

Distinct Pro Care Services Ltd

Distinct Pro Care Services - Main Office

Inspection report

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16 February 2023

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Distinct Pro Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there was one person using the service.

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

The person had been receiving support since January 2023. They told us they felt safe with the care they received.

The person's care needs were assessed and they received care from a regular care worker who knew how the person liked to be supported and what was important to them.

New staff were introduced and completed shadowing to help them get to know the person and observe how they received their care. Samples of daily records showed their needs were being met.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The person was positive about the management of the service and the provider had regular contact with them to check on the level of care they received and if their needs had changed. They were confident that their concerns were being taken seriously and the manager was resolving issues they had raised.

The person was supported by staff who were positive about the organisation and felt well supported in their role. Staff told us they were provided with the relevant training and the management team listened to them and provided the necessary advice and guidance to support them in their role.

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

Rating at last inspection

The service was registered with us on 17 December 2020, however it was dormant until January 2023. We were able to conduct an inspection but we could not rate the quality of the service as we had insufficient evidence on which to do so.

Why we inspected

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

Follow up

As we were not able to rate the service at this time we will return to complete a further inspection. 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?

We did not have sufficient evidence to rate whether the service was safe.

Insufficient evidence to rate

Is the service effective?

We did not have sufficient evidence to rate whether the service was effective.

Insufficient evidence to rate

Is the service caring?

We did not have sufficient evidence to rate whether the service was caring.

Insufficient evidence to rate

Is the service responsive?

We did not have sufficient evidence to rate whether the service was responsive.

Insufficient evidence to rate

Is the service well-led?

We did not have sufficient evidence to rate whether the service was well-led.

Insufficient evidence to rate

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Distinct Pro Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

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

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

Notice of inspection

We gave the provider a few days' notice because we were aware they were a small service and we needed to ensure they would be available to assist us with the inspection.

We visited the office location on 16 February 2023 to see the registered manager and to review records

related to the service. We spoke with the person who used the service and care staff between 16 February 2023 and 23 February 2023.

What we did before the inspection

We reviewed information we had received about the service since their registration. 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. We used all of this information to plan our inspection.

During the inspection

We reviewed 1 person's care plan, risk assessments and daily care logs. We also reviewed 2 staff files in relation to recruitment, induction and training. We also reviewed records related to the management of the service, quality assurance records and policies and procedures.

We spoke with 3 staff members. This included the registered manager, the care manager and 2 care workers. We also spoke with the person who used the service to gather their views on the service they received.

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. We did not have sufficient evidence to rate the safety of the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place and staff had a good understanding of their safeguarding responsibilities. Staff completed safeguarding training as part of their induction programme.
- There had been no safeguarding incidents since the service had been registered. Care workers told us they were confident any issues raised would be dealt with appropriately.

Assessing risk, safety monitoring and management

- The provider had carried out the relevant risk assessments before starting the service to ensure any risks to the person could be managed and staff had guidelines to follow to help keep them safe. Risk assessments included moving and handling assessments, risk of skin breakdown and the risks associated with malnutrition/dehydration.
- Although the risks associated with the person's care needs were assessed before their care started, the provider had not carried out an internal environment risk assessment so we could not be sure all potential hazards have been identified including fire safety issues. After the inspection we shared a copy of the London Fire Brigade fire risk assessment to help the provider assess the level of risk from fire.

We recommend the provider takes advice from a reputable source about carrying out environmental risk assessments.

Staffing and recruitment

- The provider followed safer recruitment processes. The provider had a recruitment policy which set out all the checks that were needed before new staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to support the person. The registered manager monitored staff attendance times during regular spot checks and telephone monitoring calls to the person.

Using medicines safely

- At the time of the inspection, the person receiving care was not being supported with their medicines. Staff assessed people's ability to manage their medicines independently as part of the initial assessment.
- The provider told us this was an area of support that could be provided if there was a need. They had a medicines policy in place and were aware of their responsibilities to ensure staff received the training and

competency assessments before they started providing this support.

Preventing and controlling infection

- There were systems in place to ensure people were protected by the prevention of infection. The provider had an infection and prevention control (IPC) policy in place, alongside a separate COVID-19 policy that had been discussed with staff as part of their induction.
- Staff completed IPC training and confirmed they had sufficient supplies and access to personal protective equipment (PPE). One care worker said, "The [Registered manager] supplies everything we need such as masks, gloves and aprons."
- Spot checks were also carried out in the person's home to ensure staff followed safe hygiene guidelines and wore appropriate PPE.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and staff were aware of the procedures to follow and the need to complete an incident report. Staff understood their responsibility to report all incidents to the registered manager. There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.

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 service. We did not have sufficient evidence to rate whether the service was effective.

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

- The provider had assessed the person's care and support needs before they started to deliver care.
- The person receiving care told us they took part in the formation of their care plan, which met their needs and choices. Cultural and religious needs were considered when conducting assessments.

