed them.

People were provided with information about the service. People said staff were kind and caring and their privacy and dignity was maintained. People were consulted about their care and care plans were in place that provided information for staff on how to support people safely and appropriately. People were aware of the complaints procedure. There were systems in place to monitor the quality of the service provided to people. The provider took into account the views of people using the service. Staff said they enjoyed working at the service and they received good support. There was an out of hours on call system in operation that ensured management support was available to people and staff when required.

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.

Systems were in place to ensure medicines were managed safely.

Risks to people's health and welfare were identified and assessed.

There were appropriate safeguarding procedures in place.

Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff completed an induction when they started work and received appropriate training.

Staff were supported in their roles through supervision and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Care plans detailed people's nutritional and dietary needs.

People were supported to access to health and social care professionals when they needed them.

Is the service caring?

Good 

The service was caring.

People's privacy and dignity was respected.

People told us staff were caring and kind.

People were provided with information about the service.

People and their relatives, where appropriate, had been involved in planning for their care needs.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed to ensure the care provided met their needs.

Care plans detailed information and guidance for staff about how people's needs should best be met.

People were aware of the complaints procedure and complaints were managed appropriately.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

There were systems in place to monitor the quality of the service provided to people.

The provider took into account the views of people using the service and staff to help drive improvements.

Staff said they enjoyed working at the service and received good support.

Darethealthcare UK Limited

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.

This announced inspection took place on 6 September 2017. The inspection team consisted of a single inspector who visited the office and an expert by experience who spoke with people using the service or their relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority responsible for commissioning the service to obtain their views. We used this information to help inform our inspection planning.

As part of our inspection we looked at the care plans and records of five people using the service, staff training records, supervision and recruitment records and records relating to the management of the service. We spoke with the registered manager, office staff and spoke with three care workers by telephone to gain their views about the service. The expert by experience spoke with six people using the service and two relative by telephone to gain their views of the service they received.

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff that supported them and staff were kind and respectful. One person said, "I feel very safe with my carer. She is really lovely. She is really careful to help me walk with my frame and I feel very secure when she's with me." A relative commented, "My relative is very safe with the carer. I have absolutely no worries at all about safety." Another relative told us, "My relative needs help with personal care and the carer who comes is very careful with them to make sure they don't slip and that they are comfortable."

Risks to people's health and well-being were assessed and reviewed on a regular basis to ensure people's safety. Risk assessments identified and assessed levels of risk to people in areas such as nutrition and dietary needs, mobility, medicines, environmental and fire risks, personal care, falls and moving and handling amongst others. Risks to people's physical and mental health needs were also assessed. Documented risk assessments contained guidance for staff on how best to meet individual's needs. For example one risk assessment documented that the person had difficulty in swallowing certain food types and required a soft diet to ensure the risk of choking was minimised. Another risk assessment documented actions to be taken by staff in the event that the person who managed their own medicines became unwell.

There were systems in place that ensured people's medicines were managed safely and people told us staff supported them when required. One person said, "I take my tablets myself but staff write it down in the book that I've taken them and make sure I've got a drink of water to take them with." People's care plans and risk assessments recorded the medicines people were prescribed by health care professionals and confirmed the medicines administration arrangements for people using the service, such as whether staff support was required and if they had any medicines allergies and potential side effects to be aware of. We looked at medicine administration records (MAR) for four people using the service and saw these were completed accurately with no errors or omissions recorded. We saw that MARs were routinely returned to the office by care staff to be checked for any issues or concerns. Staff received appropriate medicines training and updates when required and had spot checks on their competency to administer medicines ensuring the safe administration and management of medicines. There was a medicines policy in place and guidance for staff across a full range of medicines issues for their reference.

There were arrangements in place to deal with emergencies and people told us they were aware of who to contact in an emergency. One person said, "There is an out of hour's number in case there is an emergency. I've never had to use it but it's good to know it's there. It's very reassuring." The provider had systems in place to deal with a variety of emergencies and which provided contact details for staff to manage emergency situations, if needed. There was an 'out of hours' on call system in place to support people using the service and staff if required outside of office hours. Care staff told us that office staff were available to support them when required and the support they received was good. One member of staff said, "The manager and staff at the office are very supportive. I can call at any time if I have any problems or concerns."

