

Dirie Care Ltd

# Dirie Care LTD

## Inspection report

22 New Park Road  
London  
SW2 4UN

Tel: 02086747575

Date of inspection visit:  
07 October 2022

Date of publication:  
14 November 2022

### 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

Dirie Care Ltd is a domiciliary care agency providing care and support to people in their own homes and flats. At the time of the inspection one person using the service was receiving personal care.

The Care Quality Commission (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 the inspection one person using the service was receiving personal care.

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

A safe service was provided for the person using the service and staff had a safe environment to work in. There were suitable numbers of appropriately recruited staff employed to meet the person's needs. This meant they were supported to enjoy their life and live safely. The person had risks to themselves assessed, monitored and recorded by the provider and staff who updated records as required. There was a system for recording, investigating and reporting accidents, incidents and safeguarding concerns appropriately. Staff received appropriate training in how to safely administer medicines, and prompt people to take their medicines, as needed. During the inspection no one using the service received direct support with the administration of medicines. Infection control training was provided for staff and procedures were followed.

One person told us that effective care was provided, they did not experience discrimination and their equality and diversity needs were met. Staff were well-trained and supervised. They also said that staff gave good care that met their needs and was focused on them. The person was encouraged by staff to discuss their health needs, and any changes to them or concerns were passed on to appropriate community-based health care professionals. This would include any necessary transitioning of services if the person's needs changed. The person was protected by staff from nutrition and hydration risks, and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

The person said that the staff approach to the way they provided care and support was friendly and paid attention to small details that made all the difference. The person's right to privacy, dignity and confidentiality was acknowledged by staff, and they felt respected. The person was encouraged and supported, by staff, to be independent and do things for themselves, wherever possible. This improved their quality of life and promoted their self-worth. Staff were compassionate and cared about the person they provided a service to.

The provider was responsive to the person's needs and assessed, reviewed and appropriately adjusted their care plans as required. This included any communication needs. The person was provided by staff, with person-centred care and they were given choices and encouraged to follow their routines, interests and maintain contact with friends and relatives so that social isolation was minimised. The person and their relatives were given enough appropriate information about the service to make their own decisions regarding whether they wished to use it. Complaints were recorded and investigated.

The provider had a culture that was open, positive and had a clearly identified leadership and management structure. The provider vision and values were clearly defined, and staff understood and followed them. They were also aware of their responsibilities and accountability. Staff were prepared to raise any concerns they may have with the provider and take responsibility. The provider regularly reviewed service quality, and any required changes were made to improve the care and support people received. This was carried out in a way that best suited the person. The provider had established effective working partnerships that promoted the needs of the person being met outside its remit. Registration requirements were met.

The person was supported to have maximum choice and control of their life 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.

#### Why we inspected

This service was registered with us on 18 August 2021 and this is the first inspection.

#### 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dirie Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings 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 findings below.

# Dirie Care LTD

## 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

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats. This includes older people, people with dementia, people with a physical disability, and learning disabilities or autistic spectrum disorder.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. The service was given 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 30 September and ended on 21 October 2022. We visited the provider's office on 7 October 2022.

#### What we did before the inspection

We reviewed all the information we had received about the service. We used all this information to plan our

inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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.

#### During the inspection

We spoke in person with the registered manager. We contacted and spoke with one person using the service, and three staff to get their experience and views about the care provided. We reviewed a range of records that included one person's risk assessments and care plan. We looked at two staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including audits, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included a training matrix and audits. We received the information which was used as part of our inspection.

# 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

- The provider systems and processes safeguarded people from the risk of abuse.
- One person said they thought a safe service was provided. One person told us, "I think this service is very safe." In reference to keeping people safe a staff member commented, "[registered manager] takes everything very seriously and asks questions."
- Staff were given training that enabled them to identify possible abuse of people and the action to take, if encountered. They knew how and when to raise safeguarding alerts. The provider gave staff access to safeguarding and prevention and protection of people from abuse policies and procedures.
- Staff supported and encouraged the person to keep safe and explained to them how to do so. Any specific concerns regarding the person's safety were recorded in their care plans.
- The provider gave staff health and safety information and training that included general responsibilities, and safety in people's homes.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- The person was safely supported by staff following their risk assessments and care plans. This meant they were able to take acceptable risks and enjoy their lives safely.
- The risk assessments covered areas important to the person such as health, activities and daily living. The risk assessments were regularly reviewed and updated as needs changed. Staff knew the person's routines, preferences, and identified situations in which they may be at risk and acted to minimise those risks.
- The provider policies and procedures set out how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were familiar with the lone working policy regarding keeping themselves safe.

