

District Care Ltd

# District Care

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

District Care is a domiciliary care service providing care and support to people living in their own homes. The service provides support to adults some of whom may be living with dementia, a physical disability or a sensory impairment. At the time of our inspection there were 40 people 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.

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

People and relatives were complimentary about their experience with District Care and would recommend using the service. A relative said, "I would definitely recommend. They are a very friendly team, on the ball and efficient."

People were supported by a staff team who were safely recruited and knew how to protect them from potential harm. People received their care visits at the times they expected, for the length of time agreed, and from staff they knew.

Risks to people had been assessed and were managed safely. Care plans had been developed from an initial care needs assessments. People and relatives told us they were involved in care planning.

Staff had training to do their job and had support from their managers when they needed it. There were enough staff to meet people's needs.

People received their medicines as prescribed. Staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

Staff understood the importance of gaining consent from people and ensured people's privacy and dignity was respected.

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.

People and relatives told us most staff were kind and caring. People were treated with respect and dignity. Staff promoted people's independence when it was appropriate.

People and relatives described being able to raise any issues with the staff and management team and were confident these would be addressed.

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 and update

The last rating for this service was requires improvement (published 30 January 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced inspection of this service on 10 November 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safety, effectiveness and management of the service.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

#### 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.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always well-led.	<b>Requires Improvement</b> ●

# 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

The inspection was carried out by an inspector and an Expert by Experience who telephoned people who used the service, and their relatives, to seek feedback. 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 reviewed information we had received about the service since its registration. We sought feedback from the local authority. 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

The inspection commenced on 31 May 2023 with feedback being provided to the registered manager on 16 June 2023. We visited the office of the service, spoke with 6 people who used the service and 9 family members. We spoke with the registered manager and received feedback from 13 staff.

We used electronic file sharing to enable us to review some documentation. We reviewed 4 people's care records, staff recruitment files for 4 staff members, training, induction and competency assessment records for staff. We also reviewed governance records including policies and procedures, and quality assurance records.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were carried out and appropriate actions put in place where required. For example, where a person was at high risk of falls the care plan contained a very personalised risk assessment regarding their risk of falls and use of a walking aid.
- Risks were managed in a way to enable people to feel safe and secure when receiving support in their home. A relative said, "Oh yes [relative] is safe, they get on well with the carers."
- The registered manager had a system in place to ensure risk assessments were reviewed regularly, were up to date and reflected people's needs. They were aware that some risk assessments were overdue for review and told us this was a priority.

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

- Staff had completed safeguarding training and were familiar with the reporting procedures. They told us they felt confident that any concerns raised would be acted upon. A member of care staff said, "I am aware how to identify and report abuse through up-to-date training."
- There were procedures in place to ensure any abuse concerns were reported to the relevant external authorities, in line with local safeguarding procedures.

### Staffing and recruitment

- The service employed a sufficient number of care staff to support people.
- A person said, "Yes they arrive on time and yes they do everything they are supposed to in the time allowed." People also told us they were contacted if staff were going to be late due to circumstances beyond their control.
- There were systems and processes in place to ensure staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks were undertaken. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- There were systems in place to ensure people received their medicines as prescribed. Medicine administration records were complete and accurate.
- Where people received support with their medicines, they told us this was carried out to their satisfaction. A relative said, "They [staff] are all lovely and efficient. I do the meds in the evening, they do it at other times and I am certainly happy with their support."
- Staff received training in medicine administration and regular checks of their competency.

### Preventing and controlling infection

- Staff received training to help them understand their role in protecting people, themselves, and others from the risk of infections.
- Staff were provided with personal protective equipment (PPE) for example disposable gloves and aprons, to reduce the risk of cross-infection. People and their relatives confirmed staff made appropriate use of PPE.
- The provider had an infection control policy in place to provide guidance to staff.

### Learning lessons when things go wrong

- After our last inspection the provider sent us an action plan detailing how they were going to improve the service.
- There was a system in place for the recording and monitoring of any accidents and incidents.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to appropriately assess people's mental capacity to ensure they were able to consent to care and support. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Where appropriate the service had carried out mental capacity assessments.
- Where a person lacked capacity, the service had ensured they were aware of the legal protections in place to support the person. For example, if an appropriate power of attorney was in place.
- Staff had received training in the MCA.

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

- People's needs had been assessed prior to receiving care and support to ensure they could be met.
- People, and relatives where appropriate, as well as external health and social care professionals were fully involved in the assessment and planning of people's care. A person told us, "Everything about me is written down." A relative said, "The care plan was done with me and District Care."

- Care and support was planned and delivered in line with best practice guidance and standards.