There were safeguarding adults and whistleblowing policies and procedures in place to protect people who used the service from possible harm or abuse. The registered manager was the safeguarding lead for the

service and they were aware of their responsibility to safeguard people from abuse or neglect. Staff were knowledgeable about safeguarding people and the action they would take if they had any concerns. One member of staff told us, "People using the service are my priority and if I had any concerns I would report them straight away and know people would be protected." Staff training records confirmed that staff had received up to date safeguarding training to ensure they had the knowledge and skills to support people appropriately where required. We looked at the provider's safeguarding file which contained policies and procedures, a safeguarding log to monitor any concerns and contact information for local authority safeguarding teams to ensure any concerns were managed appropriately.

People told us they thought there were enough staff to meet their needs appropriately. Most people said the service was reliable and that they had regular care workers who visited. However one person commented, "I think they might have staffing problems when somebody is sick or on holiday and our carer then seems a bit overworked but she still gives us a really good service. She is very conscientious." Another person told us, "They are sometimes a bit late but never so much that I'm worried. As long as they come, I don't really mind. If they are going to be more than a few minutes late for some reason, they always phone to let me know." Staff we spoke with told us they felt there were enough staff to provide care to people when required and they had sufficient time to carry out their work. One member of staff said, "Sometime we can run late due to all sorts of problems. If this is the case then I always contact my clients and let them know. We are a good team who help each other out when needed." At the time of our inspection we saw there were enough staff employed to support people using the service appropriately. The provider had an electronic call monitoring system in place which enabled them to check on staff working within the community. The system monitored staff to ensure they arrived on time for people's allocated calls and people's calls were completed for the correct duration.

There were appropriate recruitment checks in place and conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed pre-employment and criminal records checks were carried out before staff started work. Records also included application forms, proof of identification, references and history of experience or qualifications and proof of eligibility to work in the UK, where applicable. Staff told us they were issued with an employee handbook, identity name badge and uniforms to enable people using the service to identify them safely before allowing them to enter their homes.

Is the service effective?

Our findings

People and their relatives told us they thought care workers were well trained, competent in their work and understood how best to support them. One person said, "I think they are all well trained and know what they are doing. There's been a different carer when one of the regulars has been ill or on holiday but normally it's the same faces every time which is important." A relative told us, "I can't fault the regular carer. They are marvellous. My relative can be difficult sometimes but they know how to encourage him without trying to force him to do things." Another relative commented, "We get the same person for three days and another person for two days but they are both amazing. They always have a chat with my relative and explain what they need to do. They support him to go out and to also have a little walk when he feels like it. They are really good about supporting him when he wants to walk."

There were safe recruitment systems in place which ensured new members staff were provided with an induction into the service and their role. Staff who were new to the service told us they had been supported through the induction process and by working with other staff. One member of staff said, "I had a very good indication when I started. I had lots of training on line and in the class which was very helpful. Other staff who had been here a long time really helped me." Records showed the induction included completing mandatory training and a period of shadowing experienced members of staff on the job. The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records confirmed that staff had completed an induction programme when they started work to ensure they could meet people's needs effectively.

Staff we spoke with told us they received regular training appropriate to their needs and were supported and encouraged to undertake additional training for their continued development. One staff member told us, "We get really good training here. I feel very much supported by the managers and they have enabled me to complete NVQ qualifications." Another member of staff commented, "The training programme is very good. We have regular refresher training to make sure we are kept up to date." Training records demonstrated staff received regular training in a vast range of areas including for example, first aid, manual handling, infection control, safeguarding, medicines, equality and diversity and the Mental Capacity Act 2005. This ensured staff had the necessary knowledge and skills to support people appropriately.

People told us that staff were respectful and sought their permission before offering support to them. One person said, "I think the carers are marvellous. I get the same one or two regularly. They never do anything without asking me if it's alright even though they do the same things most days. I try to be as independent as I can and they encourage that." Care staff we spoke with were aware of the importance of gaining consent from people and allowing people to make decisions about their care and support needs. One member of staff commented, "It's important to allow and help people to be as independence as possible and that they can make their own decisions."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that most people using the service were able to make decisions about their day-to-day care needs but mental capacity assessments were completed where required for people whose capacity was variable. They told us if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

People were supported to ensure a balanced diet and to meet their nutritional needs where this was part of their care plan. Care staff we spoke with told us they encouraged people to be as independent as possible with meal preparation where this was deemed safe and appropriate. One person using the service told us, "I try to be as independent as I can and the carers encourage that. They're very patient and let me prepare as much of my dinner as I can. I like that." Care staff were aware of people's food preferences, allergies and risks in relation to eating and drinking and these were recorded within people's care plans. Care plans documented individual's nutrition and hydration needs and risks and provided guidance for staff on the preparation of meals to meet people's dietary needs safely and effectively.

