

Dreisco Care Limited

# Dreisco Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dreisco Care Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was supporting 1 person.

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

Quality monitoring records were not always sufficiently robust. We saw the registered manager had completed audits and action plans appropriately. However, whilst the provider was completing quality monitoring, the records lacked detailed information to demonstrate they had effective oversight of the service.

The person using Dreisco Care Limited told us they felt safe and confident with the care and support they received from staff. The person was safeguarded from abuse and neglect by a staff team who were trained in safeguarding procedures.

Risk assessments had been completed to ensure the person was supported to remain safe. There was clear guidance for staff on how to manage the person's risks.

There was enough staffing to meet the person's needs. The person who used the service told us the staff who provided their care were consistent and knew them well.

Staff had been trained and assessed as competent to administer medicines.

Infection prevention and control (IPC) was well managed and staff were trained in safe IPC practices whilst providing care. Appropriate Personal Protective Equipment (PPE) was made available and worn by staff.

The care record we reviewed was person-centred and contained sufficient information about the person's preferences, specific routines, their life history and interests.

The provider had systems in place to encourage and respond to any complaints or compliments. The person who used the service told us they were aware of the complaints policy and would feel comfortable approaching the registered manager if they had a complaint.

The person who used the service told us they were involved in the planning of their care. The person and staff members were given opportunities to provide feedback on the service. The management team acted on the views of the person and staff members.

The provider and management team had good links with the local communities.

The person who used the service was 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.

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 14 June 2017).

#### Why we inspected

We received concerns in relation to poor care recording and a lack of staff knowledge. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence during this inspection that the person who used the service was at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dreisco Care Limited 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.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Dreisco Care 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

This inspection was undertaken by 1 Inspector.

#### Service and service type

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

#### 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 the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 June 2023 and ended on 29 June 2023. We visited the location's office on 23 June 2023.

#### What we did before the inspection

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

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. We spoke with 2 members of staff including the registered manager and 1 care worker.

We reviewed a range of records. This included 1 person's care records and risk assessments. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding procedures and knew what action to take to protect the person from harm and abuse. Staff had access to relevant guidance in the provider's safeguarding policy. One staff member told us, "I have received safeguarding training and have access to the policy in the office. Safeguarding is about protecting vulnerable people from harm. I would report things such as neglect, or potential physical, financial and psychological abuse to the registered manager and the Local Authority where necessary".
- The person who used the service told us they felt the service kept them safe. They said, "I do feel safe with the carers. If I didn't feel safe I would speak to the registered manager or the Local Authority. The service provided me with information around how to contact them by e-mail should I have any concerns".
- The registered manager understood their role and responsibilities in relation to safeguarding and demonstrated they managed safeguarding concerns appropriately and promptly.

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

- The person's individual risks were appropriately identified and assessed. Staff were provided with clear guidance to manage the person's risks. One staff member said, "People's risk assessments are within their care plans. I have read all the relevant risk assessments and am given time to re-read these if there are any changes. They provide me with the information I need to support people safely".
- Risk assessments were completed appropriately. The person who used the service was actively involved in the management of their risks and told us they found risk assessments and staff's knowledge of how to manage potential risks to be good.
- The registered manager identified issues during audits which were communicated to staff and changes were made to systems and processes to ensure the safety of the person.

Staffing and recruitment

- There were enough staff with the right skills deployed to provide the person the service was supporting with care at their regular planned times. The person told us, "The staff always arrive on time. Quite often they go above and beyond. For example, recently a carer stayed behind for extra time to help me prepare for a family celebration. The staff are very consistent and I always get the same carers. I feel comfortable speaking with them and they are like family. I never feel rushed".
- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks and previous employer references were obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We saw all compulsory and optional staff training was up to date and refresher training was scheduled

appropriately.

