

Domiciliary Care Services (UK) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Domiciliary Care Services (UK) Limited is a domiciliary care service providing personal care to people living 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 52 people receiving the regulated activity of personal care.

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

Medicines were not always managed safely. People's risk assessments and care plans were not always detailed. We found no evidence anyone had been harmed but this had put some people at risk of potential harm. There were quality assurance systems in place. However, not all the provider's audits were effective. The provider had not previously identified the issues we found.

People's care plans were not always person-centred however, people were positive about the support they received from staff. We have recommended the provider reviews documentation to ensure it is person-centred. Staff worked in partnership with other organisations and services to provide people's care and support. There were systems and processes in place to safeguard people from the risk of abuse. People and relatives told us they/their family member were safe being supported by staff.

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's ability to consent to care was considered, however records detailing how a person's capacity was assessed were not clear. We have recommended the provider reviews their processes for recording how capacity was assessed.

Feedback was gathered through surveys and meetings. Staff felt supported and valued. People told us staff supported them with dignity and respect. Feedback from people and their families about the service was mostly complimentary.

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

Rating at last inspection

The last rating for this service was good (published 23 August 2019).

Why we inspected

We inspected this service due to the length of time since the previous inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on

the findings of this inspection.

We have found evidence that the provider needs to make improvements. 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 Domiciliary Care Services (UK) Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have made recommendations that the provider reviews their recording processes to ensure records are person-centred and also reflect how a person's mental capacity is assessed.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Domiciliary Care Services (UK) 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 carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 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 13 November 2023 and ended on 16 November 2023. We visited the location's office on 13 and 14 November 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority contracts monitoring team and reviewed the information they provided. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who use the service and 7 relatives about their experience of the care provided. We spoke with 7 staff members, including the registered manager, operations manager, and care workers.

We reviewed a range of records. This included 6 people's care and support plans, medicines administration records, staff recruitment files, the staff supervision matrix and staff meeting records. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely

- People's care records did not always reflect their current needs. Where people had complex healthcare needs, the provider had not developed an accompanying care plan to guide staff how to safely support people with this aspect of their care. Whilst staff knew people well, where people did not receive regular staff they were at risk of receiving unsafe care and signs of deterioration in their health may not be fully recognised.
- Some relatives and a person using the service told us they did not always receive regular care staff. One relative told us, "They are familiar faces. It's only sometimes over the weekend it's a different story." Another relative said, "We have some regular carers who know exactly what to do and they do it well. But when they're not here, [relative] has to explain everything to new carers."
- Where people were at risk of falls there was not clear guidance to support people. However, we saw where people had fallen action was taken to support people in a timely way.
- The provider did not have risk assessments for people prescribed anticoagulant medicines (to help thin the blood and prevent clots). This meant there was no guidance for staff to follow if a person at risk of excessive bleeding was injured.
- Where people required staff to support with the application of topical creams, care records did not always provide information, for example a body chart, about where to apply it on the person's body.

Although we found no evidence to suggest people had been harmed the provider failed to assess and mitigate risks to people, and ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the areas of concerns within care records and risk assessments with the management team. They responded to the concerns identified and demonstrated they were committed to driving improvement.
- Care staff had completed medicines support training, and the provider assessed their competency to provide this safely.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- People's ability to consent to decisions made about their care was recorded. However, documentation around how a person's capacity was assessed was not always clear.
- Staff had a good understanding of the importance of involving people in decisions about their care and respecting their choices.
- Consent was obtained from people before any care was agreed and delivered. One person told us, "They [staff] ask my consent but they know my routine anyway, they are like part of the family."

We recommend the provider reviews their MCA documentation process to ensure records clearly demonstrate how people's capacity was assessed.

Staffing and recruitment

- Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with any documents related to their legal right to work in the UK. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us calls were never missed and staff were not often late. One person told us, "I'm lucky as I get the same carers. If on the rare occasion, they are late the office rings me. Never had a missed call and they easily stay for the full length of the call."
- The provider used electronic call monitoring software to identify if staff had supported people at scheduled times. Staff had to log on to the system to verify they had attended calls and were there for the duration of the call. All call timings were regularly monitored.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems and processes in place to safeguard people from the risk of abuse.
- People told us they felt safe when they received care and support from care staff. One person said, "The care is great and of course I'm safe as they are good carers."
- Staff understood how to identify safeguarding concerns and how to report these. They were confident any concerns or issues raised would be dealt with appropriately and in a timely manner.

Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes and wore personal protective equipment (PPE) where applicable.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had a process in place for recording and responding to incidents and accidents.
- Staff told us they knew how to raise and record concerns and incidents and said they would always do this.

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. 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

- Whilst systems were in place to audit medicines management they failed to identify or rectify the concerns found at this inspection. For example, they did not identify that topical creams did not have sufficient guidance for their application.
- Quality checks to ensure care records were accurate were not always effective. Reviews were completed but had failed to identify gaps in information for staff to refer to. Where risks were recorded, information for staff to use were not consistently recorded or updated to ensure staff had the information they needed to provide safe care and support.
- Where daily records were completed, they included little to no information about the care provided, with only basic tasks being checked off. Information about people's moods and general well-being was not routinely recorded. This meant the provider did not always have a record of decisions taken in relation to people's care and treatment.

We found no evidence that people had been harmed however, quality assurance systems were not robust enough to demonstrate there was an accurate and complete record of the care and treatment people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care records were not always person centred and did not always reflect people's preferences. For example, 1 person's care record stated they required support with their communication needs. However, there was no detail for staff on how the person's communication needs affected them, and the record did not have sufficient guidance on how staff could best support this.

We recommend the provider reviews their assessment processes and documentation to ensure records are person centred.

- Before people started to use the service an assessment was completed to ensure their needs could be met. One person told us, "At first they came out and chatted about the care I needed and did a risk assessment."
- Staff told us the registered manager and senior team were supportive, approachable, and responsive to

any queries or issues they raised. One staff member told us, "If we ever want to go in and talk about anything we can ring up, and they say come and make a cup of coffee and talk it out."

- People and their relatives gave mostly positive feedback about the service and how it operated. One relative told us, "I would give them 11 out of 10. I'd certainly recommend the service and the staff."

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 understood their responsibilities under the duty of candour when something goes wrong.

- The provider had a procedure for investigating and responding to complaints and concerns which were raised about the care provided.

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

- Feedback about the quality of the service provided was gathered from people and their relatives. The satisfaction scores were mostly high and written feedback included confirmed people were happy with the care and support they received.

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.

- Staff told us they felt supported in their roles and received regular supervisions. One staff member told us, "If I have any concerns, professional or something small I talk to them. They will always listen."

- Staff had received Equality, diversity, and inclusion training. This enabled staff to ensure people's individual diverse needs would be respected in line with their protected characteristics.

Working in partnership with others; Continuous learning and improving care

- The provider worked with other health and social care services, such as district nurses, occupational therapists, and GPs, so people received joined-up care to meet their needs. One visiting professional told us, "[Management] are happy to get back to me if there are any concerns or anything that can be done to improve the person to remain at home, and making sure the carers are fully equipped to carry out the care calls."

- Checks on staff performance were undertaken through spot checks. These checks helped to monitor service delivery and identify areas of improvement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks relating to the health, safety and well-being of people were mitigated.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure effective governance systems and processes were in place to improve the quality and safety of the service.