

DKM Healthcare Limited

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Inspection report

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Tel: 07758649066

Date of inspection visit:
08 June 2017

Date of publication:
24 July 2017

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 inspection took place on 08 June 2017. DKM Healthcare Limited [the service] is registered to provide personal care and support to people living in their own homes. At the time of our inspection the service offered support to nine people living in the Nottinghamshire area.

There was a registered manager and she was available during our inspection. 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.

People were very satisfied with every aspect of the service provided. People and relatives spoke highly of both the staff and the registered manager. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected at all times.

People who used the service and relatives we spoke with told us they felt staff supported people safely in their home and when out in the community.

Staff we spoke to had a good understanding of the various types of abuse and their roles and responsibilities in reporting any safeguarding concerns. Staff had also received safeguarding adults training.

Staff employed at the service were recruited safely and received regular training and supervision as part of their role.

People's rights were protected under the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when required.

People's care plans reflected their individual needs and personal wishes. People told us they were always involved in the development of their care plans and these were reviewed regularly.

People told us they received their medicines as prescribed and staff were able to explain the process they followed when supporting people to safely take their medicines. Medicines that were 'as and when' required needed additional guidance for staff to follow.

The service encouraged feedback from all people involved with the service. A complaints process was in place and complaints had been responded to appropriately. People and relatives felt able to make a complaint and felt confident that the registered manager would respond appropriately.

People and staff were complimentary about the leadership of the service. The registered manager and staff were clear about the vision and values of the service which made sure people were at the heart of the service they received.

There were systems in place to monitor and improve the quality of the service provided.

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 consistently safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm.

Risks to people's health and safety were managed and plans were in place to enable staff to support people safely at home and when out in the community.

People received their medicines as prescribed. However, 'as and when required' medicines required guidance for staff to follow.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

People were able to make choices about their support. Staff told us how they respect people's choices.

Staff received an induction, regular training and supervision which enabled them to carry out their roles effectively.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External professionals were involved in people's care as appropriate.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were supportive, caring and compassionate towards people.

People were always encouraged to make decisions relating to the care and support they received.

People and their relatives told us that that staff respected and supported people in a manner that promoted their privacy and

dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that recognised and responded to their changing needs. People received a reliable and consistent service.

People's and staff feedback was used to make improvements to the service.

People felt able to raise concerns and had confidence in staff and managers to address their concerns appropriately.

Is the service well-led?

Good ●

The service was well-led

People and their relatives spoke positively about the registered manager and their staff team. They said they were approachable, supportive and caring.

The registered manager sought regular monthly feedback from people using the service. Annual surveys were carried out to obtain the views of people and their relatives who used the service.

Regular quality audits of the service were carried out.

DKM Healthcare Limited

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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 8 June 2017, this was an announced inspection. We gave 48 hours' notice of the inspection as we needed to be sure that the registered managers would be available. The inspection team consisted of one inspector and one expert by experience.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications about the provider. A notification is information about important events which the provider is required to send us by law.

Local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and health professionals involved with the service were contacted to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with five people who used the service, four relatives, three members of care staff an administrative assistant and the registered manager. We looked at the care plans of four people who used the service and any associated daily records such as the daily log and medicine administration records (MARs). We looked at four staff files as well as a range of records relating to the running of the service such as

quality audits and training records.

Is the service safe?

Our findings

People we spoke with expressed confidence in the service. One person talked about using a hoist when they needed to be transferred or moved, "I have to use a hoist [when moving from place to another] these days and they're not the nicest things, but the carers from the agency go out of their way to make sure that I'm comfortable in the sling and that it is well secured before they start to lift me. They talk to me while they are moving the hoist about and always make sure that I'm positioned correctly in my chair once I have been let down. I haven't had any mishaps since I have been using the hoist with them." A relative told us, "If it wasn't for the lovely carer that comes into my [my relative], I don't think my [sibling] and I would be comfortable with [relative] living on their own any more as we are so far away. However, we both recognise how important it is to [my relative] that [relative] stays in their own home for as long as [my relative] can do, and with the reassurance of the quality of the care that [my relative] is getting, coupled with the fact that [the registered manager] will always phone me if there is anything that she is concerned about."

