

DKM Healthcare Limited

DKM Healthcare Limited

Inspection report

Mercury House
Shipstones Business Centre, North Gate
Nottingham
Nottinghamshire
NG7 7FN

Tel: 07758649066

Date of inspection visit:
08 January 2020

Date of publication:
20 February 2020

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

DKM Healthcare is a Domiciliary Care Agency providing personal care to people in their homes. 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. At the time of the inspection there were eight people receiving care regulated by CQC.

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

People received safe care. People and their relatives told us they thought the care was safe and staff were aware of their responsibility to keep people safe. People told us they were very happy with the service and staff were caring and respectful.

There were risk assessments in place to assess people's needs and environmental safety checks were in place to ensure staff and people were safe from harm.

Staffing levels were adequate and safe recruitment was followed to ensure suitable staff were employed. People told us they felt staff were well trained.

People were supported to take their medicines in a timely and safe way. People's nutritional needs were supported. People's healthcare needs were monitored to ensure their requirements were met.

The service was well led. People and their relatives had the opportunity to give regular feedback and make suggestions to improve the service. Staff felt well supported by the management team. Relatives told us the registered manager was open and receptive to comments.

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.

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

Rating at last inspection

The last rating for this service was Good (published 21 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

DKM Healthcare 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 Care Act 2014.

Inspection team

The inspection team comprise of two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, and two care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one health care professionals who worked 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure with carers. Staff had received safeguarding training and told us they would always report any concerns to the registered manager.
- One person told us, "They have to hoist me out into a chair and I always feel safe, they know what they are doing."
- One relative told us, "This is the best service we have used, we can relax knowing they are safe and well cared for."
- People told us staff always wore uniforms and identity badges, so they knew who they were.
- The management team understood their responsibilities and reported concerns to the local safeguarding team to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in place, however they contained a lot of information. We discussed this with the registered manager who agreed to review all the risk assessments to make them clearer.
- Each care plan contained a detailed environmental risk plan to ensure people and staff were safe in people's homes.
- People had personal evacuation plans in place, so staff could assist them in an emergency. The registered manager told us they had contacted the fire service when they had concerns about how to evacuate someone from an upstairs room, in order to ensure the person's safety.

Staffing and recruitment

- The service had sufficient staff. Staff told us there were always adequate numbers for them to deliver safe care. Staff told us they were not rushed and had time to spend with people
- People told us they always received the right number of staff to help them. The management team told us they always had staff on standby to cover sickness or covered it themselves.
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- There were policies and procedures in place and medicines were managed safely. People told us staff administered medicines safely. Staff told us they received training and had their competency assessed yearly.
- There were regular medicines audits in place to identify any errors which were investigated. Staff told us if they made a medicines error they knew they would be supported and offered further training.

Preventing and controlling infection

- Staff had training in preventing and controlling the spread of infection and understood their role in how to protect people.
- Staff received training in food hygiene, to ensure food was prepared for people safely.
- People told us staff washed their hands and wore Personal Protective Equipment (PPE) such as aprons and gloves when appropriate.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents and were confident the registered manager would investigate these.
- The management team analysed incidents, and accidents to pick up themes and to identify issues where staff needed support or further training. These were then shared with staff at meetings.
- The registered manager gave us examples of lessons learnt from complaints, incidents and accidents and changes that had been implemented.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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 well supported. Staff told us that people's needs and wishes were assessed when they joined the service and recorded in a care plan, and people and their families were involved in this process.
- People told us their care plans were reviewed with them and family on a monthly basis to ensure they were up to date. People told us that staff discussed their choice of care with them regularly and were flexible to change the support they required, on a daily basis, or as they requested.
- Staff provided support in line with national guidance for example National Institute of Clinical Excellence guidelines for oral care. We saw that people had oral hygiene assessments and staff supported their needs. The service used its own assessment tools. We discussed with the registered manager about the possibility of changing some of these assessment tools to nationally recognised tools instead, which they agreed to do.

Staff support: induction, training, skills and experience

- Staff received an induction period and training before they started to work with people. Staff told us they thought the training was good and they spent some time shadowing a senior staff member. The registered manager told us they supported staff and introduced them to clients before they started working with them.
- People told us they thought staff were well trained, experienced and knew what they were doing.
- Staff told us they were matched with clients, for example one member of staff told us, "I have experience of supporting people with dementia, so I was matched to helping people with dementia."

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

- Staff knew how to support people to maintain a balanced diet. People told us staff helped them with preparing meals.
- Staff could identify people who had specific nutritional needs and tell us how they supported people.
- The service used food and fluid charts to monitor people's nutritional intake when required and monitored people's weight as necessary.

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

- The service worked well with other agencies to provide timely care. People told us they were supported to access a range of healthcare services.
- The service worked with families to ensure people attended appointments and information was recorded in care plans. If changes were made to people's care, staff were notified immediately by phone or office

meetings.

- Care plans had 'grab sheets' in place to ensure, if people were admitted to hospital, there was up to date information to pass on, which highlighted risks such as allergies.

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 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.

