

DICE Healthcare Limited

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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

DICE Healthcare Limited is a domiciliary care service which at the time of the inspection was providing personal care for 52 people in their own homes.

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

People told us they felt safe receiving care from the service, staff understood how to deal with allegations of abuse. The registered manager told us about the actions they took to ensure all staff were recruited safely. Staff had undertaken medicines training, records we looked at confirmed this. The registered manager confirmed the actions taken to investigate a missed medicines administration.

Infection control systems were in place. People were supported with their dietary needs. Consent to care and treatment was recorded. 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 registered manager confirmed capacity assessments would be undertaken for all people where required.

People received good care. People told us they were treated with dignity and respect and their privacy was maintained. Care plans contained information about how to support people's needs. Staff supported people to take part in a range of activities in their local community.

Systems were in place to investigate and act on complaints. A range of team meetings were taking place. Positive feedback was received about the leadership and management and the support provided to staff and people who used the service.

We made recommendations in relation to recruitment, medicines administration, the completion of capacity assessments the recording of audits and monitoring completed visits.

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 17 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DICE Healthcare Limited on our website at www.cqc.org.uk.

Follow up

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

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

DICE Healthcare 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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and one Expert 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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. This was to enable the provider or registered manager to be in to support the inspection. During the inspection senior members of staff were available to support the inspection process whilst the registered manager and service manager attended a pre-arranged external meeting.

What we did before the inspection

Prior to the inspection we looked at all of the information we held about the service. This included any feedback and statutory notifications which the provider is required to send to us by law. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

To understand people's experience of the service we spoke with seven people who used the service and six relatives on the telephone. We also spoke with seven staff members. These included one care support worker, two team leaders, the client and staff liaison lead, the service manager and both of the directors; one of which was the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited the office where the service is run from and looked at a number of records. These included, three care files, two staff files and records relating to the operation and oversight of the service.

After the inspection

We continued to receive information from the provider to support the evidence found.

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 meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager ensured recruitment practices had been developed by the service which ensured only suitable staff were employed. Relevant checks had been completed; however one record we looked at noted only one reference had been obtained and this was several months after commencing employment. We saw no evidence of a completed risk assessment which would confirm the staff member was safe to work at the service. We discussed this with the registered manager; who told us the staff member had been highly recommended by senior members of the team and was confident in their skills to undertake their role. The registered manager confirmed the immediate actions taken to ensure all staff were recruited safely.

We recommend the provider seeks nationally recognised guidance to ensure all staff are recruited safely and relevant checks are completed in a timely manner.

- The registered manager ensured people's needs were met by sufficient numbers of staff which ensured people's needs were met. Visit allocations were managed on an electronic system which were shared with the staff members responsible for undertaking the visits.
- Records were completed to manage sickness and absence. The management team told us they also undertook visits to people's homes. This supported a consistent staff team to deliver people's care. Most people were happy with the timings of their visits. Where one person had discussed the time staff were visiting; the management team told us about the arrangements agreed with them to deliver their care.

Using medicines safely

- Medicines were managed safely. Staff had undertaken relevant training and competency checks which ensured they were safe in providing people with their medicines.
- Medication records had been completed and audits were taking place on the records which ensured people received them as prescribed. The registered manager told us gaps in previous medication administration records had been identified as a recording issue. They told us improvements in medicines recording had been noted since the electronic system for care records had been introduced. However, we noted on the system that one person had not received their medicine as prescribed. The registered manager investigated this immediately and confirmed the actions they would take to ensure the staff team understood the importance of ensuring people received their prescribed medicines.

We recommend the provider seeks nationally recognised guidance to ensure systems are in place which confirmed medicines administration was monitored and actions could be taken in a timely manner.

- The majority of the people or relatives we spoke with did not raise any concerns in relation to their medicines management. Comments included, "Yes the medication is received on time" and "Yes the visits are timed around her medication needs, it goes on the system on their phones, she started a new medication yesterday and it has already been added to the list when I phoned to check."

Systems and processes to safeguard people from the risk of abuse

- Good systems had been developed which demonstrated allegations of abuse were investigated and acted upon by the service. However we saw an investigation while sent to the local authority had not been reported to the CQC. The registered manager confirmed any future concerns in relation to allegations of abuse would be reported in a timely manner.
- People who used the service and relatives raised no concerns in relation to their safety. Comments included, "Yes [I feel safe] because of the quality of the people themselves, they turn up on time and do what they are exactly supposed to do", "Yes if she didn't feel safe she wouldn't let them in, she feels comfortable with them" and "Yes definitely, they are very professional, they make suggestions about how to keep her safe."
- Staff had undertaken training to ensure they had the knowledge and skills to deal with any allegations of abuse. Staff told us about the actions they would take if abuse was suspected.

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

- Risks were assessed and managed safely. Environmental risk assessments were completed which included how to manage these safely. Individual risks and how to manage these were recorded in people's care records.
- Hazard reporting forms were in place with information about how to manage hazards. Relevant appliance testing had been completed on the equipment in the office which ensured staff worked with equipment that had been checked and safe to use. The service told us they had recently undertaken a health and safety audit for the premises and the care provided in the community.
- Good systems had been developed to ensure any accidents and incidents were dealt with appropriately. Where actions were required these had been recorded and analysis of the incident had been completed, this supported lessons learned and the reduction of any future risks.

Preventing and controlling infection

- Safe infection control practices were in place. Staff had received relevant training in infection control and policies and procedures were in place to support safe practices. Hand washing advice was on display in the office to guide staff and the service had developed cleaning schedules to support cleaning tasks in people's homes.

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 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 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 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.

- Staff understood the principles of the MCA and how these related to people who used the service. The provider confirmed no one was subject to a Court of Protection.
- One person's care records we looked at identified that they lived with a dementia. We could see no record that a capacity assessment had been completed. A staff member told us that a person's GP would be responsible for capacity assessments. The registered manager told us that going forward capacity assessments would be completed for all people who used the service where required.

We recommend the provider ensure where required assessment of people's capacity were undertaken to ensure people were not being deprived of their liberty unlawfully.

- Where people were able; consent had been recorded, which confirmed they agreed to their care. People we spoke with confirmed staff asked permission before undertaking any activity. Comments included, "They are sensitive to that, they don't just wade in" and "They explain what they are doing."

Staff support: induction, training, skills and experience

- Staff received training which supported them in their role. Staff confirmed training had been provided. A comprehensive and detailed training programme had been developed and plans to improve this further were discussed. One of the directors delivered a range of the training provided to staff; and training materials were available for staff to access in the office. Specialist training was also provided, where required on a range of areas.
- People and relatives were happy with the knowledge and skills of the staff team. Comments included, "They know what they are doing and don't mess about, they are sensible", "They very quickly understand

what I need and they can supply it" and "Yes because I have never seen anything done or not done that I am not happy with."

- Records confirmed staff supervisions and appraisals were taking place. Information relating to the topics discussed as well as any actions required were recorded.

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

- People's nutritional needs were supported where required. Food safety risk assessments had been developed which ensured risks in relation to people's needs had been considered. Training records confirmed staff had received relevant training in basic food safety, fluids and nutrition. The registered manager told us they had registered with the local authority to support food safety for people.

- Most people and relatives confirmed staff considered their nutritional needs. Comments included, "They get him his breakfast in the morning, prepare his lunch, he is offered choices" and "They always ask me what I need, I buy easy things they can heat up."

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

- People were supported to access timely support from professionals where it was required. Records were seen which confirmed the systems in place to support people safely to and from hospital.

- The directors told us all people's needs were discussed in a 'virtual ward round'. This supported timely support that met their individual needs. Evidence of referrals to a range of professionals was seen. This included, GP and social worker. People who used the service and relatives confirmed relevant professionals were contacted when required.

