

DCK Care Limited

DCK Care Ltd

Inspection report

35 Wollaton Road
Beeston
Nottingham
NG9 2NG

Tel: 01159899122

Date of inspection visit:
27 September 2022

Date of publication:
24 October 2022

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

DCK Care Ltd is a domiciliary care agency providing personal care to older and younger adults. The service supported 22 people at the time of the inspection. Not everyone who used the service received personal care. The Care Quality Commission (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. There were 12 people receiving regulated activity at the time of the inspection.

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

Risks to people were assessed and monitored. However, risk assessments needed further improvement to ensure risks were clearly mitigated. People's prescribed medicines were recorded in their care plan and any support required to take them. However, we found some care plans to be unclear.

People told us call times and lengths had improved and they felt safe with staff. Staff were recruited safely. Staff were trained and well supported. Safeguarding processes had been reviewed and action was taken to ensure people were protected from the risk of abuse and neglect. People told us staff wore personal protective equipment (PPE) when staff supported them with personal care.

People told us communication had improved, however a small number of people we spoke with told us they felt this could be better. Quality monitoring systems had been implemented and were effective to ensure the quality and safety of care improved. Issues we found during our last inspection had been addressed meaning improvements had been made. The registered manager and staff worked with health and social care professionals to ensure people's needs were met. Staff told us the registered manager was supportive and acted on any concerns.

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 inadequate (published 10 June 2022) and there were breaches 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.

This service has been in Special Measures since 27 May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 31 March 2022. Breaches of legal requirements were 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, staffing, fit and proper persons, governance and safeguarding.

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 which contain those requirements.

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 inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DCK Care Ltd on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always 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.

DCK 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

The Inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 this information to plan our

inspection.

During the inspection

We spoke with 14 staff including the registered manager, senior care co-ordinator, administrator and carers. We spoke with five people and 11 of their relatives about the experience of the care from DCK Care Ltd. We spoke with one professional who had worked with the service. We reviewed six staff files in relation to recruitment. We reviewed five peoples' care plans, medicine records and supporting documents in relation to their care and the visits they received. We reviewed a range of information requested from the provider, including policies, rotas and training records.



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 inadequate. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure risks were managed to keep people safe from harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- Risks to people's health, safety and well-being were assessed, however we found some care plans and risk assessments to be unclear.
- A care plan we reviewed for a person at risk of choking was found to be lacking in detail to ensure this risk was fully minimised. Another care plan we reviewed stated a person was at risk of falls, however the risk assessment required greater detail to ensure this risk was fully reduced. We fed this back to the registered manager who told us they would review people's risk assessments.
- Risks associated with people's health care needs had been assessed. For example, a person living with epilepsy had a care plan in place which directed staff in how to provide safe care.
- Personal emergency evacuation plans (PEEP) were in place for all people. This meant staff had information to safely evacuate people from their homes in case of an emergency.

Using medicines safely

At our last inspection the provider failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People's prescribed medicines were recorded in their care plan and any support required to take them. However, we found some care plans to be unclear. For example, one care plan we reviewed stated a person had a 'covert certificate in place', however their care plan did not detail how medicines should be given covertly.
- The registered manager had reviewed processes and implemented medicine administration records for people who required support. However, we found inconsistencies in recording. For example, we found a

small number of gaps on medicine administration records. We fed this back to the manager who was aware of the gaps and confirmed this to be a recording issue. As a result, a live monitoring system was implemented which alerted any missed medicines to a member of the management team who then took action.

- Staff received training in the administration of medicines and had their competency assessed. People told us staff administered their medicines safely. For example, one person told us, "They are on time with medicines and reliable."
- Monthly audits of medicines had been introduced and were being embedded into the service, the registered manager took action where issues were identified.

Staffing and recruitment

At our last inspection the provider failed to ensure sufficient suitably qualified and experienced staff were deployed at all times and to recruit staff safely. This was a breach of both regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 and regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 18 and 19.

- Staff were recruited safely and there were sufficient numbers of staff deployed to meet people's needs.
- People and their relatives told us staff mostly arrived at their preferred time and stayed for the full length of their call time. For example, one person told us, "They are always on time." However, a small number of people told us, although staff were sometimes slightly late this had improved greatly.
- People told us they had consistent care staff and felt their care had improved. For example, one person told us, "My [relative] likes continuity, it's so much better than before, I've seen a real difference in my [relative]."
- The registered manager introduced a robust recruitment process following our last inspection to ensure only suitable people were employed. References and a Disclosure and Barring Service checks (DBS) for all staff had been completed. 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.
- Staff received training and support to ensure they cared for people safely. All staff now received regular supervisions, support visits and training to ensure they were fully supported in their roles. For example, staff told us, "The training and support is much better than before, it feels much more settled now."