People were supported to access health and social care professionals when they needed them. One person told us, "There was one time when I wasn't too well and when the carer came she phoned the doctor for me and let the office know as well. I didn't want to trouble anybody but I was feeling rotten so I was glad she did it." Care plans demonstrated that staff monitored people's general health and wellbeing when they visited and when required referred to appropriate health and social care professionals for support and treatment.

Is the service caring?

Our findings

People told us care staff were kind and caring and they had regular groups of carers that visited them who were familiar with their needs and preferences. One person said, "My main carer is just brilliant. It's just like having a friend visiting me. I was a bit unsure at first about having carers but now I can't fault them, I wouldn't be without them. I'm very happy and I think I'm very lucky." Another person commented, "We've had a new carer today because one of the regulars is off sick but she was really lovely. She was very thorough and double checked what my relative needed. I could see that he'd taken to her straight away. She was lovely." A third person told us, "The carers really go the extra mile all the time."

Care staff we spoke with were knowledgeable about the people they supported. They were aware of individual's preferences and interests as well as their health and support needs. One member of staff told us, "I have been working here for a long time and know all the people I support very well. They are like family and I really care for them. I know exactly how people want things to be done and respect their wishes." Care plans documented people's individual needs, likes and dislikes and what was important to them. For example we saw that it was important for one person to have an early morning visit and a cup of tea first before support was provided. Another care plan recorded that the person liked the companionship of the care workers and when time permitted that they watch a DVD with them.

People told us staff treated them with dignity and respect and their privacy and dignity was maintained at all times. A relative provided us with examples of how staff did this, they told us, "When my relative has a shower, they are very respectful. They always make sure the curtains are drawn and they wrap a towel round him as soon as they can." Staff told us how they maintained people's privacy and dignity for example, by closing doors and drawing curtains when providing personal care and by knocking on people's doors and seeking permission before entering.

People told us care staff supported and encouraged them to be as independent as possible. One person said, "I try to do as much as I can for myself to try and be a bit independent but it's good to know they're there if I need them. I can dress myself and all that sort of thing but it makes a difference just having them come in. They never let me down and will do a few extras like emptying the bin and putting the washing out for me."

People's individual needs with regard to their disability, race, sexual orientation, religion and gender were identified and addressed to ensure their needs and wishes were met. Staff we spoke with understood their role in ensuring people's needs were appropriately met in this area and we saw that staff had received training in equality and diversity.

People and their relatives where appropriate, told us they were involved in making decisions about their care and support provided. One relative told us, "It took a little while to find the right person for my relative and we had a couple of hiccups. There was nothing wrong with the carers and they were nice and well trained but my relative just didn't gel with them. The ones we have now are perfect. They interact really well with him and he likes them a lot." People were provided with appropriate information about the service in

the form of a service user guide. This provided people with information about the service and what they can offer, principle objectives of the service, standards of care to expect and information on making complaints.

Is the service responsive?

Our findings

People and their relatives told us the service and care staff were responsive to their needs and they had a plan of their assessed needs in place. One person said, "When we first started with them, they came and went through everything I need. They made a few recommendations for me to think about and they always say that if anything changes in what support is needed they will come and talk to me about it." Assessments were undertaken by the provider to identify and assess people's physical and mental health needs before they started using the service. The registered manager told us that assessments were also completed by funding authorities where appropriate and this information helped them in assessing people's on going care needs.