Staffing and recruitment

- The provider employed appropriate numbers of suitably recruited staff.
- There was a thorough recruitment procedure. After shortlisting the interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience and knowledge. Before commencing work, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a probationary period of six weeks with reviews and a thorough introduction to people using the service before commencing work.
- The person said that the provider met their needs flexibly by providing back up trained staff, if required.

They also commented that staff were always ontime and stayed for the agreed duration.

- Staff files showed that the recruitment process, probationary period and training were completed. The provider gave staff information that explained the provider's expectations of them and their responsibilities.

#### Using medicines safely

- During the inspection there were no people receiving support to take their medicines.
- Staff were trained to administer medicine and this training was regularly updated. If appropriate, people would be encouraged and supported to administer their own medicines.

#### Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that the person said was reflected in their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for the person, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, and managing possible and confirmed COVID-19 cases.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.



# 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

- The provider assessed people's needs, gave them choices and delivered care in line with standards, guidance and the law. This meant people had their needs fully assessed.
- The registered manager said, when a new enquiry was received, an introductory appointment was made to introduce the service to people, in their homes and explain how it worked. A second appointment would then be made for an assessment visit which was carried out at a pace and of a duration that suited people and their needs.
- People had their physical, mental and social needs comprehensively assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence and other expert professional bodies, to achieve effective outcomes. The person and their family were provided with easily understandable written information. One staff member said, "[registered manager] really takes an interest in people and that makes our job much easier."
- The person said staff were on time, stayed for the agreed duration and carried out the agreed tasks. One person said, "Always very punctual."

Staff support: induction, training, skills and experience

- Staff were well supported, skilled, experienced and trained. This meant they received a good service.
- Staff training was consistently carried out in line with the provider's training and induction policy.
- Good quality staff induction and mandatory training was given by the provider that enabled staff to support the person and meet their needs. Staff told us the quality of the training provided enabled them to carry out their roles and make a difference to people. One person said they enjoyed the way staff performed their duties and said staff were professional, and competent. One person told us, "They support me well." A member of staff told us, "We come into the office about every two months to update our training." Another staff member said, "Good training."
- Staff knew how important clear communication was and this was impressed upon them during induction training. It was also revisited during staff meetings, further training, and supervision.
- Prior to providing a service staff had introductory meetings with people and their relatives. This increased staff knowledge of people, their routines, preferences and surroundings. It also meant people felt more relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones.
- The induction was comprehensive and based on the Skills for Care 'Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.

- The training matrix identified when mandatory training was required to be updated. Staff mandatory training included moving and handling, basic life support, working in a person-centered way, safeguarding, medicines administration, health and safety and awareness of mental health, dementia and learning disabilities.
- The provider facilitated discussions that identified best outcomes for each person, including things that didn't work well.
- Staff records showed that staff received quarterly supervision and the registered manager said an annual appraisal would take place, when due. Staff confirmed that they received regular supervision.

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

- Staff had received training regarding fluids and nutrition. If required, staff supported people to eat, drink and maintain a balanced diet and monitored food and fluid intake. If needed people would be assisted with oral feeding.
- People's individual care plans contained health, nutrition and diet information with health care action plans. This was to ensure people drank enough to remain hydrated. If staff had concerns, they were passed on to the registered manager, who alerted appropriate health care professionals.
- If people needed dietary support, staff would observe and record the type of meals they ate and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still had the meals they enjoyed.

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

- The registered manager and staff were able to support the person to keep healthy and receive ongoing healthcare support by maintaining good working relationships with external healthcare services.
- If required the provider would sign post people to other organisations that may be able to meet needs outside what the service provided, for example to prevent and minimise social isolation. This helped to improve people's quality of life and promote their social inclusion.

#### Supporting people to live healthier lives, access healthcare services and support

- As required the person was supported by staff, to access community-based health care professionals, such as district nurses and to refer themselves to health care services, such as their GP. This meant the person had their health needs met.
- Staff reported any health care concerns to the management team who alerted appropriate health care professionals. A staff member told us, "If we are worried about something we let [registered manager] know."
- Any changes to people's health and medical conditions were recorded in their care plans.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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.

- The registered manager was familiar with the MCA, its requirements and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide

support.

- The person signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams.