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. Staff had training on MCA and told us how they supported people. Some people had mental capacity assessments performed but, no one at the service had a DoLS in place.
- Staff told us that they obtained consent before providing care to people.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us staff were kind and helpful. Staff told us they had the information they required to support people in the way they wanted.
- Care records were accessible in people's homes and had been developed with people and their relative's involvement. People told us that staff were really good, one relative told us, "[Name] is so much happier now than they were before we used DKM Healthcare."
- Relatives told us staff were respectful and caring, one relative told us, "We are really happy with the care, the staff have got to know [name] really well, the language used to be a barrier, but they understand [name] now."
- Staff were aware of how to avoid people being discriminated against and told us how they supported one person who did not speak English as a first language with their communication needs to avoid isolation.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they supported people to express their views and make choices about the care they wanted on a daily basis. People told us staff were flexible to their needs.
- People were asked their opinion on the service at monthly visits from the management team and via formal six-monthly surveys. The registered manager told us she was very hands on, "I like to go out and visit people to check everything is ok and to get to know people."
- For people who could not make day to day decisions, there was information on advocacy services available. This meant that people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and maintained their privacy.
- Staff told us about a person who used to spend all day in bed. One member of staff told us, "Since we took over their care, we now use a hoist to help them out of bed, so they can sit in a chair and have their meals sitting at a table rather than in bed."
- Staff told us how they supported a person who had become house bound to become more independent by going out with them and slowly increasing the amount of time they were out alone.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had information about their life history recorded in their care plans. Information on people's family, work history likes, and dislikes were recorded so staff could make meaningful connections with people and understand their choices.
- People's care plans were developed on admission to the service. Information was recorded on generic forms and we asked the registered manager to review these to build on the personalised life history information they had gathered.
- Staff told us they had time to sit and read people's care plans, and staff we spoke to had good knowledge of people's needs and how to support them.
- People's preferences for male or female carers were recorded and staff told us how they worked in a way that accommodated this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service used different methods to give people information in a way they understood. People's communication needs were documented in their care plans. Staff identified how they communicated with people who had difficulties. For example, sitting with people so they had time to express themselves. One member of staff told us, "[Name] is hard of hearing, so we always check their hearing aids are working so they can understand us".

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

- The service supported people to maintain links with friends and families.
- Social activities were supported by staff and people were supported to access the community.
- Staff told us about one person who used to sleep all day and had lost connection with the outside world. They identified that the person needed more stimulation and obtained funding to take the person out. Staff told us, "We are flexible around them and although we have an arrangement to take them out one day a week, if they want to go out on a Saturday we change to that day. We have managed to build this up, so now, we can take them out and leave them and they can get the bus or a taxi home. We are at the end of the phone if they need us, but they have got some independence back and are enjoying their hobby again."

Improving care quality in response to complaints or concerns

- There was a system in place to deal with complaints and we could see complaints that had been dealt with appropriately. People told us they would contact the registered manager if they had a problem.
- Staff described how they would record any concerns or complaints they received and pass them on to the registered manager, who would deal with them straight away. The registered manager told us, "Any problems I will go straight round to see the person and their family to address the problem immediately, we can often sort something out straight away."

End of life care and support

- There was no one receiving end of life care during the inspection.
- People's care plans included Do Not Attempt Resuscitation (DNAR) documentation when appropriate. However, there was minimal other information around end of life planning. The management team told us, they discussed end of life wishes on commencing with the service, but most people preferred to discuss this with their families instead.
- After the inspection, the registered manager told us they had appointed an end of life champion to drive this forward. The registered manager sent us a new end of life document they were going to give to people to discuss with their families to try to explore peoples end of life wishes in more detail.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- The management team was very person-centred and was committed to providing high quality care. Staff and the management team shared the same values and staff told us, "If someone is unwell and we are running late, we call the office and they will send in staff (on stand-by) to take over from us or go out themselves. It means we can stay with the person to ensure they are ok without having to worry about rushing off."
- The management team were open to change and learned lessons when things went wrong. They gave us an example of a recent complaint that turned out to be a misunderstanding. This had resulted in them reflecting on how staff could improve communication to avoid misunderstandings. The registered manager told us, "I immediately went out to visit the person and their family to discuss the issue openly to find out what had happened and see how we could rectify it for them."
- The registered manager told us she was proud of the service and its staff. A member of staff told us, "It is so rewarding supporting people to remain in their homes rather than them having to go into a care home."

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

- Quality audits were performed to identify issues and address these. For example, we saw audits of medicines and documentation. The document audit had picked up that staff were not fully recording the care delivered, this was addressed at a staff meeting, and we could see that the recording had improved.
- The management team visited people in their homes on a monthly basis to check the quality of their care and to perform spot checks on staff to monitor the care delivered. One member of staff told us, "They can turn up any-time to check on us." The management team tracked staff call times to monitor consistency and length of calls.
- Staff told us they thought the management team was excellent and they felt very supported, one staff member said, "They call us twice a week to check we are ok." Staff were clear about their roles and the management team understood what they needed to report to us legally and submitted notifications of significant events.

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

- There were staff meetings where staff could raise issues and discuss concerns.

- There was a six-monthly survey to gather the views of people and their family, and a staff survey which had very positive feedback. We saw comments from relatives that thanked staff for their patience and understanding.
- The management team told us they phoned staff each week to see how they were and pick up issues and regularly visited people in their homes to gather informal feedback.

Continuous learning and improving care

- Staff had regular support through fortnightly supervisions and regular meetings to reflect on care in order to improve and learn.
- The registered manager was part of a national forum for domiciliary care managers and told us this was helpful to keep up to date with changes and share best practice.
- The registered manager told us they were keen to promote staff from within the organisation and staff were supported to undertake the care certificate and further qualifications to develop their career.

Working in partnership with others

- The service worked with a number of outside agencies such as social services and healthcare professionals to support people.