Staff support: induction, training, skills, and experience

- The provider ensured staff received sufficient induction, training and ongoing support to enable them to fulfil their roles effectively. New staff had a comprehensive induction and probation period which included the completion of the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff told us they received adequate training to ensure they had the necessary skills and knowledge. One member of staff told us, "Yes, I feel that I have been giving proper support and training to do my job and meet people's needs. My manager ensures that my mandatory training is up to date, also I was given physical training in order to ensure I do my job properly."
- Staff were scheduled to have supervision every 3 months. New staff had received supervision as part of their induction.

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

- At the time of the inspection the provider was not supporting anyone with eating and drinking or maintaining a balanced diet.
- The provider had assessments in place to assess the risk of malnutrition and dehydration. They told us they would incorporate the necessary support in people's care plans if people required support with this.

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

- As there was limited involvement with any relevant health and social care professionals, the registered manager told us they had regular contact with the person to see if any further support was required.
- The persons' care plan contained information about their health and medical conditions and contact details of their GP so staff would be able to contact them if required.
- Staff understood the importance of monitoring the person's health and wellbeing and told us they would report concerns or changes to the registered manager immediately.

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

- The provider was aware of their responsibilities around the MCA. The person receiving support was able to make their own decisions and had consented to their care and support plan.
- Staff told us they understood the importance of involving the person with decisions about their care. One member of staff told us, "All decisions must be made by people who are receiving care. We never make decisions for them."

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 service. We did not have sufficient evidence to rate whether the service was caring.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback from the person about the how they were treated by the care worker that supported them. They said, "The carer is very respectful and treats me like a family member. I have no complaints about that."
- The person's religious and cultural needs had also been assessed and staff had a good understanding of them.

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

- The person participated in decisions around their care and support and had taken an active part of the initial assessment. The registered manager had regular contact with the person to discuss the current care and agree any changes as and when required.

Respecting and promoting people's privacy, dignity and independence

- The person was supported by staff who understood the importance of respecting their privacy and dignity and promoting their independence.
- A care worker explained how they respected the person's privacy and dignity, especially during personal care. They told us, "I ensure people's privacy and dignity is maintained by keeping their data confidential, by seeking permission before entering their personal space, making sure the doors are closed all the time when performing their personal care."

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 service. We did not have sufficient evidence to rate whether the service was responsive.

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

- We found parts of the care plan lacked sufficient detail to ensure staff would have all the relevant information about the person's routines and preferences. As the person was being supported by staff who knew the person well this was not having a negative impact on the care they received. However if new staff were needed in an emergency the care plan would not be sufficient to ensure the person's preferences and routines were clear.
- Despite the lack of detail in parts of the care plan the person received care told us they were happy with the care and support they received and in their opinion staff understood how they liked to be cared for. They told us, "Yes, they do know what they are doing."

We recommend the provider reviews the care plan to ensure it is person-centred and reflects the person's routines and preferences.

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 provider was aware of their responsibility to meet people's communication needs. The registered manager gathered information about people's communication needs during the initial assessment and recorded these in the care plan to ensure staff knew the best way to communicate with them.
- The provider was able to supply easy read documents to aid people's understanding around topics such as safeguarding and healthy eating.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to respond to any concerns or complaints with the service provided. The complaints process was discussed at the start of the service and the person had regular opportunities to give feedback about their care.
- The person had complained about the care workers timekeeping and had asked the registered manager to replace the care worker. The registered manager told us they were finding a replacement and the person felt the registered manager had listened to their concerns and was taking the necessary action to resolve them.

End of life care and support

- End of life care was not being provided at the time of the inspection. The provider's care plan had a section to record any relevant information at this stage of people's lives.

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 service. We did not have sufficient evidence to rate whether the service was well-led.

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

- Although there had been no safeguarding investigations or serious incidents at the time of the inspection, the registered manager understood their legal responsibilities regarding notifiable incidents and knew when notifications had to be submitted.
- Staff told us they had regular contact with the registered manager and received support and guidance from the registered manager. One member of staff said, "The [registered] manager is always available if I need her. I have always found her to be very supportive."

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

- Due to the size of the service, the registered manager had regular communication with the person to ensure they were happy with the care they received. They told us, "I really can't fault [the registered manager] she is an angel. She checks on me regularly and has promised to find me another care worker who is more reliable."
- Care workers were also positive about the culture of the organisation and the support they received from the provider. One member of staff told us, "The service is well led, the organisation offers adequate care to their clients. Also, the organisation ensures that their employees are comfortable and if they feel supported at work."

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

- The person receiving care had been given regular opportunities to give feedback about their care. The registered manager also told us they planned to send out feedback questionnaires to gather feedback from people receiving care and staff.
- Due to the short time this service had been active there had not been any staff meetings. The registered manager told us they would be arranging staff meetings when they recruited more staff.

Working in partnership with others; Continuous learning and improving care

- Due to the small size of the service and the short period they had been delivering care we did not see any examples of working in partnership with external professionals. The registered manager explained their main involvement and communication was directly with the person receiving care.
- The registered manager attended local authority forums to share their experience and to help inform their practice.

- The registered manager told us when the service expanded they would be purchasing an electronic call monitoring system (ECM) which could monitor staff attendance times.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong.