

Dat Healthcare Ltd

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Inspection report

242 Redwood House, Brotherswood Court
Almonsbury Business Park
Bristol
BS32 4QW

Tel: 01174504808

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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

DAT Healthcare 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 7 people using the service of whom 3 were receiving personal care.

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

People received good care from staff who were kind and caring and treated people with respect. People had opportunity to build positive relationships with regular staff who understood their needs well. People were involved in planning their care and care was closely monitored to ensure it continued to meet people's needs.

People were safe because staff had checks in place to ensure they were suitable for their role. This included gathering references and carrying out Disclosure and Barring Service (DBS) checks. There were enough staff to ensure visits were carried out on time. The registered manager was in the process of recruiting more staff to facilitate growth of the business. Staff were trained in safeguarding and knew how to report concerns. There were procedures in place to administer medicines safely.

Staff received good training and support to enable them to deliver care effectively. People were supported to have maximum choice and control of their lives 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.

The service was responsive to people's needs and flexible as people's needs changed. There was a complaints procedure in place and people were given information about how to raise concerns. People were supported to take part in social activities that were important to them.

The service was well led. The registered manager was able to keep good oversight of the service through regular contact with people receiving care. The registered manager had given thought to how to develop the management structure of the service as it grew bigger and planned to create care coordinator roles.

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 ●

Dat Healthcare 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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.

Notice of inspection

We gave a short period notice of the inspection so that we could be sure there would be someone available in the office to support the inspection.

What we did before the inspection

We reviewed information we'd received about the service since registration. 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 used all this information to plan our inspection.

During the inspection

We spoke with 2 people receiving care and one relative. We received written feedback from two members of staff and spoke with the registered manager. We reviewed care plans for 3 people receiving personal care and looked at other records relating to the running of the service such as staff recruitment files and complaints procedures.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- It was clear from people's feedback that they were happy and felt safe with staff. One person had some individual concerns related to safety of the environment but was addressing these with the registered manager and told us they were being listened to.
- People were protected because there were systems in place to identify and report potential abuse. The registered manager had contact details in place for the local safeguarding authority and knew the procedure for reporting issues if they arose.
- We saw that body maps were completed with any marks or bruises on a person's body that were noted by care workers. An explanation for the mark or bruise was noted.
- Staff received training in safeguarding so they were aware of the signs to look for and how to report them.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed so that there was clear information for care workers to follow and keep people safe.
- We saw examples of moving and handling risk assessments which identified the equipment people used to support their mobility and what training was required for staff to use them.
- Environmental risks in a person's home were considered. One person told us about a specific risk in their home which it was important for staff to be aware of and manage. This information was included in the person's care plan.
- The registered manager had regular contact with people in their homes so had good oversight of any safety concerns and whether people had any safety concerns.

Staffing and recruitment

- At the time of inspection the agency was small and easily able to manage the care packages it had. The registered manager told us they were looking to recruit more staff so that they could take on further care packages and expand the business.
- The provider was registered with the home office to sponsor skilled workers from overseas. The registered manager had clearly given thought to the support staff might require when arriving in the UK on this scheme. This included support to understand UK culture and help with finding accommodation and GP.
- There were systems in place to ensure recruitment was as safe as possible. For those staff arriving from overseas, a police check from their home country was carried out to check for any convictions that would affect their suitability. References were also sought and photo ID kept on file. For UK based staff, Disclosure and Barring Service (DBS) checks were carried out. These are checks which identify whether a person is barred from working with vulnerable adults and whether they have any convictions.

Using medicines safely

- Not everyone received support with their medicines, but where they did there were systems in place to manage them safely. We saw one person received support with topical creams and a medicine administration chart (MAR) was used to record when staff had applied them.
- Staff received training in medicine administration to ensure they were competent.

Preventing and controlling infection

- Staff had access to PPE when carrying out personal care and care plans set out how and when this should be used.

Learning lessons when things go wrong

- In the time the service had been operating to date, there had been no accidents or incidents. However we saw there was a form in place ready to use at such time it was needed. This would support the registered manager in keeping oversight of safety within the service.

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

- People's needs were assessed prior to receiving care from the agency. This covered a range of people's needs including both emotional and physical.
- It was clear people were involved in the process and their needs were fully considered when using the assessment to plan care.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported and had good training to allow them to carry out their roles effectively. Comments included, "The trainings I received covers all the skills needed to support people. I did mandatory training which includes manual handling, medication administration, health safety, food and hygiene, COSSH, to only mention a few".
- The registered manager had recently implemented a new online training system and this would allow them to keep an overview of staff training needs.
- The provider was registered with the Home Office to enable them to employ overseas workers. The registered manager had given thought to how they supported staff arriving from overseas, including support with orientating to life in the UK.
- New staff would be given opportunity to shadow established members of staff until they were confident in working independently.
- New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Not everyone received support with eating and drinking, however people's nutritional needs were discussed at assessment and outlined in their care plans.
- We saw that the importance of nutrition and hydration were discussed with staff at a team meeting.

