

DT Care Services Ltd

DT Care Services

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?	Good ●

Summary of findings

Overall summary

About the service: DT Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our visit 95 people were in receipt of personal care.

People's experience of using this service: People felt safe and remained living in their own homes in line with their wishes. Procedures were in place to protect people from harm and staff understood the risks associated with people's care to keep them safe. Strong emphasis was placed upon continually developing the safety of the service.

Staff were recruited safely, and enough staff were employed to ensure people received all their care calls, from familiar staff at the times agreed. Staff felt valued and received the support and training they needed to be effective in their roles.

People and relatives spoke highly of the caring nature of the staff and staff knew people extremely well. Peoples needs had been assessed before they started using the service and people were involved in planning and agreeing to their care. Care plans contained information staff needed to provide personalised care.

People took their own medicines or were supported by family members to do this. Peoples nutritional needs were met, and the management team and staff worked in partnership with health and social care professionals to ensure people received effective care.

The service was compliant with the Mental Capacity Act (2005). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People felt respected and their independence was promoted. Care and support was provided in a dignified way. People's end of life wishes had been discussed and recorded.

Systems were in place to manage and respond to complaints. People were happy with the service they received, and the way DT Care Services was managed. The registered manager led by example and was committed to providing high quality care. Effective systems continually monitored and evaluated the quality and safety of the service provided. Feedback gathered was used to drive improvement.

Rating at last inspection: In October 2016 we rated the service as 'Good'. At this inspection evidence supported a continued rating of 'Good' in all areas. More information in 'Detailed Findings' below.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 well-led

Details are in our Well-Led findings below.

Good ●

DT Care Services

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: One inspector and an assistant inspector carried out the comprehensive inspection.

Service and service type: DT Care Services is a domiciliary care agency. It provides personal care to people living in their own homes, including older people, people with learning disabilities, people with autism, people living with dementia, people with sensory impairment's and people with physical disabilities. CQC regulates the personal care provided.

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

Notice of inspection: The inspection visit took place on 15 May 2019. The inspection was announced. We gave the registered manager short notice of the inspection because we needed to be sure they and other staff would be available to speak with us.

What we did: Prior to the inspection visit we gathered feedback from six people and two relatives of people who used the service. We looked at the information we held about the service and used this to help us plan our inspection. This included information the provider must notify us about, such as allegations of abuse. We also considered the Provider Information Return (PIR). This information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also gathered feedback from commissioners who work to find appropriate care and support services for people and fund the care provided. They were happy with the care and support provided.

During the inspection visit: We received feedback from one care worker, a senior care worker, the registered manager and two administrators.

We reviewed three people's care records, to ensure they were reflective of their needs. We reviewed records relating to the management of the service such as quality audits, people's feedback, and meeting minutes. We reviewed three staff files to check staff had been recruited safely.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. This rating has been sustained since our last inspection in October 2016. Legal requirements were met.

Assessing risk, safety monitoring and management

- People felt safe. One person said, "Yes, it's all safe." Relatives shared this viewpoint.
- Risks associated with people's care, were assessed and risk management plans were in place to inform staff how to manage and reduce risks. For example, where people required help to move safely the number of staff members needed and the equipment used was documented.
- Staff knew how to manage risks. For example, one person had a health condition which meant they felt pain when they moved their arms. A staff member said, "We are really gentle and careful when help her move."

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from harm.
- The registered manager had shared information, when required with the local authority and to us (CQC) to ensure allegations or suspected abuse were investigated.
- Staff had completed training on how to recognise abuse and discussion confirmed they understood their responsibility to report any concerns to their manager.

Staffing and recruitment

- Enough staff were employed to ensure people received all their care calls, from familiar staff at the times agreed.
- Staff had enough time to provide the support people needed. One said, "We always get enough time with people. Calls are never rushed."
 - Recruitment procedures minimised, as far as possible, the risks to people's safety. Staff had not started work at the service until the required checks had been completed to ensure they were suitable to work with people who used the service.