Adapting service, design, decoration to meet people's needs

- The service was run from purpose built offices. The registered manager told us about their plans to move to a more accessible office in the future. A training room was available for the staff team with separate offices to support the management of the service.

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

- The service ensured appropriate assessments of people's needs had been completed. Care passports had been completed which provided important information about how to meet people's needs.

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 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 provided with good care; their individual needs were met. We received positive comments about the care provided by the service. Comments included, "They are interested, they are patient, they are efficient and they treat people as individuals", "They are very kind and considerate" and "They are very nice carers, they are a breath of fresh air, they are wonderful."
- Good information was recorded in care files about people's likes and how to support their individual needs.
- Policies, guidance and training was provided to staff to ensure they understood how to meet equal and diverse needs.

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

- People were involved and supported in making decisions about their care. People and relatives told us, "They listen to him and get to know him, they know what he likes and doesn't like", "They do what I ask them to do willingly" and "They are very thoughtful, they are respectful of feelings." One person discussed their choices in relation to the gender of the staff member provided to deliver their care. We discussed this with the registered manager who told us about the discussions with the person about the staff available to deliver their care.
- Staff demonstrated their understanding about ensuring people's choices were respected. They told us about the good care they provided to people. One said, "We have a good team of staff. They go above and beyond."
- All but one person who used the service and relatives we spoke with told us they had been involved in making decisions about their care and support. Care records we looked at confirmed this. Comments included, "We work really well together. DICE have been brilliant at us working together, if they have an issue they come to me with it", "I did the original care plan with them, if I have issues I get in touch with them and they amend things" and "I have decided lots of things." However one person told us they had not been involved in the planning of their care.

Respecting and promoting people's privacy, dignity and independence

- The service promoted and respected people's privacy, dignity and independence. People and relatives told us, "When I go into the bathroom they don't follow me in, they stay out of the way until I call them", "They treat me with very high respect" and "He tries to be as independent as he can and they support him in doing that." The registered manager told us, "We try to support people to be independent and no longer requiring care. [We plan to] rehabilitate if that is what is their ambition."

- The service ensured people who used the service and staff personal information was stored confidentially in line with the General Data Protection Regulations (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Information and guidance was available that demonstrated the services commitment to meet GDPR requirements.

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 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

- Care records contained good information about people's needs and supported the delivery of care to them. People told us they had care plans and most had had a review. They said, "I am sure I do [have a care plan], when I first went with the company they brought a big folder" and "Yes there is [a care plan], it has been recently [reviewed], in the last few months."
- Care records had been completed on the electronic system which was accessible to the staff team undertaking the visits. People who used the service and relatives were able to access their care records to monitor visits and their progress.
- The service discussed the ways technology was used to improve outcomes for people. One of the directors told us video calling was used to assess a person's needs which supported a referral to their GP for treatment.

End of life care and support

- End of life care and support had been considered by the service. Staff had undertaken relevant training and guidance was available about death, dying and bereavement. Such as how to manage in the event of a death had been developed to support staff knowledge and skills.

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.

- People's communication needs were met. Care files contained information about the individual needs of people and how to communicate effectively with them.

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 supported people to access a range of activities in the local community. The service told us people were supported to access local shops, the hairdresser and religious events. We were told about a staff member who had supported a person by taking their cat to the vet when they needed treatment. The registered manager told us all people were sent birthday and Christmas cards. Where people were socially isolated at Christmas; lunch was provided by the directors.

Improving care quality in response to complaints or concerns

- The provider had developed systems that ensured complaints were investigated and acted upon appropriately. Policies and guidance was available to guide and support people, relatives and staff. Staff understood how to manage complaints and records we looked at confirmed the actions taken as a response to concerns.
- People and relatives told us they were happy with the care they received but knew how to raise a concern if they wished. Comments included, "I would have a word with [service manager] if anything bothered me", "Absolutely, I would ring the number up and somebody would be in the office" and "Yes, I would either ring the manager or the directors." Where people told us they had raised concerns most said this had been responded to appropriately.

