

Dignus Healthcare Limited

Dignus Support Solutions- Falkland Close

Inspection report

Unit 2
Falkland Close, Charter Avenue Industrial Estate
Coventry
West Midlands
CV4 8AU

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Tel: 01213575049

Website: www.dignushealthcare.com

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was the first inspection of Dignus Support Solutions-Falkland Close and was announced.

The service primarily provides a day care facility for people who have learning disabilities and/or autism. It wanted to provide personal care at home to some of the people who used its other day care services and therefore registered with the CQC. At the time of our visit only two people received personal care at home.

This inspection took place on 4 January 2018 at the office located within the day service. However we only looked at the service provided to those receiving personal care at home. This is because we do not regulate day care services.

The service did not have a registered manager. 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. The registered manager had recently left the service and a new manager had been recruited and was applying to be registered with us.

The provider and management team had worked hard to improve the service after a period where the service had not been well-led. At the time of our visit, changes had been made and the service gave good support to those receiving personal care.

The provider had become aware they had not always known when the service had not been delivered to people in the way people wanted. They had changed their process in response to this. Complaints were now being managed well.

People who used the domiciliary service had for a period of time, not always received the care calls they expected or by the staff members they were familiar with. The new manager assured us this had been addressed and people were now getting their care from people they knew and at the expected time.

Staff had received training to work effectively with people who used the service; and received support from the management team to help them with their work. Staff recruitment procedures reduced the risks of people being supported by staff who were unsuitable. Staff told us they felt the service had improved under the new manager.

Staff knew people well and how to work with them safely. They had a caring approach to people and were responsive to their personal care needs. Staff understood how to safeguard people from abuse.

Staff understood the importance of receiving people's consent before carrying out care tasks.

At the time of our inspection no one using the DCA was supported with food or fluids, or with the

management of medicines.

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 is safe.

Staff knew the procedures to safeguard people from abuse. There were enough staff to meet people's needs. The provider's recruitment practice reduced the risk of people being supported by unsuitable staff. Staff understood people's risks and provided support which reduced these risks.

Is the service effective?

Good ●

The service is effective.

Staff had received the necessary training to support them in their work and had the skills to provide effective care to people. Staff knew to gain people's consent before carrying out care tasks. Where appropriate, they worked with other healthcare professionals.

Is the service caring?

Good ●

The service is caring.

Relatives felt the care provided to people was good, and staff were caring. Staff understood the importance of treating people with dignity and respecting their privacy.

Is the service responsive?

Good ●

The service is responsive.

People had been through a period of time where the staff member attending the call was not who they expected, or the staff member turned up later than expected. This had recently been rectified. Complaints and concerns had not always been managed well, but this again had recently been rectified. Staff had a good knowledge of people's needs.

Is the service well-led?

Good ●

The service is well-led.

The service went through a period of time where it was not

managed well. The provider was aware of this and had been proactive in addressing the issues. The new manager and management team worked with staff to improve the service and improve the morale of staff. The service was now providing good support to people who received personal care.

Dignus Support Solutions- Falkland Close

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 was the first inspection of the service since it was registered with the Care Quality Commission.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger adults with learning disabilities and autism.

The inspection visit took place on Thursday 4 January and was announced. The provider was given 48 hours' notice of our visit. This was because the location provides a small domiciliary care service and we wanted to be sure staff would be available to meet with us as part of the inspection visit.

There were two people who received personal care from the provider at the time of our inspection. The service was inspected by one inspector.

During our visit to the location we spoke with four staff, the manager and operations manager. We also looked at the records of the two people who used the service, and records related to quality and safety. On the day after our visit we spoke with the relatives of the two people who received the service.

Is the service safe?

Our findings

Relatives felt their relations were safe using the service.

Staff understood the importance of safeguarding people from potential abuse and knew their responsibilities to report any concerns to the manager. They also knew they could take their concerns to someone higher in the organisation, or to an authority outside of the organisation such as the CQC or the safeguarding team. The manager was aware of their responsibilities to inform the safeguarding authorities if any allegations of abuse were reported to them. All the staff we spoke with had received training to safeguard people.

Staff understood the risks to people who used the service and knew how risks could and should be minimised. For example, one person was unsteady on their feet. They knew the reason for this, and knew when to provide additional support to keep the person safe. The care records of both people demonstrated that risks related to their care had been identified and measures put in place to minimise these.

At the time of our visit there was enough staff to support the two people who used the service. The provider's recruitment policies and procedures protected people from being supported by staff unsuitable for their role. This was because they checked whether staff had a criminal record, and asked for references from previous employers when appropriate, or people who could provide a character reference.

The care staff did not administer medicines to people who used the domiciliary care service. They had however had medicine training because they administered medicines to people who used their day services.

Staff understood their responsibilities to protect people from infection. They told us they used gloves and aprons when providing personal care, and disposed of these when they completed their care. This was to reduce the risk of infection spreading from one person to another. However, one relative told us they had experience of staff not always using gloves and aprons when supporting their relation, although they said the last care worker to support their relation always did.

The service recorded any incidents or accidents which occurred. We found they also looked at whether there were any trends in relation to incidents which might indicate a change was required in the person's care plans.

The service learned lessons when things had gone wrong. The regional manager told us they had learned to make sure that families were aware of the contact details of senior management. This was because they had found some issues had not come to their attention because the only contact details families had, were that of the registered manager and Coventry office.

Is the service effective?

Our findings

Records showed people's needs and choices were assessed prior to the service being delivered, and support was provided in line with the person and their relative's wishes.

The provider had a training programme to support staff with the knowledge and skills they needed to provide safe care and support. This included training staff in areas such as moving people safely, first aid, infection control and food hygiene.

Staff who had worked for the service for a long period of time told us they had undertaken all the training the provider considered essential to meet people's health and safety needs. They also said they had undertaken training to help them work safely with people who had epilepsy, and with people whose behaviours could at times challenge them and others.

Two newer staff members told us they had received an induction when they first started working at the service. This consisted of looking at policies and procedures and reading care records of people who used the service. They also had a week, prior to working more independently, where they worked alongside an experienced member of staff to gain more knowledge of the people they would be supporting.

Staff had the opportunity to undertake national vocational qualification (NVQ) in social care. A team leader told us they had recently completed a level three NVQ. New staff, and staff who did not wish to undertake vocational qualifications, told us they had started the Care Certificate training. The Care Certificate was introduced in April 2015 and sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

The two people who used the service lived with their families who provided most of the support apart from personal care. However, Dignus Support Solutions had liaised with families to contact other healthcare professionals to help meet people's needs when required.

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.

Staff understood the MCA and the importance of gaining people's consent prior to undertaking any care or support. People's capacity had been assessed to determine what they could do on their own, and what support they needed in their best interest.

Staff told us the service had a 'restraint' policy but they had never needed to restrain people because they had been trained in techniques to reduce the need to resort to restraining a person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. No one who used the service was being deprived of their liberty.

Is the service caring?

Our findings

Relatives told us staff were caring and treated their relation with kindness and respect.

One told us their relation was not 'easy' to support with personal care and could be a 'nightmare' to get up, but staff were always kind and supportive to them. They said it was a 'massive help' to have someone who was there to help the person shower and get dressed. The other relative told us that all the staff who supported their relation were 'nice' to them. They said in the past, one or two weren't but these had now gone after they had complained about them.

The provider checked staff understood how to maintain people's privacy and dignity as part of their staff recruitment process. They showed us recruitment records where staff had informed them how they would show respect for a person's privacy and how they would be treated with dignity.

Staff demonstrated a caring approach and a good understanding of how to respect and treat people with dignity when we talked with them about the people they supported.

Care records showed people had been involved (where they wanted to be) in the care planning process. They had expressed their views and opinions and these had been respected by staff.

Is the service responsive?

Our findings

Relations told us there had been occasions in the last year where the service had not been responsive to their relation's needs. This was because there were times staff had not attended the care calls on time, or different staff attended the call to the one their relation was familiar with. One relative told us this was important because their relation lived with autism and it was important to them to have the same daily routine. The changes in staff made this person anxious.

The new manager told us staff were now attending calls at the expected time. They said staff had been told if they were unexpectedly going to be late, they needed to let the office know so people could be informed. They also said people were now being supported by staff they were familiar with.

One relation was very pleased with the organisation because their relation had secured work with them, and that day, the person was receiving their first wage. They felt this had really improved the person's life and independence.

Care plans detailed the needs of each person and how the service should respond to those needs to support staff to provide personalised care. Staff we spoke with also had a good knowledge of each person's needs.

We checked the management of complaints. We found the previous manager had not acted on all the concerns raised by staff or by relations of those who used the service. However, we found the new manager was proactive in listening to people's concerns and acting on them.

We saw a more recent complaint had been addressed in line with the organisation's policies and procedures. From looking at the complaint we saw the organisation was open and transparent. For example, one concern was there had been nobody the complainant could contact outside of normal office hours. The letter informed the complainant there should have been a point of contact, but they acknowledged this had not been the case. It went on to confirm this had been rectified.

Is the service well-led?

Our findings

The service was registered with the CQC in August 2016, and had a registered manager. The service mainly provided day care facilities for people who had learning disabilities and/or autism but they wanted to provide personal care at home for some of the people who used their service. This meant they needed to register with the CQC to provide the regulated activity of 'personal care'.

In the summer of 2017 we received information of concern about the management of the service. We contacted the provider who confirmed there had been management issues, and in September 2017 they contacted us to confirm that after a period of absence from the service, the registered manager would no longer be working there. The provider told us they were dealing with some challenges but hoped to have a new manager in place by the end of October 2017.

The new manager had not been registered with the CQC but was in the process of applying for registration. Staff we spoke with were very happy with the new manager. They said she provided good support to staff and felt she had made a positive difference to the service since she arrived.

During our inspection visit we asked to see service monitoring checks undertaken by senior management. We found that concerns with the management of the service had been identified in audits in March and May 2017. In July 2017 a spot audit was undertaken, and in response to the identified challenges, the provider put an action plan together with timescales by which they expected the service to improve. We looked at this plan during our inspection and found most of the actions had been addressed.

By looking at team meeting notes we found staff who should have undertaken people's care calls had not turned up for their shift or had arrived late. These staff had left their employment, leaving the service with a period of approximately three weeks where staffing levels was a challenge. At the time of our inspection this had been resolved and was no longer an issue.

The new operations manager told us quality assurance questionnaires would soon be going out to families of people who used the service, and to professionals who were involved with people. They hoped to work more closely with families and were going to start providing 'family forums' so they could listen to what families wanted from the service. This would be followed by, 'You said, we did' actions.

The director of the service has been open with us about the challenges faced by the service, and had kept in touch with the CQC to inform us of the issues and how these had been responded to.