Using medicines safely

- At the time of our visit people took their own medicines or were supported by family members to do this. One person said, "I do all of that for myself. Carers sometimes ask me if I've taken them but that's all they do."

Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes.
- Staff completed infection control training and understood their responsibilities in relation to this, including the use and safe disposal of single use aprons and gloves.

Learning lessons when things go wrong

- Accidents and incidents were recorded. Completed records were reviewed to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.
- Strong emphasis was placed upon continually developing the safety of the service. For example, following an incident staff had received training to increase their knowledge of the symptoms associated with one person's health condition.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this. This rating has been sustained since our last inspection in October 2016. Legal requirements were met.

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

- People's needs were assessed before they started using the service to ensure their needs could be met.
- Assessments included their preferences, required call times and life style choices.
- People recalled being involved in planning and agreeing to their care. One person said, "I had a lady come to see me to talk it all over." A relative told us, "I am happy care is being provided according to the assessment."
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and understand their needs.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was compliant with the MCA. The registered manager understood the relevant requirements of the Act. No one using the service at the time of our inspection had restrictions on their liberty.
- Staff had completed MCA training and people confirmed staff always gained their consent before they provided assistance.
- People were empowered to make their own decisions and were provided with the information they needed to support decision making.

Staff support: induction, training, skills and experience

- People and relatives had confidence in the ability of staff to deliver care effectively. One person said, "They are very good."
- Before new staff started working unsupervised they shadowed and worked alongside, more experienced staff. The management team assessed new employees' competency and confidence before they worked independently.
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the

Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.

- Staff spoke positively about their training. One said, "Training is brilliant here, the manager really invests in us."
- Staff felt supported. They received individual support through one to one meetings to help guide them with their work and continually improve their practices.

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

- People received the support they needed to meet their nutritional needs. One person said, "They (staff) help to make breakfast. They ask what I want and always make me a drink before they leave."
- Peoples dietary requirements and preferences were documented in their care plans. Staff knew what people liked to eat and drink.
- When staff recognised people might be at risk due to poor diet or not drinking enough they had raised their concerns with other healthcare professionals.

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

- Most people made their own health appointments with support from relatives. However, they felt staff would offer support if needed.
- The management team and staff worked in partnership with health and social care professionals such as district nurses to ensure people received effective care.
- Staff monitored people's health and understood their responsibility to obtain further advice or support if they noticed any changes or signs of illness.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. This rating has been sustained since our last inspection in October 2016. Legal requirements were met.

Ensuring people are well treated and supported

- People and relatives spoke highly of the caring nature of the staff. One person said, "Wonderful, lovely people, they really do care about me." This assured us the provider's aim of 'providing care from the heart' was achieved.
- Staff knew people extremely well. They cared for the same people and knew what was important to people from their perspective. One said, "I visit the same people every day, they are like my family, I love them."
- Staff were proud of the care they provided to people. One said, "Just this morning (Person) told me, they feel like it's their birthday every day because I am their carer."
- Staff completed equality and cultural awareness training and we found individuality and diversity of people and staff was recognised and respected. A staff member said, "We respect everyone here, the manager taught us that."
- Staff felt cared for by the registered manager. One said, "She is always there for us. She is so passionate she is my inspiration."
- Staff knew how people preferred to communicate and communication methods were documented within people's care plans. For example, one person had a hearing impairment. Staff knew to speak loudly when they spoke with the person.

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

- Care plans demonstrated the inclusion of people and their relatives. The management team regularly visited people and spoke to them via the telephone to discuss their care. Where changes had been made information had been shared with staff and records were updated.
- People made day to day decisions about their care and were provided with information in a format they could understand. Providing information in preferred formats for people who have a disability, impairment or sensory loss meets the requirements of the 'Accessible Information Standard' (AIS) which aims to ensure people received the communication support they need.

Respecting and promoting people's privacy, dignity and independence

- People felt respected. One person explained staff covered their shoes before they entered their home in line with their wishes.
- Staff provided care in a dignified way. One told us, "We shut the blinds and close the door. When we wash (Person) we put a towel over them and wash them from underneath the towel to maintain their dignity."
- Discussion with people assured us the provider's aim to support them to remain independent whilst enjoying the comfort and privacy of their own homes was achieved. One person said, "I do as much as I can for myself. Carers only step in to help me when I need it."

- People's personal information was managed securely in line with data protection law.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. This rating has been sustained since our last inspection in October 2016. Legal requirements were met.

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

- People received their care at the agreed time and for the agreed duration from a small number of staff they knew. One person explained because staff were reliable they lived their life how they wished to do so.
- Care plans contained information including people's life histories and preferences which supported staff to provide personalised care. For example, one person liked a specific pillow to be placed underneath their head and neck to ensure they were comfortable.
- Outcomes were clearly recorded, and progress was monitored and regularly reviewed which supported a good quality life. Changes in people's needs were quickly highlighted and changes were made when needed.
- People were supported by staff who shared their cultural and religious beliefs. This meant people were supported in line with their specific preferences and communicated in their preferred languages.
- The service was flexible to meet the needs of people and their relatives. A relative told us, "I had to change a call time. They changed the time for me it was no trouble, I called the office and they sorted it straight away."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- Records showed complaints had been managed in line with the provider's procedure.
- A copy of the complaints procedure was provided to people and included information about how to make a complaint and what people could expect if they raised a concern.
- The provider kept a record of compliments. They assured us people were happy with their care.

End of life care and support

- People's end of life wishes had been discussed and recorded when people had chosen to share the information.
- Staff worked in partnership with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

Is the service well-led?

Our findings

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. This rating has been sustained since our last inspection in October 2016. Legal requirements were met.

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

- The provider's aims for the service were achieved.
- People were happy with the service they received and the way the service was managed. One said, "It's all very professional and good." Another said, "The manager comes to see me to check everything is okay."
- An experienced registered manager was in post who people described as, 'kind' and 'nice.' The registered manager led by example and were committed to providing high quality care. They said, "I am very passionate about good care, my values are drummed into staff. I expect excellence, nothing less."
- Staff felt supported by the registered manager. One said, "They have helped me so much. They gave me a job in care. I had no experience, but they gave me a chance."
- The registered manager's staff recognition scheme identified good care and encouraged staff to develop their skills to improve the service. A staff member commented, "I really feel valued working here."
- The registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated a good understanding of their regulatory responsibilities and kept their knowledge of legislation and best practice up to date.
- Staff understood their roles and were aware of what was expected of them.
- The registered manager was supported by two administrators, a care co-ordinator and a senior care worker to run the service.
- Effective systems were used to continually monitor and evaluate the service provided. For example, regular spot checks of care workers practices took place. When needed, action had been taken to support staff to improve.
- At the time of our visit the registered manager was developing the electronic call monitoring system in use. The aim of the system is to coordinate and provide care, efficiently and effectively.
- The latest CQC inspection rating was available on the DT Care Services website. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments.

Continuous learning and improving care, working in partnership with others

- The registered manager and staff were committed to working in partnership with other organisations to improve outcomes for people which meant people received good holistic care.
- People had opportunities to maintain positive links with their community if this was part of their planned care.
- The service worked in partnership with local colleges. An apprentice administrator was employed at the

time of our visit. They explained they were completing qualifications whilst also increasing their knowledge of social care.

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

- Feedback from people and relatives was encouraged through quality questionnaires, meetings and telephone calls. Analysis of recent feedback demonstrated people and relatives thought the service they received was good and improvements were not required.
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with the registered manager.
- The Service had a website. At the time of our visit plans were in place to develop the use of social media to communicate with people, their relatives, staff and the local community.