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 deteriorated 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

- We saw evidence that some audits had been completed on the care records; however we saw these had not been done for several months. We spoke with the registered manager about this who told us the electronic recording system was audited daily; however no records had been completed to confirm this. The registered manager told us they planned to re-introduce evidence of regular audits of care records.
- Systems had not been developed to ensure staff files were audited which would confirm they contained the required information in them. The registered manager told us an audit of staff files took place several months prior to the inspection but records to confirm this had not been recorded. They told us of their plans to introduce audits of staff files going forward.
- We checked the electronic system in use for monitoring the visits completed by the staff team. Most people had received their visits as required. However we noted the system identified one person had not received their prescribed medicines when required. We discussed this with the registered manager who commenced an investigation immediately and provided feedback in relation to their findings.'

We recommend the provider seeks nationally recognised guidance to ensure effective monitoring of the electronic visit system and to ensure audits are completed and recorded to demonstrate the operation and oversight of the service.

- The management team demonstrated their understanding of the operation and management of the service. All staff we spoke with understood the needs of the people using the service.
- We received positive feedback about the management. Comments included, "They are incredibly well intentioned, they have high standards they try to achieve, they know what they are doing, I feel I can put my confidence in them, they are very personable", "She [manager] is knowledgeable, she knows her stuff, she is organised, gets straight to the point, I like her" and "It is evident that it is well run and managed, they are caring for my [relative] really well, without them they would be in a home."
Staff spoke positively about the service and the support provided by the management. They told us, "[I am] Very well supported by senior managers. DICE has a family feel about it", "Well supported. Different from previous company; much better" and "In the short time I have been here it is clear they have got everything right. I just cannot believe it."
- The registered manager told us about the staff incentives provided. These included, private medical

insurance, a counselling service, Christmas meals, secret Santa and bonus scheme. They also told us staff were provided with unlimited uniforms to undertake their duties and were provided with relevant supplies to support them in their duties such as; a flask and bottled water during hot weather and salt, snow shovel and shoe crampons for use during winter. A staff member told us about an incident where the service provided a hire car to them when their transport broke down.

- The registered manager also told us where visits were cancelled staff still received their payments for this.

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 service understood their responsibility in relation to duty of candour. Evidence was seen which confirmed the provider was open and honest when things went wrong. Records included information about findings from investigations and the actions required as well as correspondence to people or relatives.

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

- The service promoted a positive culture which supported the staff team and provided good outcomes for people. Relevant certificates were on display in the office, including the registration with the Care Quality Commission.
- A range of policies, procedures and guidance was available to support and guide staff as well as ensuring the service was managed and operated effectively.
- All of the team were supportive of the inspection and information requested as part of the process was provided promptly.

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

- The service demonstrated they involved and engaged people and staff. Records confirmed team meetings were taking place across all staff levels in the service. These included the dates, attendees as well as a range of topics discussed.
- The registered manager told us a staff forum had been implemented to ensure staff were involved in decisions about the service. We saw minutes from meetings to confirm this.
- Results from a completed survey was noted. Records included information about the actions taken as a result of the findings.

Continuous learning and improving care

- The service had developed good systems which ensured continuous learning and improvements in the care people received was ongoing. Up-to-date policies and procedures were in place and a range of guidance and information to support staff knowledge and the delivery of care was available.
- A range of equipment and guidance was provided to the staff team which supported effective care delivery to people who used the service.
- Emergency contingency plans had been developed to support the smooth operation of the service. A plan had been developed to manage the service effectively in the event of a no deal Brexit.

Working in partnership with others

- The service had developed good partnership working with a range of professionals. These supported good outcomes for people and enabled delivery of care according to their needs. We saw evidence of the involvement of health professionals such as GP and social worker.
- The registered manager attended a meeting during the inspection with a social worker to discuss a care package for one of the people who used the service. The registered manager told us they were sharing good

practice with the commissioners providing training for the electronic systems.