

DHC Midlands Ltd

# DHC Midlands Ltd

## Inspection report

First Floor, Old School House,  
19 Church Road  
Dudley  
West Midlands  
DY2 0LY

Date of inspection visit:  
14 August 2019

Date of publication:  
27 August 2019

Tel: 01216671499

Website: [www.diamondhomecare.co.uk](http://www.diamondhomecare.co.uk)

## 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:

DHC Midlands Limited is registered to provide personal care to people in their own homes. There were 235 people receiving care and support at the time of the inspection.

### People's experience of using this service:

People and their relatives gave us consistently positive feedback about the care and support delivered by the service. Typical comments included "I cannot commend this service enough, they have gone above and beyond" and "They are in constant touch and I trust all the staff to do the job well."

Staff were on time for calls and stayed for the right length of time so people did not feel rushed and were confident staff would deliver their care when needed. Staff supported or prompted people to take their medication when required and people felt safe in the company of staff.

Staff supported people and their families to monitor people's health and to ensure people had access to regular food and drinks. Staff received training which was relevant to their role and received good support from the management team.

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.

Staff took care to protect people's dignity and privacy and people were supported to maintain their independence as much as possible. Staff understood people's individual preferences and the service ensured staff could meet people's cultural and religious needs.

The provider responded promptly to any complaints or concerns received and ensured action was taken to address any short falls in the service. The service communicated information to people using different formats and via staff who spoke different languages to ensure people's views could be heard.

People, relatives and staff were all positive about how the service was led and managed. There was a strong culture of providing good quality care and support and decisive action was taken following audits and checks of the service.

### Rating at last inspection:

The last rating for this service was good (published 31 December 2016).

### Why we inspected:

This was a planned inspection which took place on 14 August 2019. Telephone calls were made to people receiving care and their relatives on 13 August 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# DHC Midlands 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and one assistant inspector.

#### Service and service type:

DHC Midlands Ltd. is a domiciliary care service. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. The registered manager is also the registered provider and they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because the management team are often out supporting people. We needed to be sure that they would be in.

We made telephone calls to people and their relatives on 13 August 2019 and visited the service on 14 August 2019 to see the management team, meet staff and to review care records and policies and procedures.

#### What we did:

When planning our inspection, we reviewed any information we had received about the service. We also contacted the local authority for feedback about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we spoke with eight staff, including the registered manager, the care assessor, the trainer and support workers. We spoke by telephone with seven people who used the service and ten relatives. We looked at five people's care records to see how their care and support was planned and delivered. We also looked at medicine records, five staff recruitment files, the staff training matrix and the provider's quality monitoring systems.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and were happy with the support they received. One person commented, "Yes, I have told all the girls [staff] that I feel really safe when they are with me." One relative said, "[Person's name] feels safe because staff can let themselves in and he does not have to come to the door."
- Staff had received training in safeguarding and knew how to report any concerns they had. One member of staff told us, "I would ring the office and speak to a manager. If it wasn't dealt with, I'd seek advice from CQC or the local authority".
- The registered manager ensured any safeguarding concerns were passed on to other agencies without delay.

Staffing and recruitment

- People and relatives, we spoke with said staff arrived on time and stayed for the allocated length of time.
- People and relatives consistently praised the reliability of staff. One relative said, "The staff come every day and I am very pleased. They come early enough and they look after me properly".
- We looked at a staff recruitment record and saw the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and staff knew how to minimise risks to people. For example, one person told us, "I am prone to falling but they [the staff] do stand by me and I have never fallen when I've had a carer in."
- Care plans recorded people's risks and were reviewed on a regular basis.

Using medicines safely

- Some people were supported to take their medicines, whilst other people were reminded by staff. Records were completed of medication taken. One relative said, "The staff do ensure he takes his medication; they have to be persistent as he sometimes spits them out."
- Staff told us they felt confident providing support with medication and had been trained to do so.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective equipment (PPE).

- People and relatives, we spoke with confirmed that staff wore gloves when required and staff told us the provider ensured a good stock was always available to them.

#### Learning lessons when things go wrong

- We saw staff recorded incidents and accidents and that the registered manager monitored these records to see if any lessons could be learnt.
- For example, we saw one person had not taken their medication for a few days and this had been reported by staff. The registered manager had a meeting with the person and their family and it was agreed staff should start administering their medication to make sure it was given.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means 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

- Records showed that people's needs were assessed prior to support being delivered to ensure the service could meet people's needs. These assessments included obtaining people's personal, cultural and religious preferences.
- We saw some care plans needed to be reviewed and updated in line with the provider's policy. The registered manager had recognised this and had appointed specific staff to undertake any outstanding reviews.
- Relatives told us communication was good and they told us they were updated with any changes in people's care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they thought staff were competent and supported people safely. For example, one relative said, "They [the staff] seem to know what they are doing."
- Staff told us the training was good and relevant to their role. The provider ensured refresher training was completed as required.
- New staff completed an induction programme and the Care Certificate to ensure they were prepared for their role. The Care Certificate is a nationally agreed set of standards designed to ensure staff have a basic understanding of the care industry.

