

District Care Ltd

# District Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

District Care is a domiciliary care agency providing personal care to people in their own homes. 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 our inspection there were 47 people receiving personal care from the service.

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

People told us they felt safe when carers visited them and felt they could rely on the service to keep them safe. However, the service had not always carried out risk assessments where it would be appropriate and there was not always care planning in place for known risks.

People told us that staff supported them in the least restrictive way possible and acted on their wishes. However, the service had not carried out assessments of people's capacity to make decisions where this would have been appropriate. The manager told us they had not been doing these and did not have an understanding of when this would have been required.

Records completed by staff demonstrated that people's visits were being regularly cut short and this had not been identified by the service. It was unclear whether this had any direct impact on the care delivered but people were not consistently receiving the service which had been commissioned.

Whilst there was a quality assurance system in place, this had not been effective in identifying the shortfalls we found. There were gaps in the registered managers knowledge around risk assessment and management and requirements under the Mental Capacity Act.

People told us they benefitted from having regular carers they knew well, and that the carers always arrived to support them. People told us staff were kind, caring and thoughtful.

Staff were recruited safely and had appropriate training for the role.

Medicines were administered, managed and monitored safely.

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

The last rating for this service was good (published 5 July 2019).

### Why we inspected

We carried out this inspection in response to information of concern received.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# District Care

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector and two Expert by Experience. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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 unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with nine people who used the service and six relatives. We spoke with seven staff members including the registered manager, provider and office staff. We reviewed four care records and three recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments had not always been carried out where these would have been appropriate. The service was not using risk assessment tools in line with best practice guidance in order to determine risk. Risks were not planned for and there was no information for staff on how to manage risks to people. For example, one person had a history of falls which resulted in serious injury before District Care started providing support to them. Despite this, the service had not carried out falls risk assessment, nor was there any care planning around reducing the risk of further falls. Another person was cared for in bed and was completely reliant on staff for support with changing position and nutrition. Despite this, risk assessments had not been carried out and there was no care planning around managing the risk of pressure ulcers and malnutrition.

The above constituted a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they had recently purchased a new system which included blank copies of the required risk assessments. They had implemented this system five days prior to the inspection and following our inspection they told us they were in the process of putting all of these in place.
- People and their relatives told us the service was safe. One person said, "I do feel safe with them." Another person told us, "They are very nice to me and I do feel safe with them."

### Learning lessons when things go wrong

- The service had not always identified shortfalls which could have impacted the quality of care people received.
- Once we identified shortfalls to them, the service was proactive in sending us a detailed plan of how they intended to address these.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people. Staff had received training on safeguarding.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

### Staffing and recruitment

- People told us that staff always arrived to support them and informed them if they were going to be late. One person said, "They never fail me and are always on top form." However, records did show that staff were

regularly cutting visits short with no explanation given.

- There were robust recruitment procedures in place to ensure that prospective staff had the right character and background for the role. This involved carrying out criminal records checks with the Disclosure and Barring Service (DBS) and obtaining references from previous employers.

#### Using medicines safely

- Not everyone using the service had support with their medicines. However, the service undertook an assessment at the time of taking on the care package to see what support, if any, the person may require.
- Where people did need support, this was clearly stated in their care records with information about how they liked to take their medicines, when, and what these were for.
- We reviewed Medicines Administration Records (MARS) for four people using the service and found that these were completed correctly and indicated that medicines were being administered in line with the prescriber's instructions.

#### Preventing and controlling infection

- Staff had access to appropriate stocks of personal protective equipment (PPE) and people told us staff wore this when they visited them. This helped to reduce the risk of the spread of infection.
- All care staff had received training in infection control and had regular training updates. Spot checks were also carried out by senior staff which checked whether staff were wearing the correct uniform and PPE when providing care.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Whilst people told us that they were given choice and felt in control of their care, the service was not carrying out assessments of people's capacity where this would have been appropriate.
- The service was providing care to a number of people living with dementia whose capacity to make decisions had not been assessed. The registered manager indicated one person who was unlikely to be able to make decisions themselves, but an assessment had not been carried out. The service's care planning template referred to staff making best interest decisions on people's behalf, however, without a capacity assessment and a formal best interests process being followed this may not be lawful.
- For people living with dementia there was no care planning around how they make decisions and how they should be supported to have maximum choice and control according to their abilities.
- The registered manager demonstrated a lack of knowledge around the Mental Capacity Act and their responsibilities under the Act.

