

Dominion Care Services Limited

# Dominion Care Services Limited

## 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** 

# 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 two people living in their own homes 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

People and relatives told us they felt safe with the care and support they or their relative received. However, despite positive feedback we found concerns with staff recruitment and management oversight.

The service had systems in place to monitor the quality and safety of the service. However, these systems and processes were not always effective at identifying and addressing issues within the service.

We found safe recruitment procedures were not being followed.

The provider had systems in place to assess risks to people before undertaking their care and support. However, we found some information about people's risks was not always consistent across their care records.

Policies and procedures were in place to prevent and control infection. However, people and relatives told us PPE was not always worn appropriately.

People were supported to access and maintain a balanced and healthy diet where required.

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.

People were supported by staff who were skilled and trained to carry out their role. Staff told us they were well supported through supervision and team meetings.

People and their relatives told us they were supported by kind and caring staff that respected their privacy and dignity.

People and their relatives told us they were involved in planning and reviewing their care. People were supported to pursue their interests with support where required.

The management team sought the views of people using the service. Overall people and their relatives told us they were satisfied with the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 21 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement and Recommendations

We have identified a breach in relation to staff recruitment at this inspection. We have made a recommendation regarding management oversight. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 one inspector and one Expert by Experience who made telephone calls to people and relatives of people using the service. 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 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. Inspection activity started on 18 July 2022 and ended on 4 August 2022. We visited the location's office on 20

July 2022.

#### What we did before the inspection

We reviewed information we had received about the service, we sought feedback from the local authority. 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 two people who used the service and two people's relatives. We spoke with four members of staff including the registered manager. We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment, training and supervision. We looked at a variety of records relating to the management of the service, including policies and procedures and audits. We sought feedback from professionals who work with the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

### Staffing and recruitment

- Safe recruitment procedures were not being followed.
- Application forms did not contain a full employment history. Gaps in employment history and reasons for leaving previous employment were not always explored and documented.
- Employment references were obtained from previous employers which were not listed under the staff member's employment history. References obtained did not seek to confirm the staff members previous job title or dates of employment.
- We found the same written comment on completed reference forms for two staff members which had been sent to two different previous employers. There were no records to confirm referees had been contacted to verify the information provided.
- This meant staff had not been appropriately assessed as safe to work with vulnerable adults.

Systems had not been established to ensure safe recruitment. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager who told us they would make improvements to their recruitment procedures. Following the inspection, the registered manager told us they had obtained new employment references for staff and sent us evidence of an improved reference request form.
- Other pre-employment checks were in place such as DBS checks, proof of identity and interview records. 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.
- People and their relatives told us they received support from staff who mostly arrived on time and stayed for the allotted time. One relative said, "Mostly, there have been a few exceptions. They've been quite flexible as my [person] has changed the times. Half an hour late occasionally."

### Assessing risk, safety monitoring and management

- The provider had systems in place to assess risks to people before undertaking their care and support. Areas assessed included nutrition, mobility and environmental risks.
- However, we found some information about people's risks was not always consistently recorded across their care records and guidance for staff was not always detailed.
- We raised this with the registered manager who told us they would review the format of people's care plans to ensure there was sufficient clear guidance for staff to follow. Following the inspection, the

registered manager sent us an updated care plan template.

- Staff knew people well and told us they had all the information they needed to support people safely.
- People and their relatives did not raise any concerns about the management of people's risks. One relative said, "Yes, they've been providing support since [date]. They understand [person's] evolving needs."

#### Preventing and controlling infection

- Policies and procedures were in place to prevent and control infection.
- Staff had completed infection control training and had access to regular testing and PPE. One staff member said, "Gloves, mask, aprons, hand sanitiser. COVID-19 tests every week."
- However, people and relatives we spoke to told us staff did not always wear PPE appropriately. The registered manager told us they conducted spot checks on staff which included checks on whether staff wore appropriate PPE, records confirmed this.

#### Using medicines safely

- At the time of the inspection the service was not supporting people with medicines. However, the registered manager told us this may change in the future.
- The service had a medicines policy and procedure in place. The registered manager told us how the service would manage people's medicines safely in line with national guidance.

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

- People and their relatives told us people felt safe being supported by the service. One relative said, "Yes absolutely."
- The registered manager told us there had not been any accidents or incidents reported since the service registered with CQC.
- The provider had up to date policies in place which gave staff guidance on how to safeguard people from abuse and report any accidents, incidents or safeguarding concerns.
- Staff had received training in safeguarding adults and knew how to identify and report concerns.
- The registered manager explained how following any accident, incident or safeguarding concern they would notify the relevant authorities and share lessons learned with the team to help prevent any reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were sufficiently skilled and knowledgeable. One relative said, "All of them have done what's expected, some have gone beyond that."
- Staff told us they had completed an induction which included shadowing another member of staff, spot checks and the provider's mandatory training, records confirmed this.
- Records showed staff received regular supervision and staff told us they were well supported by the registered manager. One staff member said, "Yes a lot, yes. [registered manager] help a lot in every way."

