DT Care Services Ltd

DT Care Services

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 7 January 2016 and was announced. We last inspected the service in September 2014 and found it was complaint with all the regulations we looked at.

The service provided domiciliary care to 55 people in their own homes, three of whom were currently in hospital. There had been a registered manager in place since December 2011. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt the service kept them safe. Staff were aware of how to protect people from risk of harm and how to raise concerns when necessary. The registered manager was currently reviewing people's risk

Summary of findings

assessments to ensure they contained effective guidance for staff to keep people safe from the risk associated with their specific conditions. After our visit the registered manager sent us further information to demonstrate that risk assessments and staff deployment were being reviewed.

There were enough staff to keep people safe and to meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans. The provider had established a resource of bank staff who were employed to provide occasional cover when regular staff were unavailable. Staff told us that they had undergone robust checks to ensure they could support people safely and records sampled confirmed this.

People who required assistance to take their medication said they were happy with how they were supported. Staff were able to explain how they supported people to take their medication in line with their care plans.

Staff had the skills and knowledge they needed to meet people's care needs. Staff received regular observations of their practice and supervisions to ensure they remained competent to support people in line with their care plans and best practice. Systems for monitoring that staff had received the appropriate training to ensure they were up to date with the skills and knowledge they needed to support people, were not robust.

People had been asked how they wanted to be supported. When requested staff involved those who were close to people in order to help them make decisions. The registered manager told us that all the people who used the service had mental capacity to decide how they wanted their care to be provided. People told us that care was delivered in line with their wishes.

People told us that staff supported them to eat and drink enough to stay well. Staff knew what people liked to eat. People had access to other health care professionals when necessary to maintain their health.

All the people we spoke with said that staff were caring and they were happy to be supported by the service. People had developed positive relationships with the staff who supported them and spoke about them with affection. The service promoted people's privacy and dignity.

People told us the service would respond appropriately if their needs and views changed. We saw that records were updated to reflect any changes. Records contained details of people's life histories and who they wanted to maintain relationships with so that staff could provide the support people wished.

The provider had systems in place to support people to express their views about the service and people were aware of the provider's complaints process. People felt their concerns were sorted out quickly without the need to resort to the formal process.

People we spoke with said they were pleased with how the service was managed and felt involved in directing how their care was developed.

The registered manager had clear views of the actions they wanted to take to improve the service and staff we spoke with were confident in their abilities to lead the service.

The provider had processes for monitoring and improving the quality of the care people received which included observational audits of how staff provided care to people in their own homes. Existing practices had failed to identify recent concerns raised by other agencies however the registered manager was introducing systems to improve the quality monitoring of the service.

Summary of findings

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. Risk assessments did not always contain detailed instructions about how staff were to protect people from the risks associated with their specific conditions.

People were supported by enough staff to meet their needs.

Staff could recognise and knew how to report concerns about people's safety.

Requires improvement 

Is the service effective?
The service was effective. Staff had the skills and knowledge needed to meet people's specific care needs.

People were supported to eat and drink enough to maintain their well-being.

Good 

Is the service caring?
The service was caring. People spoke affectionately about the staff who supported them.

People gave several examples about how staff respected their privacy and dignity when providing personal care.

Good 

Is the service responsive?
The service was responsive. People were supported by staff who knew their preferences.

The provider responded promptly to people's requests to change their call times.

The registered manager actively sought people's views about the service and took action when necessary.

Good 

Is the service well-led?
The service was not always well led. Systems in place to monitor the quality of service had failed to identify some specific concerns. However the manager was reviewing and introducing new practices to improve monitoring the service.

People expressed confidence in the management team and staff enjoyed working at the service.

Requires improvement 

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.

This inspection took place on 7 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of 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 service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. 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 reviewed information of concern we had recently received. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to the registered manager, care co-ordinator and one member of care staff. We looked at records including five people's care plans, four staff files and training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service and improvement plans to see how they responded to issues raised.