The above constituted a breach of Regulation 11: Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service carried out an assessment of people's needs before starting to provide care for them. This was comprehensive, however, where potential risks were identified this did not always lead to appropriate risk assessment and care planning.
- Care was not planned in line with best practice guidance. The service did not use industry recognised tools to assess for risk and put in place clear plans to reduce risk.

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

- Where people were reliant on the service for support with eating and drinking, the service failed to carry out risk assessments and put in place appropriate care planning around reducing the risk of malnutrition and dehydration. This meant there was no system in place to monitor potential risks.

Staff support: induction, training, skills and experience

- Staff received a comprehensive package of training in subjects applicable to the role and demonstrated a good knowledge of these subjects.
- The service carried out competency assessments to ensure that training had been effective and to identify any areas where staff practice could be improved.
- Staff had regular appraisal and supervision sessions with senior staff. This identified any areas for improvement or development.

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

- The service had good links with other healthcare professionals such as district nursing teams and GP surgeries to ensure people received joined up care.
- The service made referrals to other healthcare professionals where required to ensure that people received the input they needed to stay healthy.

# 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.

At our last inspection we rated this key question outstanding. At this inspection we found that the quality of the service had deteriorated, and we have now rated this key question inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Records were kept by staff of when visits commenced and ended. We reviewed these against the intended duration of people's visits and found that the majority of people's visits were cut short. This was frequently by ten minutes but in some cases, calls were cut short by 20 to 30 minutes. There was no explanation in the records of why this was the case. Records showed the cutting of call times was consistent across different staff and for all two of the months we reviewed. This indicated a cultural issue. We raised this with the registered manager who told us they had told staff it was acceptable to cut a 30-minute call short by 10 minutes, as they believed this was allowed. This meant that staff thought it acceptable to shorten visit times and not provide the full service that people and/or commissioners were paying for.
- The registered manager told us that there was a system in place to review the records kept of visits, and this included visit start and end times. However, this system had not identified the shortfalls we found and therefore no action had been taken.
- There was a quality assurance system in place which included checks on care plans. However, this had not identified the shortfalls we found with regard to a lack of risk assessment and risk management care planning.
- The registered manager did not demonstrate an appropriate knowledge or understanding in key subjects. For example, they did not recognise the need for Mental Capacity Act assessments. They also demonstrated a poor knowledge of risk management and monitoring processes, and therefore did not have these in place.
- The provider had day to day input in the running of the service. However, they had not identified the shortfalls we found, nor had they identified gaps in the knowledge and understanding of the registered manager.

This constituted a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Continuous learning and improving care

- The registered manager and provider failed to operate systems capable of identifying the shortfalls we found. Therefore, we were not assured they were able to continuously learn and improve care

independently.

- Following our inspection visit, the provider and registered manager sent us a detailed plan of how they intended to address our concerns.

Working in partnership with others

- Despite failing to meet contractual obligations with regard to visit durations, the service had a good open dialogue with commissioners such as Suffolk County Council.
- The service also communicated well with other professionals such as GP's and district nurses to ensure people received joined up care.

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

- People were given the opportunity to feed back their views through surveys and also through regular reviews of their care. People also had a copy of the complaints procedure and told us they knew how to complain or comment on the service they received.
- We reviewed the responses to the most recent surveys of people's views and found these were positive.
- Staff were given the opportunity to feedback their views through meetings and supervision sessions with their manager.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment of service users must only be provided with the consent of the relevant person.</p> <p>Paragraph (1) is subject to paragraphs (3) and (4).</p> <p>If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act*.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>doing all that is reasonably practicable to mitigate any such risks;</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>Without limiting paragraph (1), such systems or processes must enable the registered person, in</p>

particular, to—

assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;