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

- People were supported to access and maintain a balanced and healthy diet where required.
- Staff received training in food safety and were aware of people's dietary needs and preferences.
- People and their relatives told us they were satisfied with the support staff provided with preparing meals. One person said, "They put meals in the microwave for me then on a tray." A relative said, "Pretty good, always around at mealtimes and always provide help."

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

- People's needs were assessed in line with standards, guidance and the law.
- Before starting to use the service people received an assessment to ensure their needs could be met. Care plans and risk assessments were developed using information gathered during initial assessments.
- People and their relatives told us they were involved in discussions and agreements about how their care was provided.
- Policies and procedures provided guidance for staff and referred to legislation and good practice guidelines.

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

- Care plans included details of people's health conditions.
- Processes were in place to support people to access a variety of health care professionals and agencies to ensure they received appropriate support where this was an assessed or identified need.
- Relatives told us there was good communication with staff and they felt confident the service would respond appropriately if any health concerns arose. One relative said, "They have my number so would contact me if [person] was unwell." Another relative said, "Yes, I would assume so. I have a good rapport with them, reasonably confident."

## Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care records documented their consent to care in line with the MCA.
- People's relatives told us staff sought people's consent before supporting them. One relative said, "Yes, I think so."
- Staff had completed training and demonstrated an understanding of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff who knew them well.
- People and their relatives told us staff were kind and caring. One relative said, "Yes absolutely, particularly among the more experienced staff." One person said, "Yes, some are more chatty, sharing than others."
- Staff told us they knew people well. One staff member said, "Yes, overtime got to know [person's] likes and dislikes well."
- People's care records considered their diverse needs such as their personal history, ethnicity and religious beliefs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in making decisions about their care. One relative told us "Yes, there have been quite a few discussions."
- People and their relatives told us staff were patient and respected people's privacy and dignity. One relative said, "Oh yes absolutely. Pretty patient." Another relative said, "Respectful, [person] would tell me if not."
- People's relatives told us staff supported people's independence. One relative said, "Yes, [person] has regained some independence. There a lot of things [person] can do themselves.", "They provide a reassuring presence."
- Staff told us how they respected people's privacy and dignity and supported people's independence. One staff member said, "Communicate with [person], give a choice and what [person] likes we support."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained information about their background, preferences and the people involved in their care.
- Staff knew people well and demonstrated an understanding of person-centred care. One Staff member said, "Put my client's needs at the centre, not trying to be in control of what they do. Make sure they have choices."
- People and their relatives told us they were involved in planning and reviewing their care.
- People received support from mostly regular staff at times which suited them. One relative said, "The times work for us yes." One person said, "If it's not a regular face they introduce new ones to me first."
- People were supported to pursue their interests with support where required. One relative said, "They go beyond the contract when taking [person] out."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to support the provider to investigate and respond to any complaints. The service had not received any complaints since their registration with CQC.
- People and their relatives told us they had not had any reason to raise a complaint, however, they felt confident to raise any concerns with the management team. One person said, "Yes confident, no complaints."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always ensure systems and processes in place were operated effectively to identify and resolve issues within the service.

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

- The service had systems in place to monitor the quality and safety of the service, including audits of care records, spot checks and quality monitoring visits. However, these systems and processes were not always effective at identifying and addressing issues within the service.
- For example, the service was not completing any audits of staff records which may have identified the issues we found with staff recruitment.
- The service was reviewing and auditing people's care records, however, these processes did not identify the issue we found with people's care plans and risk assessments.
- The registered manager told us they would make improvements to their auditing procedures to ensure they were more effective in identifying issues. During the inspection the registered manager provided a copy of a recruitment audit they told us they would introduce.
- Other management audits completed by the service did identify areas for improvement and detailed actions taken in response.
- Policies and procedures were up to date and in line with best practice. The registered manager demonstrated appropriate knowledge of their regulatory obligations.
- Overall people and their relatives told us they were satisfied with the service provided. One relative said, "I think so, yes. It's run reasonably well.", "In terms of expectations they are fine." Another relative said, "Good enough."

We recommend the provider reviews their auditing procedures to ensure they are more effective at identifying issues and improving the service.

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

- The management team promoted a positive culture, which delivered person centred care and support.
- People and their relatives told us they were involved in making decisions about their care.
- Staff told us they could raise any concerns with the registered manager. One staff member said, "Any concern, I can tell the manager. Good communication, training, a good place to work."

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 and their relatives told us they felt confident to raise any concerns with staff or the registered manager. One person said, "I would talk to the person here if I had a concern." Another person said, "The boss is a nice lady."
- Records confirmed regular staff meetings were taking place. One staff member said, "Team meetings, every few weeks, it's a good meeting."
- 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 their responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.
- Policies in place identified the actions staff should take in situations where the duty of candour would apply.
- Where issues were identified during the inspection the manager acted promptly to make improvements.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment.