

DX Logistics Limited

DX Caring Services

Inspection report

608 Jubilee Trading Estate, Jubilee Road
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SG6 1NE

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20 October 2022

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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

About the service

DX Caring Services is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection there were four people using the service.

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 felt safe when receiving care and gave positive feedback about their experiences with the service. Assessments were completed prior to people's care packages commencing which included any risks to their health, safety and wellbeing. Staff were provided with clear guidance and knew how to work safely with people.

Staff had received safeguarding training and knew how to report any concerns they may have. The registered manager had a system in place to ensure that any concerns, incidents or untoward events were reported, and referred to partner agencies when required. The service had a culture of learning and staff were encouraged to reflect on their practice.

People received consistent care from a small number of staff who knew them well. Robust recruitment processes were followed to ensure the suitability of staff.

People told us that staff were kind, caring and respectful and had developed good relationships with them. Staff shared positive views on working at the service. They received training, spot checks and supervision and felt supported by management.

People's needs were assessed and regularly reviewed, with people being involved in all aspects of their care and decision making. Care plans included information needed to support people in accordance with their wishes and preferences, including the outcomes they wished to achieve from receiving a service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager encouraged feedback and provided people, relatives and staff ways in which to share their views on the service on a regular basis. People and their relatives knew how to raise concerns or make a complaint.

The registered manager had good oversight of the service. The quality assurance system in place consisted

of a variety of checks and audits across all aspects of the service. They maintained a 'compliance tracker' to monitor the performance of the service and ensure that any actions needed in response were taken promptly.

The registered manager was open, honest and positive. Their vision for the service was clear and reflected throughout their practices.

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

Rating at last inspection

This service was registered with us on 09 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

DX Caring Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 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 able to support the inspection.

Inspection activity started on 03 October and ended on 20 October 2022.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with one person and one relative about their experiences of the care provided. We spoke with three members of staff including the registered manager and care staff.

We reviewed a range of records. This included two care plans and associated records. We looked at staff files in relation to recruitment and multiple records relating to staff training, supervision, and those relating to observations and monitoring staff practice. A variety of records relating to the management of the service, including audits, surveys and quality assurance records were also reviewed.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems in place to safeguard people from the risk of abuse.
- People and their relatives told us they felt safe receiving support from the service. A relative told us, "Everything about the care is very thorough. I can't praise them enough for the attention they pay."
- Staff received safeguarding training. They understood their responsibilities to raise any concerns with management and how to escalate them further if necessary. One member of staff told us, "I am confident on how to raise concerns both within and outside the agency."
- The registered manager was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of the inspection, no safeguarding concerns had been raised.

Assessing risk, safety monitoring and management

- Risks to people were assessed with plans put into place to manage and mitigate any risks identified. Staff told us that risk assessments provided them with clear guidance on action they needed to take to promote people's safety.
- Risk assessments were reviewed on a regular basis, or whenever there was a change in people's need, to ensure they remained effective
- Staff supported the same people regularly. They had a good understanding of people's needs and were able to identify any changes promptly. One member of staff told us, "I am aware of risk assessments in place and have even been part of the creation process for some of them."

Staffing and recruitment

- The service had enough staff to meet people's needs and to manage any changes to the services required.
- People had continuity of care. Staff we spoke with told us there were enough staff members in the team to provide the care required and they visited the same people on a regular basis.
- The service had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people.

Using medicines safely

- Medicines were managed safely. People were encouraged to manage their own medicines where possible however, where support was needed, the tasks to be completed by staff were recorded following a detailed assessment.
- Medicines were only administered by staff who had been trained and assessed as competent to do so. The registered manager checked medicines administration practices frequently to ensure staff followed

guidance.

- Medicine Administration Records (MAR) were audited. Where any errors were identified, these were followed up with staff and records kept of the action taken in response.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- Staff received training in infection control and had access to sufficient supplies of personal protective equipment (PPE).
- The registered manager monitored members of staff's compliance with infection control policies and procedures via spot checks.

Learning lessons when things go wrong

- Staff were supported to reflect on their practice by the registered manager during supervisions and spot checks.
- Any accidents and incidents were recorded and had been reviewed by the registered manager. Actions included changes to people's support plans and referrals to external health and social care professionals where necessary.

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 of 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.

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

- People's needs were assessed by the registered manager before their care package began. This was to ensure people's needs could be met and information gathered could be used to develop the care plan.
- People were encouraged to make their own choices. People's preferences were recorded in detail, including their preferred routines.
- The registered manager continued to assess whether people's care needs were met through regularly reviewing care plans and consulting with people and others involved in their care, such as their relatives and health and social care professionals.

Staff support: induction, training, skills and experience

- Staff received training in areas relevant to their role. This included safeguarding, first aid, moving and handling and safe medicines administration. There was an induction programme for any new members of staff.
- The registered manager had a system in place to ensure all staff remained up to date with training, received regular supervision and competency checks. This helped them to ensure staff were working in the required way and were provided with support in their roles. One member of staff told us, "I have adequate training, support and supervision and do feel listened to by management."

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

- Staff worked well with other organisations to ensure people's health care needs were met, with staff supporting people to access services, where required.
- Care plans highlighted people's health history, conditions or past illnesses they had experienced which could affect their well-being. This enabled staff to identify any potential concerns and make prompt referrals or seek advice when needed.

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 capacity to make decisions relevant to their care and support were assessed and documented.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care.
- The registered manager was aware of their legal responsibilities under 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 of 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 and relatives gave positive feedback about staff. One person told us, "[Name of staff] is such a lovely, caring, kind [person]. I couldn't ask for more." A relative told us, "Everyone at the service is absolutely fantastic, I can't praise them enough."
- People received consistent care. Staff knew people well and developed good relationships with them. The registered manager selected staff who they believed would be a good match for people and checked people were happy with their choice of staff for them.
- The registered manager completed observations and sought feedback from people to ensure staff delivered care in a kind and compassionate manner.
- People's diverse needs were reflected in their care plans.

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's care plans centred on people's individual needs and decisions about their care. They evidenced people's involvement in expressing their wishes and how they wanted to be supported.
- There was regular and open communication between the registered manager, staff and people. The registered manager encouraged all to express their views via care reviews, meetings, spot checks and surveys. Any information gathered was used to individualise care plans, where appropriate, how the staff delivered care and drive improvements at the service.
- People and relatives told us staff were respectful and protected people's dignity and privacy. Care plans included information about how to promote privacy and dignity, in accordance with people's needs and preferences.

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 of 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

- People were happy with the care they received and felt they were supported in their chosen way. One person told us, "My care is absolutely brilliant. I have struck up a friendship with [Name of staff], [they] are more than I could ask for."
- People's care plans were personalised. They detailed their backgrounds, personalities, likes and dislikes, what they wanted to achieve from receiving care, those who were important to them and their preferences. They also highlighted areas where staff could encourage them to be independent.
- Staff had a good knowledge of the needs and preferences of people. They were committed to ensuring people received personalised care and support and achieved their outcomes. One relative told us, "The support gives us such a boost. I am so grateful and thankful, they (staff) need to know the huge difference they make."

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.

- People's communication needs were assessed and recorded in their care plans, with any adaptations or equipment such as glasses or hearing aids recorded.
- Information could be made available in a different format, if this was required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew there was a complaints procedure available to them. One relative told us, "I have no reason to complain, but I know I can contact [Registered manager] with anything."
- The registered manager had a system in place to record and monitor complaints to ensure they could identify any action required or if there were reoccurring issues. However, no complaints had been received.
- The registered manager was responsive to all forms of feedback and this was echoed in the comments we received from people, relatives and staff. One member of staff told us, "Management care about both staff and client's wellbeing. They are very responsive to both staff and clients."

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 of this newly registered service. This key question has been rated 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

- People and their experiences of the care they received was the focus of the service. The registered manager was open, honest and positive. Their vision for the service was clear and reflected throughout their practices.
- Feedback about the approach of the service from people, relatives and staff was positive.
- Staff told us the service had an inclusive approach. One staff member told us, "Management at DX do go the extra mile, I feel listened to and see my ideas taken on board and implemented."

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

- The registered manager understood their responsibilities in relation to the duty of candour.
- Quality assurance checks and audits were completed across all key areas of the service. There was a clear system in place to ensure standards of care were maintained, with prompt action taken to address any shortfalls found. The registered manager used a 'compliance tracker' to maintain oversight of performance and identify any areas that may need improvement.
- The registered manager understood the requirement to report certain incidents, such as serious injuries, to the CQC, and had systems in place to do so should they arise.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, their relatives and staff members on a regular basis.
- Feedback was sought through care reviews, visits by the registered manager and surveys. Feedback was collated on a regular basis so that the service could be evaluated, and any action needed to be taken to make changes was prompt.
- Staff feedback was sought through spot checks, meetings and supervisions. Staff were positive about working at the service and the support they received from the registered manager.

Continuous learning and improving care

- The service had a culture of learning, improvement and development.
- The registered manager had plans to develop the service and was engaged with local partner agencies and networks.

Working in partnership with others

- The provider communicated with external health and social care professionals such as social workers, district nurses, GPs and occupational therapists to ensure people received the care they needed.
- The systems in place and approach of the registered manager demonstrated they were well equipped to work with other agencies.