

Dalchi Healthcare Limited

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Inspection report

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Date of inspection visit:
31 January 2023

Date of publication:
21 February 2023

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

Dalchi Healthcare Limited is a domiciliary care service providing the regulated activity of personal care to people living in their own homes. The service provides support to older and younger adults, who may also be living with physical and sensory disabilities, dementia and mental health or learning disability and/or autism. At the time of our inspection there was 1 person using the service.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Care: People's rights were respected. People received personalised and responsive care that promoted people's dignity and respected their privacy. People received safe care. There were enough staff to ensure people's needs were met. People benefited from access to other healthcare services when needed and this helped them live healthier lives.

Right Support: Care staff promoted people's independence. People's choices and preferences were reflected in care plans, so their care was tailored to their needs. Care staff received training and support before starting to work with people to help ensure they could provide the care people needed to keep them safe.

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

Right Culture: The service was led with by an open and approachable management team. Care staff felt supported and involved. A relative and care staff felt they could speak freely with the registered manager and that their feedback would be taken on board and used to improve services. The registered manager used a variety of methods of obtain feedback on the quality and safety of services and check people were

happy with the care they received. Policies and procedures were in place to help ensure the good governance of the service.

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

Rating at last inspection and update

This service was registered with us on 4 May 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Dalchi Healthcare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team included 1 inspector.

Service and service type

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

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, and they were also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 January 2023 and ended on 2 February 2023. We visited the location's office on 31 January 2023 and continued to review evidence the registered manager sent us until 9 February 2023. We spoke with a relative and care staff on 2 February 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative. We spoke with the registered manager, the care coordinator and 2 care staff. We reviewed 1 person's care plan. We reviewed 3 staff recruitment files, training matrix, policies, procedures and audits.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Relatives were responsible for people's medicines at the time of the inspection. However, staff were able to provide this care should it be needed. For example, staff had been trained in medicines management and administration and understood how to manage medicines safely. The registered manager had put a medicines care plan in place to cover any periods of time when this was to be required. We found a staff had assisted a person with skin creams on a small number of occasions without following all the steps in the provider's medicines policy. We made the registered manager aware who took action to ensure correct records were in place.
- Policies and procedures were in place to help support staff administering medicines and keep records of medicines care when this was to be provided. Medicines audits were in place to help ensure medicines, when administered by care staff were done safely. These steps helped to ensure medicines would be managed safely.

Staffing and recruitment

- Checks had been made on the suitability of care staff employed. These included references for previous conduct in employment, identity checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Some records on staffs' previous employment history needed more detail. The registered manager told us they would take action to ensure they fully completed these records.
- There were enough care staff to meet people's needs. People had support from consistent care staff. Arrangements were in place to cover staff absence or provide extra care staff when needed. The provider was in the process of recruiting more staff prior to taking on any new care commitments to people. This helped to ensure the provider had sufficient care staff to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. For example, staff had been trained in safeguarding and the provider had a safeguarding policy in place for staff to follow. This helped to protect people from the risk of abuse.
- People were given information on safeguarding and the provider made checks on people's safety. The provider's 'service user guide' gave information on how people could raise safeguarding concerns and contact information for the relevant local authority responsible for safeguarding. The provider had asked people and their family members about safeguarding and checked they felt safe with their care on a recent questionnaire. Care staff understood how to identify indicators of potential abuse and how to report their concerns. Checks were made to ensure people were safe.

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

- Risks were assessed and ways to reduce risks were identified. Risk assessments contained enough details to help care staff manage risks proactively. Any equipment people used to help prevent falls had been clearly identified with guidance for staff to follow. Care staff told us what steps they took to help reduce the risk of falls to people. Risks were managed and people's safety promoted.
- Care staff had received training in safety related areas. For example, in first aid and fire safety. Care staff induction processes covered health and safety issues and risk assessments were in place for the premises care staff worked at. These measures helped to promote people's safety.
- Processes were in place to learn lessons when things went wrong. No accidents or incidents had occurred at the time of our inspection. However, care staff understood how to report these appropriately should they occur. The registered manager had policies in place to manage and investigate any accidents and incidents. This helped to ensure safety monitoring and management were in place to manage and reduce risks.

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 was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

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 as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Care staff received training and support to meet people's needs. Staff were knowledgeable on how to meet people's needs. Training included areas relevant to people's care needs such as dementia awareness and moving and handling. The provider told us further training and refresher training was currently being planned so care staff could continue to develop their skills. This helped to ensure care staff remained effective in their job role.
- Care was not provided to anyone with a learning disability or autism at the time of our inspection. The registered manager told us they would ensure staff were trained to meet people's needs if they had a learning disability or autism. The registered manager and care coordinator told us they both had previous experience in providing care for people with learning disabilities. This would help to ensure people's needs could be met effectively.
- The provider supported new care staff with an induction process and ongoing supervision meetings. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. Team meetings were held, and minutes showed care staff could raise any queries or issues for support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's care needs were assessed and reflected their choices. For example, care plans and risk assessments were in place for personal care and mobility. These had been developed with people and their families and helped people have their needs met effectively.
- People's equality characteristics had been considered throughout the assessment process. People had the opportunity to discuss how any equality characteristics and preferences could be incorporated into their care provision.

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.

- The provider had policies and procedures in place so that the principles of the MCA could be followed. Mental capacity assessments were used when needed so that care decisions could be made in a person's best interests. Care staff understood and provided examples of how they applied the MCA in their work. This helped to ensure people's rights were promoted.

