

DCI Care Ltd

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Inspection report

5 Madrepore Road
Torquay
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21 March 2022

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25 April 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

DCI Care is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes. This includes Live-in Care, where staff live with people in their own homes. At the time of our inspection two people received personal care as the regulated activity.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There were systems in place to monitor the quality of service. However, these systems were not always effective. Medicines management was not based on current best practice, therefore we have made a recommendations about staff competencies.

People were not always protected against the employment of unsuitable staff as the provider failed to follow safe recruitment practices.

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; however, the policies and systems in the service did not always support this practice. Therefore, we have made a recommendation about the Mental Capacity Act 2005.

People's dignity, confidentiality and privacy were respected, and their independence was promoted. However, we identified that our findings in relation to training, staff had not always received the appropriate training in Mental capacity Act (MCA) and end of life care (EoLC) to support them in their roles.

Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. Staffing rotas showed there were sufficient staff to meet people's needs.

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

Rating at last inspection

This service was registered with us on 14 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe recruitment, staffing and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

DCI Care 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. 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 announced inspection was carried out by one Inspector.

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 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 21 March 2022 and ended on 4 April 2022. We visited the location's office on 21 March 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and we used information gathered as part of monitoring activity that took place on 24 February 2022 to help plan the inspection and inform our judgements. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included two people's care records and one person's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding records, quality assurance records and training records were looked at.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two people who used the service, three relatives and two care staff members.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- People were not protected against the employment of unsuitable staff as the provider failed to follow safe recruitment practices. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Although staff had DBS checks in place. These checks had not always been carried out by DCI Care Ltd, but instead undertaken by previous employers of staff. This meant that the checks were not up to date and could not be relied upon by the provider.

The concerns we identified in relation to safe recruitment was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were sufficient numbers of staff available to keep people safe and meet their needs. Staff providing Live-in Care were supported to take regular breaks.

Using medicines safely

- Relatives told us that were staff supported people with their medicines, people received them as prescribed.
- Staff received spot checks from the registered manager, however these checks did not outline or record staff competencies, in relation to the administration of medicines being assessed. This meant that medicines were not always managed safely and in line with the National Institute for Health and Care Excellence (NICE) guidance Managing medicines for adults receiving social care in the community.

We recommend the provider embeds the National Institute for Health and Care Excellence (NICE) guidance Managing medicines for adults receiving social care in the community, within the service

- The system for recording administration of medicines was effective. Records were fully complete, and the Registered Manager put relevant checks in place to monitor the administration of medicines. We were assured that people received their medicines as prescribed.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. Care plans contained explanations of the measures staff needed to follow to keep people safe.
- Staff understood what support people required to manage the risks associated with people's care.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns. One staff member said, "I would report concerns straight to the manager, if it was urgent, I would ring 999".
- Relatives told us their family members were cared for in a safe way. A relative told us, "I have no concerns. I feel (person) is safe".
- The provider had a safeguarding policy and procedure, and staff were aware of these. The registered manager had systems in place to report concerns to the local authority.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using personal protective equipment effectively and safely.

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. We viewed the accidents log and noted that there had been no accidents and incidents.
- The registered manager explained how any learning would be discussed and shared with staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- This inspection was prompted by a review we carried out on the service on 24 February 2022. During this review we noted that staff had not received training in end of life (EoL) care. When we visited the service on 21 March 2022, we noted the registered manager had acted on our feedback and had arranged EoL training for staff.
- However, when we spoke with staff, they told us that they had not yet received this training. One staff member explained that they had in fact had not received any training from DCI Care and were relying on training from a previous employer.
- Although the service had been registered since April 2021 and it had only been delivering personal care to people for two weeks. It is still The Care Quality Commission's expectation that care providers provide staff with appropriate training to ensure people's care needs were met effectively. The registered manager was able to show a list of training that staff should undertake. However staff confirmed that this had not taken place.
- Because of our findings in relation to training, MCA and EoLC we could not be assured that staff had received the appropriate training to support them in their roles.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us and records confirmed they received supervision. Staff told us they felt supported. One staff member said, "I can go to (registered manager) about anything, I feel really supported".

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 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.

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.

We checked whether the service was working within the principles of the MCA

- Staff did not understand the principles of the act. However, when prompted staff were able to describe when and how they would seek advice from the registered manager and or healthcare professionals.
- Where care plans stated that family members made decisions on behalf of people. The registered manager had not had sight of the legal document that would support this. Therefore, the registered manager could not be assured that these relatives had the legal authority to make welfare decisions on people's behalf. We did not find evidence that decisions had been made on people's behalf. However, this still meant people's rights may not always be protected.
- We discussed what we found with the registered manager, who acknowledged there was still some learning that needed to take place. The registered manager gave us assurance this would be addressed.

