

Denny Care Services Limited

# Denny Care Services Limited

## 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: Denny Care Services Limited is a domiciliary care agency. It provides personal care to adults living in their own homes. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, there were 50 people using the service.

People's experience of using this service: People told us they received a good service and felt safe. Accidents and incidents were recorded and investigated, and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. Staff visits to people were monitored via an electronic call monitoring system. The provider had an effective recruitment and selection procedure in place, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The provider had a complaints procedure in place, and people were aware of how to make a complaint. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: At the last inspection the service was rated Good (April 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained Good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained Good.

Details are in our Well-Led findings below.

Good ●

# Denny Care Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One inspector and an Expert by Experience formed the inspection team. An Expert by Experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

**Service and service type:** Denny Care Services Limited is a domiciliary care agency.

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 visit because it is a care agency. We needed to be sure someone would be available to speak with and show us records. Inspection site visit activity started and ended on 29 January 2019. We visited the office location on this date to see the registered manager and office staff; and to review care records and policies and procedures.

**What we did:** Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service and six family members. We spoke with the registered manager, director, administrator and four care staff. We looked at the care records of three people who used the service and the personnel files for three members of staff.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities with regards to safeguarding people. Appropriate policies and procedures were in place, and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Accidents and incidents were appropriately recorded, and up to date risk assessments were in place for people.
- A bad weather contingency plan was in place. This identified staff or family members who lived near people and could support them in the event of bad weather.
- Lessons were learnt from incidents and shared with staff. The registered manager told us staff attended 'Buzz' sessions where they met at the office to share best practice and lessons learned.

Staffing and recruitment

- People told us they felt safe with the staff and were visited by the same, regular staff. Comments included, "I have managed to get just three carers looking after me. This is better than seeing a lot of different people" and "I like the way that new carers work-shadow a more experienced carer before they assist people by themselves." The registered manager told us, "We introduce the care givers [staff], they have a little team, they build up a rapport with the person."
- Staff logged in and out of every call visit, so the provider could be sure people received their planned call visits.
- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.

Using medicines safely

- Appropriate arrangements continued to be in place for the safe administration of medicines.
- Medicine administration records (MAR) were audited monthly and staff competency checks were carried out regularly.

Preventing and controlling infection

- Checks were carried out to ensure staff were following the provider's policies and procedures correctly. This included hand hygiene and using appropriate protective clothing whilst carrying out personal care to people. None of the people or family members we spoke with raised any concerns regarding hygiene or cleanliness.

# 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

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 were assessed before they started using the service and continually evaluated to develop support plans. A family member told us, "[Director] was extremely thorough with us when putting the care plan together."

Staff support: induction, training, skills and experience

- People and family members told us they thought staff were appropriately trained and skilled. Comments included, "The carers are excellent" and "I could not cope without this help. The carers make my life so much easier." Two family members stated they didn't think the "younger" staff were as proficient in the role but said this was due to them having less experience.
- Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.
- Staff received an induction to the service and their training was up to date. Staff told us they had received sufficient training for their role. One staff member told us, "The training is brilliant."

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

- None of the people using the service at the time of the inspection had any specific dietary needs. Staff supported some people to prepare meals. One person told us, "They [staff] do me a proper meal, not any microwave stuff."

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

- People were supported with their healthcare needs and to attend appointments when necessary. People and family members told us they were happy with the support received for individual healthcare needs.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The management team and staff had a good understanding of the MCA, and the registered manager had carried out a presentation to staff. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.

- Consent was obtained from people before any care and support was carried out.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and family members told us staff were kind and considerate. Comments included, "They [staff] are very caring people" and "I like the fact that carers will ring me if they have the slightest concern about my [relative]. On one occasion a carer was concerned about their health. They called me and waited with [relative] for over an hour before I arrived. That brings me real peace of mind to know that the staff will do that sort of thing." The director told us, "It's about engaging in conversation with people, making sure they've got everything, feeding the cat, painting their nails etc."
- A dementia information zone was on the wall in the provider's office. This included information and guidance for staff to help them support people living with dementia.
- None of the people using the service at the time of the inspection had specific religious or spiritual needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's preferences and choices were clearly documented in their care records.
- People and family members told us staff respected privacy and dignity. Comments included, "The carers take great care to do what I want of them. I like to be washed in a particular way and covered with towels afterwards" and "I am properly covered up while they [staff] do this [personal care]."
- Care records described how staff were to respect people's privacy and promote dignity.
- People were supported to remain as independent as possible. Comments included, "They [staff] get the balance right between helping me and letting me get on for myself" and "The carers really make a difference to my life. They help me with tasks that I could not otherwise achieve by myself."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Person-centred care was evidenced in the support provided to a person living with dementia. Staff had liaised with a family member to provide photographs and information about the person's family to help stimulate memories and communication.
- Another example of person-centred care was for a person who did not have any family living locally. The registered manager invited them to Christmas lunch and arranged for a special cake for their birthday.
- Records included important information about the person, such as contact details for next of kin and healthcare professionals, medicines the person was taking, whether they had any allergies, background information and history, preferences, and any health conditions.
- People's individual outcomes were recorded. These described what the person wanted from their care and support. For example, to continue to live comfortably and independently at home, and for social and emotional wellbeing to be continued.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.
- People were protected from social isolation. Records described people's interests and what they liked to do. Companionship was included in some people's visits and included support to go out. We saw staff had supported people to attend a music in the park event. A Christmas party had been arranged for people to attend in a local church hall and the provider had bought Christmas gifts for each person. One family member told us, "My [relative] likes to be taken for a walk if the weather is fine. The carers discuss with [relative] where they would like to go and they get on with it."
- A member of staff had recently been employed as lead activities co-ordinator. This involved speaking with people and staff to identify activities and events, and researching what was going on in the local community. The provider had asked staff to donate books and games that could be used at companionship visits.

Improving care quality in response to complaints or concerns

- None of the people and family members we spoke with had made any formal complaints but were aware of how to make a complaint.
- No formal complaints had been received however systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- The provider had an end of life care policy in place. None of the people using the service at time of our inspection were receiving end of life care. However, the registered manager told us two people with end of life care needs were due to start using the service and staff had been appropriately trained.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they were comfortable raising any concerns and the management team were approachable. Comments included, "The management are brilliant. They will do their best to sort it for you" and "If you have any concerns, you can ring up and they do listen to you." The provider had a 'reward and recognition' scheme in place, that included rewards for staff who went over and above their role.
- People and family members told us staff appeared happy in their work and the service was well-led. Everyone we spoke with would recommend the service to someone else. Comments included, "We are very pleased with the support my [relative] receives. The service is very reliable and professional" and "I get on very well indeed with [registered manager]. Nothing is too much trouble for them however big or small the issue."

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

- The registered manager and staff understood their roles and responsibilities. The management team carried out regular audits to monitor the quality of the service.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

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

- Annual questionnaires were sent to people, family members and staff so they could feed back on the quality of the service. These were analysed to identify any trends or issues.
- People and family members were also able to feed back as part of the review process.
- The provider had held fun events at the office for staff to attend. These include St Patrick's day celebrations and a Mad hatter's tea party. On world health day, a healthy lunch had been provided for all staff who wanted to attend.

Continuous learning and improving care; Working in partnership with others

- Staff meetings were held quarterly and a monthly staff newsletter was sent out.
- The director told us, "We want to grow but we want to take on the right [care staff]." Opportunities were available for staff to develop in the role and obtain additional qualifications.
- The service worked with other health and social care professionals, such as social workers, occupational therapists, incontinence team, sheltered housing schemes, GPs and pharmacists.

