

Digital Healthcare Management Ltd

# Digital Healthcare Management Ltd (DHM Ltd)

## Inspection report

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Date of inspection visit:  
08 September 2022

Date of publication:  
30 September 2022

## 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

Digital Healthcare Management Limited is a domiciliary care agency. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection six people were receiving the regulated activity of personal care from the service. 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 were protected from abuse and avoidable harm. People felt safe with staff, who had the appropriate training and skills to provide care safely and effectively.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of infection.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received a detailed induction and were well supported through a programme of regular supervision and training.

People and their relatives spoke positively about the service they received from Digital Healthcare Management Limited. People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with kindness, care and compassion, whilst respecting their privacy and dignity.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

People received their care from a small, consistent team of care staff who knew people's care and support needs well. People were involved in their care and consulted when planning and agreeing their care and support needs.

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.

Close working partnerships with other agencies and health and social care professionals had been formed which ensured people received appropriate care and support.

People and relatives knew how to raise any concerns and felt they would be addressed appropriately.

People, relatives and staff expressed confidence in the management team. People felt the service was well led, friendly and professional. Staff felt well supported in their roles and appreciated the open, supportive and caring approach taken by the management team.

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 14 September 2020 and this is the first inspection.

Why we inspected

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

# Digital Healthcare Management Ltd (DHM Ltd)

## **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. This inspection was planned to check 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

The inspection team consisted of two inspectors.

#### Service and service type

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

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 8 September 2022 and ended on 13 September 2022. We visited the office location on 8 September 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people about their experience of the care provided. We spoke with three members which included the registered manager.

We reviewed a range of records. This included three people's care, support and medication records. We looked at three staff files in relation to recruitment, induction, supervision, training and spot checks. We also reviewed a variety of records relating to the management of the service. These included, policies and procedures, staff rotas and the providers quality assurance systems and processes.

#### Follow up

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

# 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 for 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

- People told us they felt safe with the care staff. One person said, "It's always the same three carers for my safety... I am the luckiest person in Hampshire and my family have seen the difference since I've had these ladies coming in."
- Another person told us, "I'd describe myself as happy with the girls. There is nothing I'm not happy with, I couldn't do without them."
- Staff understood their role in protecting people from abuse and knew how to identify and act on any concerns. Staff had received appropriate training on safeguarding adults. A member of staff told us, "[Registered manager] would be responsive to any safeguarding concerns and I wouldn't hesitate to report any because I know the protocol."
- Safeguarding incidents had been reported appropriately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks for people were individually assessed and managed. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks associated with people's care needs, such as skin integrity, falls and mobility. Risks were managed in consultation with people and their relatives.
- Staff had received training in how to use specialist equipment safely.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people in their homes. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Support was provided by a consistent, small team of experienced staff who knew people well and how they preferred their care and support to be given. One person told us, "All the girls know exactly what to do. They're very well trained and it's really good. It's the same girls, always on time and never leave me sitting around or waiting."
- Rotas showed suitable times for travelling between visits was given. People confirmed care staff arrived on time and stayed for the full visit. Visits were a minimum of half an hour, one person told us, "I pay for the hour and they're very good at staying the complete hour."

### Using medicines safely

- Medicines were managed safely. People received their medicines when they were needed and in ways they preferred. At the time of this inspection people only required prompting by care staff to take their medicines.
- Staff had completed safe management of medicines training and had their competencies checked regularly.

### Preventing and controlling infection; Learning lessons when things go wrong

- Staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- Staff were trained in infection control and were supplied with personal protective equipment (PPE) to prevent the spread of infections. Staff were able to collect PPE from a stock held at the office. Everyone we spoke with told us the care staff wore personal protective equipment (PPE).
- One person told us, "The carers, the ladies, they're all down to earth and professional. They come in with their PPE and always wash their hands always. When it was dressing up in gowns they did it, they wear gloves and come in ready with their masks on."
- There was a system in place for recording and reviewing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned.
- Learning was shared through communication updates, team meetings and supervision sessions. We reviewed some recent incidents which demonstrated how staff discussed and learnt from the event.