Care plans were developed from information gathered from people and their relatives where appropriate, and were personalised to reflect individual needs and preferences. Care plans included information about people's physical and mental health, medicines, mobility, falls, home environment, personal care and nutrition and hydration needs. Care plans provided guidance to staff on how best to meet people's needs safely and appropriately. Care plans were reviewed on a regular basis with people and their relatives where appropriate to ensure they met people's changing needs. One person told us, "They came and talked to us about the care plan. They came just recently to review things with us and said if there were any improvements we thought they could make then we must tell them but there was nothing really. They are very good and reliable." The registered manager told us and we saw that care plans were reviewed on a six monthly basis or when required and reviews were conducted by telephone and in person within people's home's.

Staff we spoke with told us they were responsive to people's needs and any changes required to people's care and support was discussed with the registered manager, office staff and at regular staff meetings that were held. One member of staff said, "I always report to the office if there are any problems or concerns. We have regular meetings as well so we can all come together and share information." Daily activity communication logs were included as part of people's care plans which provided staff with the opportunity to record details of the support they provided to people on a daily basis, the actions taken to meet people's needs or any comments made for other visiting staff and professionals. The registered manager told us that if staff had any concerns whilst supporting people within the community, they would contact the office for support or if out of office hours they would contact the out of hour's number for support, advice and guidance.

People told us they were aware of the provider's complaints procedure and they would raise any concerns if they needed to. One person said, "There was a bit of a problem with the office a while ago. They weren't very accommodating and messages didn't get passed on. That sort of thing. It hasn't happened for a while now. Things have definitely improved." Another person told us, "I had to complain about late calls but this was a long time ago. The office people listened and didn't make me feel bad because I didn't like to be complaining anyway. I think they arranged to send a different carer who is nearer to me and it's been fine since. There was no problem about it." The service had a complaints policy and procedure in place. The registered manager showed us a complaints file which included a copy of the provider's complaints

procedure and records from complaints made to the service. We saw that the service had not received any complaints this year. Complaints records showed that where someone had made a complaint actions were taken to address any concerns in line with the provider's policy.

Is the service well-led?

Our findings

People told us they were happy with the service they received and spoke positively about the staff that supported them. One person said, "They do their very best. You can't say more than that." Another person told us, "I have no complaints at all. This is a good service. I don't know what I'd do without them [care staff]. I feel very lucky when you hear all the horror stories about some of these agencies." A third person commented, "I can't think of any improvements they could make. They are very methodical."

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of being a registered manager and their legal responsibilities with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were submitted to the CQC when required.

Staff we spoke with told us they enjoyed their work and felt supported by the manager and office staff to enable them to do their job well. They felt the service was well organised and felt valued and encouraged to give their views about the service and the people they supported. One member of staff said, "I have been here many years and love my job. The managers are lovely and very supportive. We have meetings on a regular basis where we can share anything." Another member of staff commented, "The manager and office staff are so supportive, we all work as a team. I am very happy working here."

Staff records showed that many care workers had been with the service for some time and staff retention was good enabling the service to provide consistent care. Records showed that staff meetings were held on a regular basis to provide staff with the opportunity to meet, communicate and share good practice or to discuss issues of concern. The provider also had a staff group electronic app chat that provided staff with another platform to share practice issues, ideas and to help drive improvements.

There were systems in place to regularly monitor the quality of the service provided to people and to identify any possible risks or concerns. The registered manager showed us audits which were conducted on a regular basis to check on and maintain the quality of the service. Areas covered as part of the auditing process included policies and procedure updates, care plan and records, incidents and accidents, medication, missed calls, staff files and records, safeguarding and electronic call monitoring system audit to ensure people received support when requested. Other systems were also used to check on the quality of service delivery. These included staff spot checks within the community, staff practice observations and service user telephone reviews and monitoring calls. We saw that where any issues were identified as part of the provider's audits and checks, action plans were implemented to address them and to record actions taken.

Systems were in place that ensured the provider took account of the views of people using the service. This was done through on location staff practice observations, service user telephone reviews and monitoring calls, reviews of people's care in person and through annual client's feedback questionnaires. We looked at the results for the survey conducted in December 2016 which showed all of the people who responded to the survey were either satisfied or very satisfied with the service they received.

The provider also held a 'Care Givers' meeting twice a year in which people using the service and their relatives were invited and supported to attend and to provide feedback about the service which helped drive improvements.

Staff were also given the opportunity to give their feedback about the service on an annual basis. Results for the survey conducted in July 2017 showed staff were either extremely satisfied or very satisfied in their jobs and with the training they received.