Staff support: induction, training, skills and experience

- Staff told us they received appropriate training and support for their role. A member of staff said, "I feel adequately trained and prepared to do my care responsibilities safely and correctly."
- Staff received an induction and training into the role when they joined the service. This included shadow shifts and 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.
- Training records demonstrated that staff received a variety of training relevant to their role.

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

- People told us that where they were supported to eat and drink it was done to their satisfaction. A relative said, "They [staff] do the breakfast and give [relative] coffee, they also give [relative] a selection of light snacks. They also leave drinks." Another person told us how when they had lost interest in food, care staff had encouraged them to eat.
- Care plans contained a nutrition and hydration assessment which detailed the support people required with their nutrition.

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

- The registered manager and staff worked with other health and social care professionals as well as other organisations to ensure people received a coordinated service.
- People's care records held information which included people's medical history and any long-term health conditions to make sure staff were aware of this aspect of people's care needs. A relative told us, "Oh yes, they are very aware of [relative's] health condition and make sure [relative] is eating and go shopping with [relative] so that they buy what they like."

# 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 of this key question for this 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 who used the service and their relatives consistently told us that they were treated with kindness, consideration and compassion. A person told us, "They [staff] are all sincere and nice to talk to."
- People told us they received care from a consistent team of care staff who knew them well. A relative said, "They really help [person] and understand [them], they [staff] make [person] happy."

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

- Staff understood the importance of supporting people to make their own decisions wherever possible.
- People and their relatives where appropriate had been involved in their care planning. A relative told us, "I was involved in the care plan with my [relative] and a social worker." Another relative said, "We had a review the other day, but no changes were needed."

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us staff consistently showed respect towards them, maintained their dignity and encouraged their independence; records confirmed this. A relative said, "They do [person's] personal care and always keep [person's] dignity. They keep things private but keep an eye on [person]."
- Feedback from people and relatives demonstrated people were encouraged to be as independent as possible. A relative told us, "[Person] is very independent and was not keen at all on having help but is now used to them and totally acceptable and pleased with them especially now we have a routine." Another relative said, "They leave drinks and walk behind when [relative] is walking."
- Feedback from care staff demonstrated they knew to protect people's dignity and promote independence when providing care and recognised the importance of this.

# 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 of this key question for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### 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.

- The service identified people's information and communication needs by assessing them before providing care and support.
- People's communication needs such as if they needed hearing aids were identified in their care plan.

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 received personalised care, which met their current and changing needs. A relative told us, "The office phones me for my opinions."
- Records were written in a person-centred way with the involvement of the person and their families when appropriate. Care records were regularly reviewed, and this was confirmed by documentation and feedback from people and their relatives.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including medical conditions, domestic requirements and any support required with social activity. They provided guidance for staff on what care people needed and how they wanted it provided.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which stipulated how they should respond to complaints and inform people what action they would take to investigate concerns raised.
- Most people told us they had not had any cause to complain but they knew what to do if they were unhappy about any aspect of their care. Where a person had had cause to raise a concern they told us this had been dealt with to their satisfaction.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to establish systems and processes to monitor and improve the care provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- After our previous inspection the registered manager put in place improvements to the auditing system. This now identified areas which needed attention. For example, some care plans were overdue for review. The service now needs to demonstrate that these systems are working effectively, and appropriate action is taken when shortfalls are identified.
- Our previous inspection had also identified a culture in the staff team of not staying the full amount of time for care visits. Feedback from people confirmed that staff now completed the full call. Care staff were also clear on their obligation to carry out the full visit.
- Regular spot checks were carried out by senior staff to ensure appropriate care was being delivered. A relative said, "The manager turned up out of the blue doing spot checks, that's good."
- The registered manager had undertaken a number of external courses to improve their knowledge of key subjects such as the MCA.
- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service.
- Staff told us they felt able to raise concerns with managers and they felt listened to. A member of care staff told us, "I feel comfortable with our current system, that I could openly talk to our office team, that my thoughts/opinions/concerns would be heard and if necessary, addressed appropriately." Another member of staff said, "When I have situations where I have felt uncomfortable or unable to do a task I have asked to speak to our manager, and they have listened to my queries and suggested ways to help me or taken me out of that situation."

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 registered manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.

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

- People and their relatives told us they had been fully involved with planning the care and support they would receive. A relative told us, "I have power of attorney and they keep me informed. The care plan was reviewed about 6 months ago."
- Team meeting minutes demonstrated that these were used as open arenas to discuss the quality of the service, seek views and impart knowledge and training. A healthcare professional gave us positive feedback regarding a team meeting they had witnessed.
- People told us they received quality assurance surveys from the service. However, some stated they would have liked some feedback regarding the results.
- Specialist advice was sought and followed when needed.