

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

This inspection took place on 11 October 2016 and was announced. At the last inspection in January 2016 the service was compliant with all the regulations we looked at however we noted that the registered provider's record keeping systems and quality monitoring processes could be improved. At this inspection we found that the registered manager had taken effective action to address our past concerns.

DT Care Services provides personal care to people in their own homes. At the time of our inspection the service was supporting 64 people.

There was a registered manager in place who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe. Staff received regular refresher safeguarding training and knew how to report allegations or suspicions of poor practice.

People who needed support with their medicines were supported appropriately. Staff knew how to dispense medicines safely and there were regular checks to make sure this was done properly.

People were supported by staff who had the appropriate skills and knowledge they needed to meet their care needs. People were supported by staff who reflected their cultural heritage and religious beliefs.

People were supported to eat and drink enough to stay well. There were processes in place to protect people who were at risk of malnutrition.

People were supported to have their mental and physical healthcare needs met. The registered manager sought and took advice from relevant health professionals when needed.

People said staff were caring and had built up close relationships with the members of staff who supported them. People were involved in deciding how they wanted their care to be delivered and were supported in line with the Mental Capacity Act 2005. People said staff treated them with dignity and respect.

Staff were responsive to people's needs and delivered care in line with people's wishes. People had access to a complaints system and the registered manager responded appropriately to concerns.

There was effective leadership from the registered manager and senior members of staff. People and staff told us the service had improved. The registered manager had a clear vision of the service which they shared with staff.

The registered manager assessed and monitored the quality of care and introduced a robust system to monitor if people received their calls on time.

## 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 ●

People told us that they felt safe and they trusted the staff.

People were supported by staff who knew how to protect people from the risk associated with their specific conditions.

Staff knew how to support people to take their medications as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the required skills and knowledge to meet their care needs.

People could choose how they wanted their care provided because staff supported them in line with the Mental Capacity Act 2005.

People were supported to access the support of other health and social care providers when necessary.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were kind.

Consistent staffing meant that staff had built up positive relationships and spoke affectionately about the people they supported.

People were supported by staff who knew how to promote their privacy and respected their right to confidentiality.

### Is the service responsive?

Good ●

The service was responsive.

The service responded promptly to people's requests to change how they were supported.

People and relatives' comments and concerns were responded to appropriately.

**Is the service well-led?**

**Good** 

The service was well-led.

People said the registered manager and care manager provided staff with appropriate leadership and support.

The registered manager had used feedback from our last inspection to improve the service.

Staff shared the registered manager's positive vision of the service and requirement to continually improve.

# DT Care Services

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We conducted a comprehensive announced inspection of this service on 10 October 2016. The registered provider was given 48 hours' notice because the location provides a supported living service and we needed to ensure the registered provider had care records available for review had we required them. The inspection team consisted of one inspector.

As part of planning our inspection we reviewed the information we held about the service, including the notifications we received from the provider. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also asked a local authority who commissions packages of care from the service for their views. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we visited the service's office and spoke with the registered manager, office administrator and a care team leader. We sampled the records, including four people's care plans, two staffing records, complaints and quality monitoring. We reviewed the registered provider's new system for monitoring that calls times were in line with people's care needs.

After our visit we spoke with four people who use the service and the relatives of two others to obtain their views of the quality of support they receive. We also spoke with three members of care staff.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe using the service. One person who used the service told us, "I feel confident with the staff." A person's relative told us, "They always let you know if there is a change of staff or they are running late. It lets you know who's going to call."

Staff we spoke with could demonstrate that they were aware of the types of abuse people could experience and the actions to take should they suspect that someone was being abused. One member of staff said, "We get [safeguarding] refresher training every three months." The registered manager told us and staff confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. We saw that staff received training in the local authority safeguarding guidance when they started to work at the service and regular updates at training events and staff meetings. Staff took the appropriate action if they felt people were experiencing or at risk of abuse.