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

- Staff worked with health and social care professionals to ensure people's needs were met. We heard of one example where the registered manager was contacting an occupational therapist to try and source the right equipment for a person.

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.

- There was nobody being supported at the time of our inspection with a legal authorisation in place to deprive them of their liberty.
- We saw that people's independence was encouraged and people were involved in making decisions about their own care and support.

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

- People were treated well and with kindness and respect. Comments from people and relatives included, "Absolutely fantastic, brilliant to talk to. Really, really good" and "We're thrilled, it's perfect."
- Staff told us they had time to talk with people and build a rapport. Comments included, "I have enough time to talk to the service users, every time I go to them I always ask their favourite meals, favourite hobbies and so many things".
- It was evident that people valued the support they received and had built positive relationships with the staff that supported them, one person told us, "We have a good laugh"
- Some people had experience of previous agencies that hadn't been successful and were particularly appreciative, in contrast, of the service they received from DAT healthcare.

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

- People told us they had been fully involved in the care planning process when they first joined the agency and that they'd had a meeting to discuss their needs.
- We saw that reviews were carried out with people as their care package progressed to ensure the person remained happy and whether any changes were required.
- The registered manager had regular contact with people receiving care so there was plenty of opportunity for people to express their views and discuss any issues on an informal basis.

Respecting and promoting people's privacy, dignity and independence

- People's care plans clearly identified the aspects of care which people could carry out for themselves and when they liked to be independent.
- Daily records described how people's independence was encouraged; we read for example that one person carried out the parts of their personal care they were able to and then staff supported them with the rest.

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

- It was clear that the registered manager knew people well and understood how they wanted to be supported and cared for. Care was planned with the input of the person concerned and relatives where appropriate.
- The service was responsive when it became evident that a person's support needs had changed or increased. One person for example had experienced an increase in their support needs related to dementia. The service had been able to offer extra support at this time and were working with social services and other professionals to ensure the person's care needs were met.

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.

- At the time of our inspection, there was nobody using the service with particular communication or sensory needs.
- The registered manager told us they would consider any language or communication needs when taking on packages of care and look at ways of meeting people's needs, such as through translation services.

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

- The service was able to offer support for people to access the community and take part in activities that were important to them. This included for example supporting people to go to church or shopping.

Improving care quality in response to complaints or concerns

- We saw that people were given information about how to raise a formal complaint if they wished to do so. People confirmed that they had contact details for the office if they needed to raise any issues or report a concern
- There had been no formal complaints made since the service started operating. However, one person did tell us they'd had some aspects of their support they wanted to raise and confirmed they had done so with the registered manager. It was clear the registered manager was aware of these issues and was addressing them. Other people knew the registered manager well and felt very comfortable about discussing their care with them.

End of life care and support

- The registered manager told us they weren't delivering end of life care at the present time. They said they would try hard to meet the needs of a person already in their care, if their health deteriorated to the point of requiring palliative support.
- The registered manager told us that in future they may consider taking on specialist packages of care for people at the end of their life, though would not do this until such time as they were in a position to train staff and support them in this aspect of care.

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

- There was a positive, person centred culture within the service. People felt listened to, had good relationships with staff and received good care.
- The service was responsive to people's changing needs and provided increased support when a person's health needs deteriorated.
- Where it was part of their package of care, people were supported in aspects of their life that were important to them, such as attending church.

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

- The registered manager understood the responsibilities of their role. This included making notifications to CQC. Notifications are information about certain events, which the registered manager is required to tell us about by law.
- The service was small at the time of inspection, and the registered manager was able to visit people often and keep close oversight of how the service was running. We discussed what management support would be needed as the business grew. The registered manager told us they would be developing care coordinator roles to take on responsibilities such as carrying out assessments and reviews.
- The registered manager told us they would be investing in an online monitoring system to support them in managing the service. This would help them ensure that staff were attending calls on time for example.

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

- People spoke positively about staff and the registered manager. People knew the registered manager by name and it was clear people felt comfortable and able to discuss their support needs with them.
- Staff told us they were well supported and had meetings so that they were aware of important issues and developments. One care worker told us, "We always do staff meetings as a company".
- Staff also told us how the registered manager had supported them in travelling between care calls when transport had been an issue. The registered manager had recently purchased a pool car for staff use and to support them in arriving at care calls on time.

Continuous learning and improving care

- The registered manager had plans for expanding the service and growing the business; they were aware of some of the difficulties that might be entailed in achieving this and were planning to do this in accordance with the resources available to them. For example, they told us they wouldn't take on care packages without ensuring they had enough care workers in place.

Working in partnership with others

- The registered manager worked with the local authority and healthcare professionals to ensure people's needs were met. We heard about examples where the registered manager had raised issues with the local authority when a person's care needs had changed.