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 Act 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 with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the importance of gaining consent from people before providing support. One person said, "I am always asking people what they want such as whether they want to get up now?"
- Staff told us that people were able to give their verbal consent to care. However, where this was not possible, they would look for facial expressions, body language or hand signs to indicate people's consent.

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

- Some people were supported with their meals and drinks to ensure they maintained a healthy diet. Staff told us how they ensured people were supported with a choice of meals by advising them of the food available, so they could choose. One member of staff said, "One person I support has ready meals and I always get a selection and take them to him so he can choose."
- Staff and some relatives told us some people needed encouragement to eat and drink and staff offered support with this. For example, one relative said, "The staff keep a diary of what my Dad eats so we can monitor this."

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

- Most people and relatives told us they made their own appointments with healthcare professionals but some told us staff helped with this when required.
- Staff were vigilant and took care to maintain people's health. For example, one person said, "They [the staff] have kept person's name out of hospital due to the way they care for his skin."

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives, we spoke with said they were treated with kindness and gave positive feedback about the caring approach of staff. One person said, "I am very pleased – the staff were all very polite from the beginning and they've all got a sense of humour."
- People were supported by regular staff and had developed good relationships with the staff that supported them. One relative said, "The staff are all very pleasant and helpful and will stay and have a little chat which I like."
- Staff spoke in a caring way about the people they supported. They told us by providing care to the same people they could build up relationships with people and get to know them and their families.

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

- People told us that they were given choices and their preferences were respected by staff. One person said, "I am alright; I tell them what I want and they [the staff] do it."
- Staff we spoke with demonstrated they understood the importance of ensuring people were able to make their own choices regarding their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person said, "The staff let me do things for myself as I am quite an independent woman. I like this". Care plans recorded what tasks people could do for themselves and what they needed help with.
- People and relatives told us that staff respected their privacy and dignity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. People were supported by regular carers and were able to build up good relationships with them. One relative said, "We get a consistent carer every morning which helps as Dad is not at his best in the morning."
- People's care was reviewed with them and their relatives to ensure it reflected their current needs. One relative said, "We had our regular carer come in recently and we redid my Dad's care plan."
- Staff told us how people's diversity was respected and supported. Staff had been recruited from the local community which meant they shared an understanding of people's backgrounds and could provide responsive care. For example, a number of staff could speak a range of languages which helped them to communicate with people and their relatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw the provider made information available in different formats so people could access this information.
- People's records reflected their communication needs, we saw that most people were able to communicate verbally. People were supported by regular staff who had got to know how they expressed their needs and staff told us they looked for people's body language to support their communication.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns and complaints and had been satisfied with the response from the provider when they had done so. One relative said, "They do respond to my concerns and take action when needed."
- We saw that the service had received three written complaints in the last 12 months. Records showed all of these had been investigated thoroughly and the outcomes had been shared with all parties.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care. The registered manager confirmed a number of staff had received training in delivering end of life care and would support colleagues if necessary.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means 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

- The service had a registered manager in place. The registered manager and other members of the management team had all been in post for some time. The provider said this had ensured consistency in approach and managers and staff were all clear about their roles.
- People and relatives spoke positively about the service, which they felt was well managed. One person said, "This is the best service we have used."
- The management team had systems in place to monitor the quality of the service that they provided. This included regular checks of the communication logs which included the medicine administration records and punctuality. The provider had recently purchased a new IT system which when fully installed, would enable managers to monitor care more efficiently.
- We saw the provider took decisive action to address areas of staff under-performance. For example, findings from audits were addressed in staff supervision and formal action was taken if staff did not improve.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service promoted person-centred and good quality care and there was a culture of providing support to people whose needs could not be met by other providers. The PIR indicated this had been reinforced with staff. It stated, "As a company, we have increased the communication of our company objective (motto) to our workforce via office premises displays, staff newsletters and email shots. We believe that this reinforces a clear vision of the services objectives and ensure that colleagues reflect on how they are achieving this in their day to day work."
- Staff told us they felt listened to and supported by the management team. One member of staff commented, "The support was there from day one and the training is fantastic."
- The service had a whistleblowing policy which was understood by staff. One member of staff told us, "If someone told me something I would report that back to the office. I would definitely mention it and would not be frightened".

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

- A service users satisfaction survey had been completed in November 2018 and we saw the provider had received positive feedback on the service. The 2019 survey had been sent out to people in July 2019 and the provider was currently awaiting and compiling the final responses.

- The provider had developed a newsletter which they sent to staff, congratulating staff on achieving qualifications and updating the team on any changes.
- The provider had also arranged additional training for staff who used English as a second language. This had helped staff write clearer and more detailed reports and care plans.

#### Continuous learning and improving care

- The management team showed a commitment to developing the service and the staff team. The trainer delivered training based on their observations of staff practice ensuring the training had a positive impact on people's practice. One member of staff said, "You have your spot checks which are fantastic. They give you feedback when you have your supervisions and training."
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes.

#### Working in partnership with others

- The management team had established and maintained good links with local community groups and healthcare professionals, which people benefited from.
- For example, we saw the provider had met with the local Fire Service and had agreed a referral system. This meant if staff had concerns about people's safety, they could refer them to the Fire Service who would then visit people's homes to undertake an assessment.