People were encouraged to have as full a life as possible, whilst remaining safe. Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions. One member of staff told us how they supported a person who was at risk of falling to remain safe and another staff member told us how they supported a person to reduce the risk of them developing sore skin. Risks to people had been regularly reviewed and records of staff meetings and supervisions showed that when people's conditions changed, new guidance and instructions were shared with the staff who supported them.

People were supported by staff who knew how to minimise the risks presented by their specific conditions. The registered manager had taken action since our last inspection to ensure people's care records contained detailed information for staff about reducing the risks presented by people's specific conditions. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people.

Staff told us and the care manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. Our review of three staff recruitment records confirmed this. We noted that on one occasion the registered manager had requested additional information in order to confirm that a member of staff was able to work in the UK. These checks had ensured people were supported by staff who were suitable to work with people who used the service.

People who used the service told us that there were enough staff to meet their needs. People told us and the registered manager confirmed that people were usually supported by the same care staff. One person told us, "I always have the same staff." Although not frequent, we noted that most concerns raised by people who used the service were about calls not being on time. Two people we spoke with said they had been

notified if staff were going to be late. One person told us, "Another member of staff turned up five minutes later when our usual carer called to say they were going to be late." There had been enough staff available to ensure the person received the support they required in a timely manner. The registered manager told us that late calls would usually be due to poor communication or staff experiencing delays between calls. They showed us a new electronic call planning system they had installed which would address these issues and ensure that enough staff were deployed each day to meet people's specific call times. The registered manager and administrator monitored the system to identify any shortfall in staffing levels or if there was a risk that calls may not be on time. People were supported by the required number of staff to keep them safe.

Not all the people who used the service required support with their medicines. Those who did so said they were happy with how they were supported. One person told us, "They know what pills I take." A person's relative told us, "I give them the medication but the staff check and write it down." We saw that records contained details of people's medication so that staff were aware of the medication people were taking. We saw that on one occasion care staff had informed the registered manager when they thought a person was not taking their medication as prescribed. The registered manager was able to take action to ensure the person received their medication appropriately.

When people required support to take their medication they were administered and prompted by staff who were trained and assessed as competent to do so. One member of staff who helped a person to take their medication, told us, "I know what to give, it's all written down." Where medicines were prescribed 'as required', there were instructions and information for staff about the person's symptoms and conditions to identify when they should be administered. The care manager completed regular medication audits to ensure people had received their medication as prescribed. They had taken effective action when necessary to correct any errors and prevent them from happening again. People received their medicines safely and when they needed them.



# Is the service effective?

## Our findings

All the people we spoke with said the service and staff were good at meeting their needs. Staff we spoke with gave us several examples of how people's conditions had improved since they had started using the service. Care records showed how care staff had worked with other health professionals to remove a person's dependency on a specific item. This had improved the person's freedom and dignity. A relative of one person told us, "They are marvellous."

Staff told us, and records confirmed that all staff had received induction training when they first started to work at the service. This was based on a nationally recognised training programme and covered the necessary areas of basic skills and good practice. Staff then received annual updates to maintain core skills including safeguarding, medication, health and safety and first aid.

Staff told us they received regular training and were working towards achieving a nationally recognised qualification in social care. One member of staff said, "We have regular training all the time." There were details of people's specific needs in relation to their health in their care plans which staff could refer to for guidance. The registered manager and team leaders conducted observational audits so they could identify when staff were not demonstrating they had the knowledge to support people in line with their care plans. We saw that action such as additional training was taken when it was identified that staff needed to improve their skills and knowledge

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis. One member of staff told us, "I have regular meetings. We often have to go to the office." There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities. People were supported by staff who had the skills and knowledge to meet their individual care needs.

The registered manager told us that they had resourced and undergone additional training since our last visit. This training had enabled the registered manager to acquire the skills and knowledge they required to improve the service and address concerns identified at our last inspection.