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

At our last inspection the provider failed to ensure systems were in place to ensure people were protected from abuse and neglect. This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 13.

- Lessons were learnt when things went wrong. The registered manager ensured action was taken following safeguarding concerns being reported.
- Following our last inspection, the registered manager shared our findings in detail with staff to ensure

incidents were not repeated.

- People told us they felt safe, one person told us, "I feel 100% safe with staff."
- Accidents, incidents and safeguarding concerns were acted upon appropriately; referrals were made to relevant professionals and action taken to keep people safe from harm.
- Staff received training on how to recognise and report abuse, they felt confident the registered manager would act appropriately if concerns were raised.

Preventing and controlling infection

- The provider had infection prevention control measures in place to ensure people were protected from the risk of transmissible infections such as COVID-19.
- People and their relatives told us staff wore personal protective equipment (PPE) when they provided care and support. For example, one person told us, "They consistently wear and provide aprons, gloves and masks and bring more when they are a bit low on supplies."
- Training records evidenced staff had completed training in infection control.
- The provider had an updated infection control policy to reflect current best practice guidance.

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 inadequate. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider failed to act on feedback to improve the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- The provider ensured the culture was person centred, open and inclusive.
- People told us they felt the service had significantly improved over the last six months. However, some people told us, communication with people and their relatives could be improved further. For example, a relative we spoke with told us, "The communication has really improved but there is still room for improvement in that aspect." We fed this back to the registered who told us they would address this immediately.
- The service was person centred and people told us they felt staff training had improved the quality and safety of care they received. For example, one relative we spoke with told us, "You can tell staff have been retrained, it's much better, I can't rate them high enough for the care they give me personally, they know what I like and what I don't."
- Staff were encouraged to share their views in order to improve the quality of care. For example, staff told us, "Management give us the opportunity to share our ideas and always take on board what we say."
- Care plans we reviewed evidenced people and their relatives had been involved with planning care. For example, a relative told us, "Staff came and were here two and half hours with my [relative] and me to ensure the care was exactly what my [relative] wanted."
- People and their relatives were encouraged to share their views; action was taken following this information being sought. For example, we found people were asked for regular feedback, one person requested for a specific carer to visit at a different time and this was implemented immediately.

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; Working in partnership with others

At our last inspection the provider failed to learn, monitor and improve the quality and safety of care. The provider also failed to act on feedback to improve the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- The registered manager was aware of their responsibility to investigate, share information and apologise when things went wrong.
- The registered manager demonstrated knowledge relating to the duty of candour. For example, we reviewed a safeguarding concerning which demonstrated the provider had safeguarded the person from financial abuse. Records we reviewed demonstrated action was taken and an apology given.
- People told us the registered manager and senior management team always said sorry when things went wrong. For example, a person told us, "The management team said sorry when I raised something with them, [staff] dealt with it straight away."
- Feedback we reviewed from a professional stated they felt confident action had been taken following incidents and information was shared in a timely manner.
- Care plans we reviewed evidenced specialist advice had been sought and implemented. For example, specialist advice from an occupational therapist was implemented in to a persons care plan to ensure they were supported safely.

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

At our last inspection the provider failed to monitor and improve the quality and safety of care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- The registered manager was aware of their regulatory requirements. The registered manager was fully aware of incidents they were legally required to inform CQC of. For example, we found incidents of allegations of abuse had been reported in a timely manner.
- The registered manager utilised systems in place to improve the quality of care. A live electronic monitoring system had been introduced to ensure errors and any poor practice were identified immediately. This reduced the risk to people's health and safety.
- People told us the registered manager was approachable and they felt confident action would be taken when issues were raised. For example, one person told us, "Phenomenal improvement compared to previously, anything now which is rare is sorted."
- Staff spoke highly of the registered manager and told us they always acted when concerns were raised with them.

Continuous learning and improving care

At our last inspection the provider failed to learn in order to improve the quality and safety of care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- The provider had effective quality assurance systems in place. Issues were identified to drive service improvement. For example, the provider had implemented new audit processes for medicines and monitoring the quality and timing of care calls. This ensured any issues were picked up in a timely manner.
- People and their relatives told us the quality of care had improved since our last inspection. For example, one person told us, "The service now feels completely safe" and a relative told us, "They have improved so much I have increased our care hours with them."
- The provider learnt from the issues we raised at our last inspection and was committed to improving the quality of care people received.