# 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 person was respected by staff, well treated, and had their rights to equality and diversity recognised.
- One person said staff were supportive, caring, and they enjoyed and were relaxed in the company of staff. They told us, "My carers [care workers] are very good." A staff member said, "We work with people and that is very special."
- Staff were provided with equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. One person told us staff treated them respectfully.

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

- The person was supported and able to express their views and involved in decision making about their care. They said they were involved in the decision-making process regarding the care and support that was provided, which was recorded in their care plans.
- The provider frequently contacted the person and their relatives to determine if they were receiving the care and support, they wanted and needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect, and their dignity and independence observed by staff.
- The provider trained staff to respect people's rights and treat them with dignity and respect. One person said they felt respected and staff treated people with kindness, dignity and respect.
- The provider had a confidentiality policy and procedure that staff understood and followed.

Confidentiality was included in induction, on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

# 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 person centred care that meant they had choice, control and their needs and preferences were met.
- The provider completed a need's assessment with the person and their relatives to identify what their needs were and how they would like them met. This included what they wished to gain from the services provided and desired outcomes. One person told us, "It was explained to me what to expect." A staff member told us, "We fully understand what we are expected to do."
- The person, their relatives and the provider agreed person-centred care and support plans, based on the initial assessment. Once the service started, the person and their relatives were frequently contacted to establish if the support provided was working and their needs were being met.
- The person and their relatives were supported by staff, to make decisions about the care and way it was delivered. The registered manager was available to the person and their relatives to discuss any wishes or concerns they might have. Staff ensured the person understood what they were saying to them, the choices they had and that they understood their responses.
- The person's care plan and staff daily logs recorded the tasks they required support with and if they had been carried out. The daily logs entries were reviewed, and any concerns highlighted.
- People's care and support needs were initially reviewed after three months, and if satisfactory they were reviewed a minimum of six monthly. Their care plans were updated to meet their changing needs with new objectives set. The provider and staff supported people to take ownership of their care plans and they contributed to them as much or as little as they wished.

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 AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- The provider met people's communication needs by providing staff with training and information about people's communication preferences, which were recorded in their care plans and guidance on how best to communicate with them.
- The person said staff communicated clearly with them which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- The person said they were aware of the complaints procedure and how to use it.
- Any complaints or concerns were appropriately addressed.

# 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

- The provider had a culture that was open, inclusive and positive. One person told us they found the registered manager and staff attentive, approachable, felt they listened to them and did their best to meet their needs. They commented, "A very nice gentleman who listens." A member of staff told us, "I'm excited to work for them."
- The person and their relatives had the services provided explained to them so that they clearly understood what they could and could not expect from the registered manager and staff. This was repeated in the statement of purpose and guide for people using the service that set out the organisation's vision and values.
- The provider vision and values were explained to staff during induction training and revisited whilst undertaking mandatory training. Staff understood them, and the person said they were reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. The statement of purpose was regularly reviewed.
- Staff told us the registered manager supported them and they supported each other, as a team. One staff member said, "[registered manager is very responsive and very caring."
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

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 provider was aware of their responsibilities regarding duty of candour.
- The management reporting structure was transparent, and the registered manager made themselves available for support to the person using the service, relatives and care staff.

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 quality performance.
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The provider had a system which stored people's details, appointment schedules, and if tasks, daily logs and care plans were completed on time. Data collected was collated and used to update and improve the service provided.

- The registered manager was in regular contact with staff to provide support and this enabled them to provide the person with the service that they needed. Staff welfare checks were carried out as part of supervision and there were regular staff meetings, where issues that arose and other information was discussed.
- The provider's quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included communication and visits, care plans, risk assessments, complaints and staff files.
- The provider worked with the person, their relatives and healthcare professionals such as the GP to identify areas that required improvement. This was to progress the quality of services the person received, to better meet needs and priorities. Any feedback was used to ensure the support provided was what people wanted and needed. This was with the person's consent.

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

- The provider enabled the person, their relatives and staff to give their views about the service provided and the provider worked in partnership with them. Their views were sought by telephone, visits to the person, and observational spot checks. There would be feedback questionnaires and surveys provided for people, their relatives and staff as the service was developed.
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The person, their relatives and staff were kept informed, by the provider, of updated practical information such as keeping safe.
- The provider audits identified any performance shortfalls that required attention and progress made towards addressing them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service. There were no current complaints.
- The person, their relatives and staff provided regular feedback to identify if they were receiving the care and support, they needed.