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 were being met. We found that people were regularly involved in commenting on how their care was to be delivered and choosing what they wanted to do. One person told us, "The last staff to visit at night always asks us what we want the next day and writes it down for the morning staff." The registered manager had assessed people's mental capacity when they joined the

service. They told us that all the people who used the service were assumed to have the mental capacity to consent to personal care and they conducted reviews to identify if a person's mental capacity had changed. During our inspection we noted that the registered manager was currently reviewing several people's mental capacity and updating care records with this information for staff. When necessary the registered manager had arranged for people to be supported by their relatives and people close to them in order to express their views and ensure they were receiving care in line with their preferences.

Staff were aware of how to support people in line with the MCA. The registered manager told us, "It is the service user who we listen to but we sometimes need the family's help," and, "The next of kin do not always have the right to choose what the person wants." People who used the service told us that staff would ask their permission before they provided personal care and routinely asked if they could continue whilst supporting them. One person told us, "[Staff] are very kind. They always ask what I want."

Most of the people who used the service were supported to eat and drink by their families. However those people who required support said they were happy with the assistance they received from staff. Staff we spoke with knew what people liked to eat and drink and these preferences were reflected in people's care records. One person who used the service told us, "They make me a cup of tea before they leave. They check I'm alright." When a person had used a 'Peg feed' (a fixed tube placed directly into a person's stomach in order to receive adequate nutrition), staff had worked with health professionals to ensure the person was supported safely and appropriately. There were processes in place to monitor people's weight when they were felt to be at risk of malnutrition. The records of one person showed they had been regularly weighed and were maintaining a healthy weight. People were supported to eat and drink sufficient amounts.

People were supported to make use of the services of a variety of mental and physical health professionals. The registered manager told us they supported people to attend clinical appointments when requested. The care records of two people showed that the registered manager had involved a district nurse when they were concerned that a person was exhibiting signs of ill health and on another occasion had alerted a person's social worker when a person's mental health deteriorated. Records showed that the registered manager had worked with these professionals to ensure people received support which improved their wellbeing.

## Is the service caring?

### Our findings

People who used the service told us that the registered manager and staff were caring. The relative of one person told us, "We are overwhelmed by their kindness." Prior to our inspection we were contacted by a relative of a person who used the service, they told us, "They have provided the most excellent of services, the best I could have hoped for. The last two carers will be in my heart and mind forever." Responses from people to a recent questionnaire about the service were also positive. The relative of one person stated, "Mom was happy when I returned from holiday. There were no problems and she had nothing but praise for the carers."

People who used the service told us they were generally supported by the same staff who they liked and this had enabled them to build up positive relationships. A person's relative told us, "She idolises one particular member of staff." The registered manager had introduced a system to ensure people were supported by regular staff and respected people's right to choose which staff they wanted to be supported by. People were regularly approached to comment on how their care was provided and the registered manager respected people's views.

People told us and we saw that staff checked with them before providing personal care and respected their choices. People were supported to comment on the care they received and staff respected their wishes. We saw that there were clear records for staff about how people wanted to be supported. Staff demonstrated that they knew people's personal histories and their individual preferences. When necessary the registered manager had involved relatives to help people express their views of the service. This helped people to feel valued and listened to.

People told us that the members of staff respected their privacy and took care to knock and ask permission before entering their home. Staff we spoke with were aware of and explained how they maintained people's dignity in line with the provider's policy. Feedback from one person's questionnaire stated that staff respected their views and, "Could talk [with staff] in confidence."

## Is the service responsive?

### Our findings

People who used the service said they felt listened to and involved in the service. They felt staff knew their preferences and provided support in line with their wishes. One person told us, "I call the office and they make everything alright."

Staff knew what support people needed to stay well and would respond promptly when people's needs changed. Staff we spoke with could describe people's specific care needs and the actions they would take if there was a change in the conditions of the people they supported. One member of staff told us, "We chased the district nurse up when they failed to visit as planned." This had ensured the person had received the support they required to prevent their condition from deteriorating.