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

- People accessed the healthcare services they needed. For example, occupational therapists had recently reviewed the person's mobility aids and the GP was called when the person appeared unwell. This helped people live healthier lives.

- Other agencies were involved when needed. For example, a person had previously been supported with nutritional assessments and supplements and had accessed dementia services. Care plans reflected these involvements, and this helped to ensure people received effective and consistent care.

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.

Respecting and promoting people's privacy, dignity and independence

- Actions were taken to promote people's independence. Care plans and risk assessments identified what people could do for themselves. Care staff gave us example of how they would encourage and motivate people to achieve things themselves. This helped people retain their independence.
- Care plans contained details on how care staff could promote people's privacy and maintain their dignity. Staff knew these details and told us how they followed them. For example, ensuring towels were available to cover people during any personal care. Audits of care records and satisfaction surveys checked to ensure people felt their privacy and dignity was respected. This helped to ensure people received care that was respectful.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. A relative spoke highly of the care their family member received. For example, they told us care staff had built a good rapport with both the person and their family and spoke about the kindness and patience care staff had. People received support from caring staff.
- Equality and diversity needs were respected. The provider's policies and practices supported people's equality and diversity needs. For example, in assessment processes and in audit processes. A relative told us they felt the provider worked in a way to promote equality and diversity. This helped to prevent discrimination and helped to ensure people were well treated and respected.

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

- People were supported to express their views and involved in decision making. Care plans and risk assessments incorporated people's views and choices. A relative told us how their views were listened to and acted upon. Staff told us how they promoted people's involvement in their care. For example, supporting people to remain independent and showing people a range of their clothing so they could make their personal choices. People were supported to be involved in their care.

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.

Improving care quality in response to complaints or concerns

- Processes were in place to ensure complaints and concerns would be investigated. The provider had a complaints policy in place and had shared details of how to complain with people and their relatives. No complaints had been received at the time of our inspection and relatives told us they felt they would be listened to if they needed to complain. Complaints management processes were in place.
- Steps were taken to improve the quality of care in response to feedback. The provider regularly asked the person and their relatives what could be done better. A relative told us any feedback they had given had been taken on board. These actions helped to ensure people's quality of care would improve from feedback given.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised to meet people's needs. Relatives told us care plans were developed with their input over time. They said this enabled them to develop a detailed care plan that accurately reflected the care needed. Care plans we saw confirmed this. This helped people receive responsive care.
- People's choices and preferences were known and respected. For example, care plans guided care staff on what people liked to do to get back to sleep if they woke in the night. In addition, they guided care staff on how to support the person to get up safely should they not be able to get back to sleep. This helped ensure people's needs were met in a responsive way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood. Assessment processes checked whether people had any specific needs, for example with their vision or hearing. Additionally, care plans considered whether people needed time to process information if they were living with dementia. This helped to ensure people were supported in the best way to understand information about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's important relationships and connections were positively supported. A relative told us they felt valued, involved and supported in their loved one's care. Care was planned with the involvement of family

members. These actions helped maintain people's relationships and avoid social isolation.

- Care plans reflected what was important to people. For example, regular trips out in the local community with family members, and what the person enjoyed doing and was interested in. Care staff knew what people liked to do. This helped care staff understand how to support the person in activities they were interested in.

End of life care and support

- No-one was in receipt of end of life care at the time of our inspection. The registered manager told us training on end of life care would be included into the next training planned for care staff. This would help ensure care staff were able to help meet these needs as and when they were required.

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.

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

- Systems and processes were in place to help monitor the quality and safety of the service. For example, the registered manager had a range of audit processes in place to regularly check on care records. Further spot checks were completed to provide assurances that care staff practice in relation to infection, prevention and control and health and safety were to standard. This helped ensure the registered manager had an oversight of the quality and safety of services.
- The registered manager was clear about their role. For example, they understood what statutory notifications would be required to be submitted to CQC. Statutory notifications are changes, events or incidents that providers must tell us about. The values of the service had been shared so people and their relatives knew what to expect. A relative told us they were happy with the care provided. The registered manager wanted to achieve good quality care outcomes for people.

Continuous learning and improving care

- The registered manager looked to improve people's experiences of care whenever possible. For example, we saw they were in regular contact with care staff, people and their relatives to see if people were happy or needed anything done differently. A relative told us they had recently asked for changes and these were being acted upon. This helped to lead to improved care outcomes for people.
- The registered manager responded positively to feedback. Prior to our inspection we had completed a monitoring activity on the service and spoke with the registered manager. There had been some improvements identified and, on this inspection, we found they had been implemented. This helped to show the registered manager engaged in continuous learning opportunities.

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

- No complaints, accidents or incidents had been reported at the time of the inspection. However, policies and procedures were in place to help ensure the duty of candour would be followed when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service engaged with people and relatives. People were at the centre of their care and relatives' contributions were valued and their involvement supported. The registered manager used a variety of

methods to gather feedback including visiting people, speaking over the phone and sending out survey type questionnaires. The feedback we reviewed showed people had positive experiences of care. This showed people and relatives were engaged and involved.

- Care staff were involved in the service. Care staff told us the registered manager and care coordinator were both approachable and supportive. Records showed the registered manager visited care staff and spoke with them regularly. This helped to create an inclusive positive culture.
- The service worked well in partnership with others. Relatives were involved and their contributions to people's care planning was valued. Other professionals were involved when needed with people's care and these details were reflected in people's care plans. This helped to ensure good outcomes for people.