

Dominion Care Services 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Dominion Care Services Limited is a domiciliary care service that provides personal care to adults with a range of support needs. At the time of the inspection the service was providing personal care to 1 person living in their own home in the local community.

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

At our last inspection we found the service required improvement. At this inspection we found the provider had taken action to address our concerns.

Staff were recruited safely. The provider had systems in place to ensure pre-employment checks were carried out. There were enough staff to ensure people received the support they required.

People told us they felt safe with the care and support they received.

The provider had systems in place to assess risks to people before they commenced using the service. People's risk assessments were linked to their care plans and were regularly reviewed and updated.

Policies and procedures were in place to prevent and control infection. Staff had received training and had access to personal protective equipment to carry out their care roles safely.

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 provider had systems in place to ensure the quality of care was monitored effectively. People's views of their support were sought. Regular unannounced spot checks of care in people's homes had been carried out.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 January 2023) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review their quality assurance monitoring procedures. At this inspection we found the provider had acted on this recommendation and improvements had been made

Why we inspected

We carried out an inspection of this service on 20 July 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dominion Care Services 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 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.

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 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed 1 person's care files, 3 staff records, policies and procedures and a range of records relating to the management and quality monitoring of the service. Following our visit to the office, we received feedback from 2 care staff and 1 person who used the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found failures in the home's staff recruitment systems. References had not been verified to ensure they were genuine. Gaps in employment history and reasons for leaving past employment were not explored. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements,

- Safe recruitment procedures were now being followed.
- The provider had carried out pre-employment checks, including references, proof of identity and eligibility to work in the United Kingdom. The service's records showed staff references had been verified and reasons for gaps in employment and leaving past jobs had been explored. Disclosure and Barring checks (DBS) had been carried as part of the pre-employment process. DBS checks provide information including details about convictions and cautions held on the Police National Computer. Staff references were verified to ensure they were genuine.
- The provider ensured there were enough staff in post to meet people's needs. The registered manager told us they were capacity building to ensure the care and support needs of any new referrals to the service were met.
- Newly recruited staff were required to complete induction training and spend time shadowing a more experienced staff member before working alone with people.
- A person we spoke with told us staff were reliable, punctual and stayed for their allotted time.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess risks to people before they started using the service. Risk assessments included information about nutrition, mobility, personal care and environmental risks. People's assessments were linked to the information contained in their care plans and included guidance for staff on managing identified risks.
- Staff understood people's needs and told us they had all the information they required to support people safely.

Using medicines safely

- At the time of our inspection the service was not supporting people to take their prescribed medicines.
- The registered manager recognised staff may be required to support people with their medicines in future. They showed us copies of the service's medicines policies and procedures. These reflected current best practice.

Preventing and controlling infection

- The provider had systems in place to reduce and control the risk of infection was prevented as much as possible. The service's policies and procedures were up-to-date and reflected current government guidance.
- Staff had received infection prevention and control training.
- Staff were provided with the personal protective equipment (PPE), such as disposable gloves, aprons and hand sanitisers. The provider maintained a stock of PPE and staff collected new supplies when they visited the office.
- The provider's records of spot checks of staff practice in people's homes showed checks of staff use of PPE and other infection control practices had been carried out.

Systems and processes to safeguard people from the risk of abuse;: Learning lessons when things go wrong

- The provider had systems in place to ensure people were protected from the risk of harm or abuse.
- People told us felt safe when being supported by staff. Up to date policies and procedures on safeguarding adults and responding and reporting any accidents or incidents were in place.
- Staff had received training in safeguarding adults. They understood their roles and responsibilities in identifying and reporting concerns.
- The records we reviewed showed there had not been any accidents, incidents or safeguarding concerns reported since our last inspection.
- The registered manager told us that, should there be any accident, incident or safeguarding concern, this would be immediately reported to the local authority and the CQC where required. They described how they would share lessons learned with the staff team during team meetings and individual staff supervision sessions to reduce the likelihood of any reoccurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider reviewed their auditing systems to ensure they were more effective at identifying issues and improving the service. At this inspection we found the provider had made improvements.

- The provider had systems in place to monitor the quality and safety of the service. These included audits of care records, spot checks of staff practice and quality monitoring visits.
- The provider had carried out audits of staff records. Although these reflected the information we found in staff files, they were not dated. We discussed this with the registered manager who assured us that all records would be signed and dated in future.
- The provider had made improvements to their auditing and review procedures for care plans, risk assessments, and people's daily care records. A revised monitoring template had been introduced. This included information about any shortfalls and actions taken as a result.
- Other quality audits completed by the service identified areas for improvement and detailed actions taken in response to these.
- The service's policies and procedures were up to date and reflected best practice. The registered manager and staff demonstrated knowledge of their roles in ensuring regulatory requirements were met.

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

- The provider promoted a positive culture, which delivered person centred care and support.
- People told us they were involved in making decisions about their care.
- Staff told us they could raise any concerns with the registered manager. A staff member said, "I don't have to wait if I need to speak with [registered manager]. If she isn't there when I call, she gets back to me quickly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team sought the views of people and their relatives. This included quality monitoring visits, telephone monitoring calls and questionnaires.
- People told us they felt confident to raise any concerns with staff or the registered manager. One person

said, "I like [registered manager], She calls me and visits me to ask me how I am doing."

- Records and staff we spoke with confirmed regular team meetings and individual staff supervision sessions were taking place.
- Where required the service worked in partnership with health and social care professionals to ensure people had the care and support, they needed to maintain their health and wellbeing.

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; Continuous learning and improving care

- The registered manager understood the need to report incidents to the local authority and the CQC where appropriate. They recognised the importance of being open and honest when things go wrong.

Continuous learning and improving care: Working in partnership with others

- The provider had systems in place to ensure there was a culture of continuous learning and improving care. Where appropriate, they engaged with people's relatives and other health and social care professionals to support this.
- We viewed team meeting and individual staff supervision records. These showed that information about best care and support practice was discussed with staff on a regular basis.
- People's care records demonstrated relatives and relevant professionals had been consulted and involved in improving people's care.