We recommend that the service embeds The Mental Capacity Act 2005 code of practice within its service delivery.

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

- People's needs were assessed prior to using the service. This was to ensure people could be safely offered support.
- People and their relatives were involved with the assessment process and the development of the care plan. One relative told us, "They involve us with everything."

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

- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with preparation of their meals and drinks to ensure people had a balanced diet.

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

- DCI Care had systems and processes for referring people to external services. The service involved people in decisions about their health.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Relatives told us staff were caring. Comments included, "They are very kind and caring", "They listen, they take their time. They treat (person) with nothing but kindness and make sure that (person) is O.K." and "(Staff) are nothing but friendly and polite".
- Staff knew people well and were passionate when talking about how they would ensure people felt valued and cared for. A staff member said, "I love my job, I like helping and working with people".

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

- Relatives told us staff involved people in making decisions about the care being provided.
- Staff described how they would provide choices to people so that the person was involved with their care. For example, what people wanted to eat and what they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- Relatives were happy with how staff supported their family. They told us, "We can't praise them enough" and "We have used several agencies, and these are far the best."
- Staff were clear about how they respected people's dignity and independence. They told us, "Ensure care is delivered in (private) and "independence is very important, it keeps people going and everyone wants independence. It's about encouraging people to do what they can for themselves".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

End of life care and support

- This inspection was prompted by a review we carried out on the service on 24 February 2022. During this review we noted staff had not received training in end of life care (EoLC). Following our review, the registered manager arranged EoLC training for staff.
- During our discussion with the registered manager we noted a lack of understanding as to why staff who worked in domiciliary care needed EoLC training.
- Care records did not record and capture how people's wishes around end of life care had been discussed.
- No-one was receiving end of life care at the time of the inspection. However, because of our findings before and during the inspection we could not be assured people would receive the right EoLC support if the need arose.

We recommend the provider identifies and embeds best practice in relation to EoLC within its service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples relatives told us staff worked hard to ensure people were treated as individuals and their wishes and preferences were taken into account to ensure care was personalised.
- Staff knew people's preferences, likes and dislikes. Information within care records included preferences with daily routines.
- The provider had a system to regularly review peoples care.

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.

- The registered manager was aware of the AIS and each person's specific communication needs were detailed in their care records.

Improving care quality in response to complaints or concerns

- People and their relatives felt they knew how to raise concerns. There was a complaints policy in place available to people and their relatives. The service had yet to receive a complaint. One relative told us, "I know how to make a complaint and I'm sure they would listen."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Peoples care records were cumbersome and difficult to navigate. We saw examples of where care records contained information and assessment tools that were not always applicable to peoples care needs.
- The systems in place to monitor the effectiveness and safety of the service were not always effective. For example, the concerns we identified in relation to care records, staff competencies, EoLC, decision making, and unsafe recruitment practices had not been identified by the registered manager.

The absence of fully effective systems and processes to assess and improve the quality and safety of the service, was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Despite our findings in relation to oversight and governance, we did also note the registered manager had carried out some audits effectively. For example, a medicines audit had identified that important details of healthcare professionals were missing from one person's medicine records. Another audit of care plans identified missing information, the registered manager put this right and shared their findings with staff.

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

- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service. They engaged with the inspection in a positive way and reflected on how they were managing the service and recognised the areas of improvement that were needed.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.

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 was aware of their responsibilities in relation to duty of candour.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- Relatives we spoke with told us their views were listened to and acted on. Staff told us they felt listened to, valued and able to contribute to the improvement of care.
- Because of the short period of time in which the service had been operating, the registered manager was still embedding systems and practices to ensure the views of people, relatives and staff were sought and feedback acted on.

Continuous learning and improving care

- The registered manager were able to describe how they would promote a continuous learning approach and shared with us the details of a service improvement plan which they were working on.

Working in partnership with others

- The management team worked closely with doctors and other health and social care professionals to meet people's needs and to achieve positive outcomes.

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 17 HSCA RA Regulations 2014 Good governance There was an absence of fully effective systems and processes to assess and improve the quality and safety of the service,
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not protected against the employment of unsuitable staff as the provider failed to follow safe recruitment practices.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the appropriate training to support them in their roles