After our visit we spoke with seven people who used the service and the relatives of five other people. We spoke with five care staff who supported the people who used the service.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with said they felt the service kept them safe. Comments included: "I get one carer for each visit. I feel very safe with her;" "I feel very safe with them;" "I get the same group of carers which makes me feel secure," and "We feel very safe with our carer and we know them well."

Staff we spoke with were aware of how to protect people from the risk of harm and how to raise these concerns when necessary. A member of staff said, "We have been told to call the CQC or council if we are not happy with how people are treated by the service." They added that the registered manager encouraged them to raise any concerns they may have about people's safety. Records showed that they had received guidance in how to recognise and keep people safe from the risk of abuse.

The registered manager had assessed people's needs when they joined the service and produced risk assessments about the support they required to be safe. The relative of one person who used the service told us, "They help my wife with her walking and always make sure she is supported." Most assessments sampled had been reviewed and when necessary, updated as the potential risks to people changed. Staff we spoke with were knowledgeable about the risks associated with people's specific conditions and could describe the actions they would take to protect them from harm. A care assistant we spoke to was able to explain the specific action they would take in order to support a person who required a specific intervention in order to maintain their health.

We noted however that some risk assessments did not contain sufficient guidance about how staff were to protect people from some risks associated with their conditions and could place people at risk. Although an assessment for a person who was at risk of falls identified that the person, "Needs assistance to shower," there was no guidance how staff were to assist the person safely. For another person, staff were instructed to undertake specific tasks but there were no further details how the tasks were to be done or how staff could identify and reduce the risk of injury or minimise risks associated with this practice. The registered manager told us she had explained to staff how risks associated with supporting the person to shower safely were to be managed which was confirmed by the member of staff. The registered manager also stated that, contrary to information in one risk assessment, staff were not to undertake a specific task. We saw evidence that the registered manager was conducting a review of risk assessments in response to recent concerns raised by the local authority who commission the service. After our visit the registered manager sent us further evidence of updated risk assessments.

There were enough staff to keep people safe and meet their needs. People told us and a review of the staff rota for the week of our visit confirmed that people were supported by the number of staff identified as necessary in their care plans. A person told us, "I get the same carer who comes four times a day." People told us that they were supported by the same staff who would stay their allotted time. Staff we spoke with said they had enough time between calls not to rush and could get to calls on time. The registered manager explained that when possible they planned for each person who used the service to be supported by a team of four specific care staff. This was to ensure that people were supported by people who they knew and by staff who were familiar with their specific care needs. From the records sampled it was not possible to review if some people had experienced missed or late calls. However the registered manager had identified this error in the recording system and was introducing a system which would monitor call times and alert them when a person had not received a scheduled call within an allotted time. The manager advised this would enable them to take prompt action. The care-coordinator explained the arrangements in place through the on-call system to ensure that people would still receive the care they required when staff were running late or unable to work.

We looked at the records of four members of staff who had recently joined the service. These confirmed that the provider had conducted checks, such as identifying if applicants had criminal records, and references from previous employers. This ensured the service employed people who were suitable to support the people who used the service.

Although most people who used the service did not require assistance from the service to take their medication, people we spoke with who did receive such support said they were happy with how they were supported. A relative advised, "They always remind my wife to take her medication." A person who used the service said "The carer in the morning always puts out my tablets and writes it up

Requires improvement

Is the service safe?

in the book," and another person said "I do all my medication. The carers always write everything up in the record book." Staff we spoke with were able to explain how they supported people to take their medication in line with their care plans. Records sampled contained details of people's medications and staff completed medical administration records to identify if people had not taken their medication as prescribed.

Good

Is the service effective?

Our findings

All the people we spoke with said they were happy with the care they received. People told us that the service met their needs and supported their wellbeing. The relative of one person who used the service told us, "I can now sleep at night knowing they are well looked after." Another relative told us, "Our carer knows exactly what they are doing and has given us a real boost." A member of staff told us about how a person who required hoisting when they started using the service was now able to get themselves out of bed. They told us, "We had to work with them and give them confidence. It was a lot of little things."