#### Preventing and controlling infection

- The person was protected from the risk of infection. Staff were trained in infection prevention and control (IPC) and demonstrated good understanding on how to keep the person safe. Staff had access to appropriate Personal Protective Equipment (PPE) for providing care to the person. One staff member told us, "I have had training in IPC. When supporting people we wash our hands, put on our gloves and aprons and make sure everything is clean. We also wash our hands afterwards". The person who used the service told us, "The carers always wear PPE during personal care or meal preparation and dispose of it appropriately".
- We saw the provider had implemented a COVID-19 policy and that staff were following national and local guidance. This policy had been regularly updated when guidance changed and the registered manager had communicated changes to staff effectively.

#### Using medicines safely

- The service was not supporting anyone with medicines at the time of inspection. However, staff had received training in safe handling and administering of medicines, their training was regularly refreshed and the registered manager regularly checked their knowledge.

# 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 good. The rating for this key question has remained 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; Continuous learning and improving care

- The registered manager performed quality monitoring of the service. There were regular audits of care plans, daily records and satisfaction surveys. Where actions were identified, changes were implemented to ensure the person's information was accurate and up to date and to improve the person's experiences of using the service.
- The provider also completed quality monitoring activity at the service. This had identified the registered manager checks had been completed effectively. However, the documentation used by the provider to complete their quality monitoring checks could be further improved. This would enable the provider to record any concerns and any required actions to support them to monitor potential areas that required improvement at the service.
- The registered manager had identified effective strategies to keep the person safe. Risk assessments were completed appropriately and there was clear guidance for staff on how to manage the person's risks. These documents were regularly audited and reviewed to ensure they were accurate and up to date.
- Staff performance was monitored by supervision and spot checks. Staff told us lessons were learnt when issues were identified. One staff member said, "I receive supervisions and competency checks regularly. Any concerns I may have would be properly looked into and any necessary changes made".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person and staff told us the registered manager was approachable and relationships were positive. One staff member told us, "I feel I can speak openly with the manager and they are fair and approachable. They are really supportive". The person said, "The manager regularly attends to support me themselves. I feel the agency is well managed and the manager has good oversight of my care. I have no concerns at all".
- The person was receiving person-centred support. Care plans reflected their personal choices and their preferences were considered and planned into their daily care. Staff were able to tell us specific information around how the person liked to be cared for. The person told us, "The carers are really accommodating and I couldn't manage without them. They are really encouraging and prompt me to do things for myself, trying to get me to maintain my independence. They are really mindful of how to support me".
- The person felt included in the development and reviews of their care. We saw the person was involved in decisions around their care which led to good outcomes. The person told us, "I am involved in the reviews of my care and support. I am able to mould my care to my needs and the agency are flexible around this. I can express my views and they are always acted upon. I can make suggestions for improvements and they are

listened to".

- The provider's philosophy and values were understood by the registered manager who supported staff to ensure a person-centred approach was embedded into working practices.

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

- The person was given the opportunity to provide feedback on the service they were receiving via telephone consultations and written surveys. We saw responses to written surveys had resulted in changes and improvements to the person's experiences of using the service. The person told us, "I have been regularly asked to fill in feedback questionnaires. Any changes or suggested improvements are implemented immediately".
- We saw evidence of staff meetings taking place and regular supervisions and spot checks were conducted. Staff meeting records showed when staff raised issues these were recorded and dealt with. One staff member said, "We meet at the office to discuss things and have handovers of information. I find these meetings useful and things do change as a result".
- Staff felt they were able to raise issues and felt listened to when they did so. One staff member told us, "I feel I could raise concerns with the registered manager and I feel they would properly look into it and make any necessary changes".
- Systems were in place to ensure equality characteristics were considered when sharing information and accessing care. The management team were able to describe the Accessible Information Standards (AIS) and tell us how they would cater to people of different languages, cultures and people with sensory issues, such as blind and deaf people.
- The management team had established and maintained good links with local partners that would be of benefit to people who used the service, such as GP practices and social work teams.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with people's care and treatment.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider had implemented a complaints policy and had made the person who used the service and staff aware of it. The person and staff were able to tell us about the complaints process and who they should contact if they had concerns.