People's care and support was planned in partnership with them. We saw that people had regular reviews of their care and records were regularly updated with information for staff about people's latest needs and wishes. The relative of one person told us, "The manager came to see us before we started and so far everything is going well." People's care records contained guidance for staff about people's preferred communication styles and any support they required to help express themselves. The registered manager conducted visits to people's homes and team leaders made regular telephone calls to people to seek their views of the service. This enabled the registered manager to assess if people were being supported in line with their wishes and care needs.

We saw that the registered manager took action in response to comments and concerns they received about the service. They had taken action when people had requested to be supported by staff who shared their cultural and religious beliefs. This allowed staff to support people in line with their specific preferences and to communicate with people in their preferred language. Some people had requested that staff did not wear uniforms when visiting their homes to maintain their privacy and these instructions were detailed in their care plans for staff to follow.

People told us they felt comfortable to complain if something was not right. The registered provider had clear policies and procedures for dealing with complaints. We reviewed two recent complaints and saw that they had been dealt with in accordance with the registered provider's policy. This involved acknowledging and responding to complainants within a specific time scale and following up the outcome of the investigation with the complainant. In one instance we saw that the registered manager had recorded that the complainant was, "Happy with the outcome."

The registered manager had received several comments about staff not attending people's calls on time. We saw that the registered manager had responded by involving people in reviewing their preferred call times and installing an electronic call management system which would allow the registered manager to take prompt action if there was a risk that a call would not be made on time. The registered manager had also taken effective action in response to concerns raised at our last inspection, including reviewing people's care plans and improving the quality monitoring of the service. The registered manager had learned from complaints and used feedback to improve the service.

## Is the service well-led?

### Our findings

All the people who used the service told us they were pleased with the support they received. Comments included; "It's perfect," "Everything is Okay," and "They are always checking staff have turned up on time." Staff we spoke with described a positive and supportive leadership. One member of staff said, "I am comfortable around my team and the office staff." Staff described a culture where they felt supported and received regular opportunities to develop their skills and knowledge.

Staff told us that the registered manager was supportive and led the staff team well. They told us they felt valued and listened to. Staff gave us several examples of how people's views had been used to improve the service, such as people being supported by staff of their preferred gender. Staff views were used to improve the quality of the service. A member of staff told us, "We give our feedback and as a boss, she uses this to try and improve the service."

There were systems in place to ensure people were involved in commenting on their care plans. These included an annual survey, home visits and telephone reviews to obtain people's views about the quality of the service they received. We noted that comments were generally positive and included, "Personal care is excellent," and, "The staff and managers are excellent. Always polite and approachable" This gave people an opportunity to influence and develop the service.

The registered manager had systems for monitoring the quality of the service and ensuring that call times were in line with people's wishes. This enabled the registered manager to monitor that standards of care were being maintained. They maintained a log of incidents and accidents in order to identify how these could be prevented from happening to other people and had introduced a system to monitor call times.

The registered manager spoke of their vision to continually improve the service people received. They told us, "I want my passion to be shared by the staff." This included regular staff meetings, supervisions and training events for staff. The registered manager told us they wanted to continually improve their own knowledge and had sought additional training and personal development to identify how the service could be improved. The registered manager also attended a local authority working group to review and identify how the provision of social care could be improved in the region. This enabled them to identify and promote good practice within the service and wider community.

The registered manager was aware of their responsibilities to the commission. A review of records showed that they had notified the commission of incidents and events where they were required to do so. They had taken prompt action in response to feedback from our last inspection and demonstrated their duty of candour by providing open and honest responses to complainants and displaying their latest inspection ratings on their website and in their office.

There was a continuity of leadership and responsibility which provided contact points and guidance for people who used the service and staff. We spoke with a team leader who was developing their managerial responsibilities in the office. They told us this was so they could use their own knowledge of providing

personal care to assess the skills and abilities of less experienced staff. When necessary they used their knowledge to provide leadership and guidance to other staff. The registered manager told us they were developing the team leader and administrator roles to undertake daily operational tasks and monitoring of the service so they could, "Stand back," and monitor the quality and effectiveness of the service. Two members of staff said they felt the quality of the leadership had improved. One member of staff said, "It's improved massively over the last two years. That's why I like it here."