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. A person who used the service told us, "I have every confidence staff know exactly what they are doing." We spoke with five members of staff who all said they received regular training and additional training as people's care needs changed. A member of staff said, "We get training all the time. I had safeguarding training one month ago." Records showed that staff had received advice and guidance from other health care professionals when necessary in order to support people's specific care needs. Staff were arranged into small working groups with a regular group of people to support. This enabled staff to build up specialist knowledge of the care needs of the people they were allocated to support.

Staff we spoke with said their induction had prepared them to fulfil their roles and responsibilities. We saw that assessments had been completed to ensure they had demonstrated the skills needed to meet the needs of the people they were supporting. Staff told us they underwent regular observations and supervisions with the registered manager and care co-ordinator in order to ensure they remained competent to support people in line with their care plans. We saw action had been taken when these observations had identified gaps in staff knowledge and skills.

People had been offered the opportunity to express how they wanted to be supported. A person who used the service told us, "The carer always asks before starting anything for me." A person's relative told us, "They always ask my partner if it is alright to do things for them." When necessary people had been supported by others who were close to them in order to help them express their views. The registered manager explained how they would include people's relatives when discussing their care needs if this was their wish. People told us that the staff who supported them were very approachable and had fed back their views when necessary. People's wishes were respected by staff.

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

The registered manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. The registered manager told us that all the people who used the service had the mental capacity to make every day decisions about how their care was to be delivered. One member of staff we spoke to said they had received training in the MCA and was able to explain how they would apply its principles to the people they supported. Training records showed that all staff received training in the MCA when they started working at the service.

People told us that staff supported them to eat and drink enough to keep them well. One person said, "Carers know what I like, especially when it comes to my food." Most people who used the service were supported by relatives or friends to make their own meals and drinks. Staff we spoke with could explain what people liked to eat and how they supported people to eat sufficient quantities. The registered manager gave us examples of how they had supported people who were at risk of malnutrition. This had involved monitoring how much people were eating and drinking and sharing this information with other health care professionals. Records contained information about what people liked to eat and drink and we noted this reflective people's cultural heritage and religious needs. Staff we spoke with were aware of these preferences. This ensured that people were supported to eat and drink enough to maintain a healthy diet.

Good

Is the service effective?

People told us and records showed that they had access to health care professionals when necessary to maintain their health. We saw evidence that the registered manager had involved other health care professionals such as GPs, pharmacists and dieticians in people's care. Although most people were supported by relatives to attend health appointments, the registered manager told us and records confirmed that they would support people to attend appointments in the community when necessary.

Good

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and they were very happy to be supported by the service. People told us staff were considerate and respectful of their wishes and feelings.

Comments included, “They treat me with total respect;” “I know the carer will always go the extra mile for me;” “The carers are more like friends now,” and “I have a good relationship with my carer. We have known each other for a long time now.”

People who used the service told us they had developed positive relationships with the staff who supported them and spoke about them with affection. During our visit we observed the registered manager and care co-ordinator discuss a gift and card they were going to present to one person who used the service in celebration of their birthday. We also observed the care coordinator call and speak to a person who had been unwell to see how they were feeling. They spoke with compassion and expressed empathy.

The provider had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us and records showed that they met with the registered manager to review their care records and comment on the quality of the care they received. The provider had conducted a survey to obtain people’s views and half the people who used the service responded. All respondents had stated the service was either good or excellent. The provider sought out and respected people’s views about the care they received.

The service promoted people’s privacy and dignity. Staff we spoke with told us they would knock and introduce themselves before entering a person’s home and people who used the service confirmed this. We saw the provider had a dignity and respect policy and staff confirmed this was explained when they started working at the service and discussed at regular meetings. Records sampled showed that staff used dignified and professional language when recording how they delivered personal care and the registered manager gave us an example of how they had approached staff when they had failed to use the appropriate terms.

Good

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. A person who used the service said, “My carer really understands what I like and makes sure that is what I get.” A person’s relative told us, “The office has been very helpful in sorting things out at short notice.”