# 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.

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

- People's care and support was planned and delivered in line with current legislation, standards and good practice guidance.
- Care plans were regularly reviewed and updated with the person, their family and professionals when appropriate. This meant staff had up to date information about each person they supported.
- People's care needs, and choices were assessed before the service started to provide any care or support and were regularly reviewed. A person said, "I have three carers and they've all got great attributes; one is good at domestic care, another is great for my personal hygiene. I haven't had, and this is speaking from ten years of experience of needing care, I haven't had better care."
- Assessments included information about people's cultural, religious and lifestyle choices and also included any specialised equipment they needed to ensure they received effective care.

Staff support: induction, training, skills and experience

- Care staff had the correct levels of skills to support people effectively. People told us the staff were well trained, knew them well and supported them in ways they preferred.
- Staff were supported through observations and supervision to carry out their roles safely and effectively. New staff completed an induction and were supported to attain the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction.
- Care staff spent time shadowing existing staff in order to get to know people before they started to care and support them independently.
- Staff told us they felt well supported by their management team. Staff received regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. A member of staff told us, "The training is a lot of common sense, we are lone workers and I know I feel safe. There are regular meetings and I supervise the staff, we have our own routines that we have implemented and they work well."

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

- People were supported by staff who understood their food and drink needs and preferences. People told us staff provided support where necessary. People's dietary needs were known and met, including if they had any allergies to certain foods or needed specific support with their meal.
- A member of staff told us, "I like to cook fresh meals which [person] loves and we've made cakes together."

[person] will stir those. I think that being patient is why the care works so well."

- Care plans reflected the support the person needed to eat and drink. Staff had received training in how to support people with eating and drinking. If required, referrals were made to appropriate health care professionals for further advice and guidance.

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

- The service worked collaboratively with other agencies, such as GPs, district nurses and occupational therapists, this ensured people received effective care and improved their quality of life.
- One person told us, "There is nothing I'm not happy with, they've even helped me try to get my covid and flu jab from the doctor." Another person told us, "[Registered manager] came out to support me at short notice with a continuing health care review. I wasn't expecting that, I couldn't ask for more."
- Staff spoke knowledgeably about people's health needs and when they would seek advice from a health care professional.

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.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People's care records continued to identify their capacity to make decisions. People had been involved and had signed their care records to show they consented to their care and support.
- Staff had received training in MCA and spoke knowledgeably regarding how it applied to the people they supported.

# 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 provided positive feedback regarding the staff and service as a whole. People told us staff provided care and support in a kind, friendly and professional way. Each person we spoke with told us they felt comfortable with the staff team and enjoyed their visits. One person told us, "They make sure that things are done around the house and that I have a meal. They bring me in something for my tea before they leave. I couldn't do it without them."
- Staff understood and respected people's lifestyle choices. Staff had received equality and diversity training and spoke knowledgeably about their responsibility to ensure people's rights were upheld and they were not discriminated against.
- Staff had developed positive relationships with people and demonstrated they knew people well, how they preferred to receive their care and support and what interactions worked best for each person.

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

- People and their relatives were involved in making decisions about how their care was planned and delivered. One person told us, "Care is led by me. I'm still alright in the brain at 55 and they are brilliant. We cook together, we do care together... [staff member] drives me on."
- People told us they were kept well informed and felt fully involved in their care and support. People were actively encouraged to put forward their views.
- We asked the registered manager what they felt their service did best, they told us, "What we do best, we engage with the clients to provide a quality service. We listen to their wishes and involve them in their well-being decisions. We are also quick to act on any health care concerns."
- We reviewed a selection of written comments people had sent in, these were positive and praised the service and the staff. Comments included, "Thank you so much for helping us get [person] home to the place they were most happy at, the care you gave and showed was exceptional" and "The excellent care [person] received from Digital Healthcare Management whose wonderful team looked after us both and nothing was too much trouble."

Respecting and promoting people's privacy, dignity and independence

- The service supported people's independence. A person told us, "I can say truthfully that if I was left without them or without their support I wouldn't have my independence or even be living. They help look after me and keep me motivated."
- Staff completed training modules concerning dignity, respect and equality. The provider had policies relating to these topics.
- Staff respected people's dignity and acted to ensure their privacy was protected. Care and support was

provided in a discreet, respectful and sensitive way by a small consistent team of staff who knew people well.

- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# 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 told us they had regular, consistent staff who arrived when they were expected and cared for them well. A staff member said, "People we support love seeing us. We all offer something different; we offer companionship... the staff go above and beyond."
- Staff spoke knowledgeably about people needs, abilities and how they liked their care to be given. Staff confirmed they were given enough time during their visits to care for people thoroughly. A staff member said, "We have enough time during visits and we can give 100% to each person each visit." Staff could spend time chatting to people, discussing things that were important to them which people told us they really appreciated.
- A member of staff told us, "I've seen a massive difference with [person]. I'm proud of the team that got [person] through it. Nobody rushes [person], being with one person works really well, it runs so smoothly. We have a good team and we all know what we're doing."
- People had detailed, personalised care plans that provided information about their needs and the tasks staff were to complete at each visit. Staff told us they found the care plans and supporting records clear and easy to follow. Care plans were reviewed and updated as and when people's health needs changed.
- Staff were supported with electronic systems and processes to ensure they were kept up to date with any daily changes such as health appointments, changes in care and support needs and any last-minute shopping that people may need.
- People were encouraged and supported to pursue interests and participate in hobbies and activities that were important to them. Staff took time to get to know people and encouraged them to maintain contact with family and friends.

Meeting people's communication needs; Improving care quality in response to complaints or concerns  
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.

- Information was shared with people in formats which met their communication needs.
- Assessments and care plans detailed people's communication needs and guided staff on the best ways to communicate with people.
- The service had not received any formal complaints. The provider had a complaints policy and procedure in place. People knew how to make a complaint and were confident any concerns would be addressed. How

to complain information was included in people's welcome packs to ensure people knew who to contact at any time.

One person told us, "If I thought there was a problem I wouldn't hesitate to call [registered manager]."

#### End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- Staff had all completed detailed, end of life training with a specialised independent training provider. This had given staff continuous professional development in this area. The registered manager spoke passionately about providing end of life care and the importance of ensuring people were cared for well at this time of their lives.
- The service had received many thank you cards and letter from relatives where the service had provided end of life care to people. One relative had commented, "Thank you and all your team for the special care they gave to [person] and by extension to me during the last months of their life... you were all amazing, even amongst the difficulties of the care system and covid."

# 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 as good. This meant the service management and leadership was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Without exception people and staff expressed confidence the service was well-led. One person told us, "My view of them, [the registered manager] the boss is straight. [Registered manager] is honest and decent. They are strong and fair; they are first class. I can ring them up with any problem I've had, even at short notice."
- A member of staff told us, "[Registered manager] the boss and [name of staff member] are approachable. It's a small company with a homely feel. You can tell [registered manager] what you think, they are proactive and they listen."
- There was a system of spot checks and observations to ensure staff were carrying out their roles correctly. Spot checks covered all areas of people's care and support delivery. These ensured staff were following the correct guidelines and were delivering people's care in accordance with their care plans.
- The registered manager showed a commitment to learning and making sure people received a continual improving service. A range of audits were regularly completed which provided the registered manager with clear oversight of the service and ensured effective governance ran throughout the service.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.
- Providers are required to notify CQC of significant incidents and events. The registered manager understood the requirement to notify CQC of significant incidents and events and appropriate notifications had been submitted as required.

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

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, telephone calls and reviews of their care. This information was used to improve the service and to highlight good practice or care.
- Staff told us there was an open, friendly and supportive culture, they felt comfortable to put forward any ideas they may have to improve the care, support or well-being for people. A member of staff told us, "[Registered manager] is approachable, what I like about them is they let you get on with it and if needed I will call them anytime day or night. There are regular meetings, we have our own routines that we have implemented and they work well."
- Staff had a good understanding of equality issues and valued people as individuals ensuring they received individualised, person-centred care at all times.

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

- Staff said they felt well supported and told us they enjoyed their roles. Staff spoke of an open, supportive, professional and friendly culture with a clear ethos of placing people at the heart of the service.
- People gave positive feedback regarding the open, honest and caring culture of the service.
- There were effective communication systems, staff felt comfortable to raise any concerns or ideas and were confident they would be listened to and actions taken as required.

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; Working in partnership with others

- The duty of candour was understood by staff and managers. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager understood their duty to be open and honest if things went wrong with people's support and care.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- The registered manager had a clear vision for the future of the service, they told us, "I'm aiming to do more meetings with commissioners so we can get things in place. With more collaboration between the commissioners and us we should be able to increase the contacts and support for people. We are also looking at new ways of working, looking at innovative ways of supporting people, all this needs to be discussed with commissioners."
- The service had won an award for the most trusted UK provider in July 2021.