People told us that the provider responded according to their care needs and we saw that the service had responded promptly when people required additional calls or their call times changed. Staff we spoke with said they would work flexibly to meet people’s care needs and two members of staff said they would vary their call times depending on people’s requests.

Prior to our visit a person who commissioned care packages from the service told us they had recently identified concerns with how some peoples care was provided. At our visit the registered manager showed us an improvement plan they had developed in order to address the concerns raised and we noted that the registered manager had begun to take action in line with this plan. The registered manager told us, “No one is 100% right. We can always get better.” People we spoke with were happy with the service they received.

People told us that they were involved in reviewing their care plans. One person said “I had a review six months ago.”

We saw that records were updated to reflect people’s views. They contained details of people’s life histories and who they wanted to maintain relationships with. Staff we spoke with were aware of people’s preferences and gave us examples of how they supported people in line with these wishes. The registered manager gave us examples of how, when requested, they had ensured people were supported by staff of the same cultural heritage and religious beliefs. We saw that people were supported by staff they said they liked.

The provider had systems in place to support people to express their views about the service. People told us that staff sought their opinions of the service and the provider had conducted a recent survey of people’s views. We noted that feedback was complimentary about the service and saw evidence that the provider had reviewed the feedback to identify how the quality of the service could be improved.

People we spoke with were aware of the provider’s complaints process and felt concerns were sorted out quickly without the need to resort to the formal process. All the people we spoke with said they never had reason to complain formally and that when they had raised concerns about the service, they had been resolved promptly. Although the provider kept details of concerns and took the appropriate action, they did not monitor incidents and trends in order to identify how similar incidents could be prevented for happening to other people.

Requires improvement

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and pleased with how it was managed. A person told us, “We think it is well organised.” The relative of one person said, “The office is very helpful and gives good support.”

People told us they were encouraged to express their views about the service and felt involved in directing how their care was developed. One person told us, “I know that I can ring the manager and speak frankly to her as I would a friend.” Another person who used the service told us, “They sometimes ring me to see if everything is alright.” Staff we spoke to said the manager was approachable and supportive. A member of staff told us, “It keeps you confident when you know your boss is behind you."

There was a manager in place who was registered with the Care Quality Commission (CQC). They understood the responsibilities of their role including informing the CQC of specific events the provider is required, by law, to notify us about. However we learnt of two incidences when people were put at risk of harm and although the registered manager informed other agencies of these concerns they had not notified the CQC in line with legislation.

The registered manager had clear views of the actions they wanted to take improve the service. We saw their views and vision of the service was shared with staff at meetings and individual supervision. They had developed an improvement plan for the service and were taking action to ensure completion. We noted however the plan did not contain dates by which actions were to be completed or reviewed. This did not allow the registered manager to monitor if actions had been undertaken in a timely way or had improved the service people received.

The service had a clear leadership structure which staff understood. Records of staff meetings and supervisions included evidence of discussions about people’s care needs and what support staff required in order to meet these needs. A member of staff told us, “We can talk and get my point across, positive or negative.” Staff we spoke with confirmed the registered manager would respond to concerns raised at these meetings such as the provision of additional training in people’s specific conditions.

The registered manager had processes for monitoring and improving the quality of the care people received. However we noted that these systems were not always robust. There was no formal system to evaluate if people’s calls were on time or ensure training and care records were regularly reviewed and updated.

The registered manager and care coordinator told us they regularly told staff to complete daily records appropriately however we saw this action had not been effective. We saw that recent records were not fully completed or stored appropriately in the office so It was not always possible to identify the people they were about. The registered manager told us they were introducing an electronic auditing system which would inform them when reviews were due and we saw quality checklists were available to help ensure these reviews would be effective. We noted that the quality of record keeping was to be discussed at a future staff meeting.

People told us they were happy to express their views about the service to the staff who supported them. We saw that the provider conducted observational audits of how staff provided care to people in their homes and had conducted a recent survey to capture people’s views about the service. All comments were positive about the care people received. When necessary the registered manager had taken action in order to improve the quality of the care provided by specific members of staff.