Staff understood the different types of harm people could experience and explained what action they would take to make sure people were safe. Most staff told us they would contact the registered manager if they had concerns some more experienced staff told us they would contact the local authority safeguarding team. Further information on safeguarding including the contact details of local safeguarding authorities was visible in the office enabling staff to access the information quickly and easily in the event they needed to raise a safeguarding concern.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. Staff confirmed they had received safeguarding training and records viewed confirmed this. The service had a safeguarding policy and related procedures with regard to safeguarding people who used the service from abuse.

Steps had been taken to protect people and promote their safety without unnecessarily restricting their freedom. People told us they had care plans in place, which contained information about how to support them to keep safe. One example reviewed showed that a person who could mobilise safely around their home needed to use a wheelchair when out in the community. The care plan and risk assessments clearly showed how this should be done safely enabling the person to access the community and maintain their independence.

Risk assessments for falls and moving and handling had been completed to provide staff with the required information about how risks should be managed to protect each person. Records checked confirmed the registered manager had regularly reviewed risk assessments. Staff were able to explain how they managed risks to people's safety when supporting them. One person required regularly repositioning to manage their pressure care wound. Charts we reviewed showed this was done regularly. If this was not done the person's skin would become further damaged with a greater risk of infection.

A business continuity plan was in place to ensure that people would continue to receive care in the event of

incidents that could affect the running of the service. This meant that the service to people could continue even if there was, for example, a loss of power at the main office.

Accident and incident forms were being completed and were analysed to identify actions to prevent similar incidents in the future.

Staff told us that they would be confident to raise any issues, concerns or suggestions about people's safety. Staff understood the principles of the whistle blowing policy and said they would use it if necessary. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Staff told us they had enough time to carry out their tasks and to keep people safe. A review of the staff rota's showed staff had sufficient time allocated to provide the care for the people and this was confirmed when we spoke with people. One person said, "They certainly seem to have enough staff, even though the manager sometimes takes the calls herself. However, I actually quite like this, because she's got to know me and understand what help I need on an on-going basis by coming in and doing some of it herself."

We checked the recruitment files of four staff members. All contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

We looked at medication administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. Most people managed their own medication, others required regular daily support. However, the service did not have clear guidelines for staff to follow when administering medicines 'as and when required'. This was important as staff need to know the reasons for administering this type of medicine. The registered manager agreed to do add this immediately to the MAR.

People told us they were supported with their medication safely and effectively. One person told us, "The carers are very good on the timekeeping and I've never had an issue with my tablets being given to me late. I need a hand with them and the carer will give me a drink to take them with and then [staff member] writes to say that I've had my dose for the morning."

Staff had medication training as part of their induction and their competency had been assessed before they were able to support people with their medicines. However records we checked showed this had been done, but a more thorough medicines competency assessment was required. The registered managers said they would do this immediately. We received confirmation that these had been done after our inspection.

Is the service effective?

Our findings

People told us they were supported effectively. A person told us, "For the level of care that I need, I don't think I have any concerns about the level of training that they [staff] have. Put it this way, I've never asked them to do anything that they didn't appear competent to do." A family member told us, "People [staff] are of a high calibre". Another relative said, "I'm impressed by the people who are doing the job".

Staff told us their induction was good and involved a period of shadowing with the registered manager on care visits. A staff member told us, "[The registered manager] would go out with us and observe us before we could go out alone." The registered manager confirmed the same and would only sign off new staff when she felt they were competent and able to lone work. A person told us, "When a new carer starts they are not allowed to be with a client on their own until they've done all of their basic training and have been signed off by [the registered manager]". Another person said "I've always been introduced to new carers and I like the fact that they are never sent anywhere without first being able to shadow one of the regular carers so they know exactly what it is they need to be doing."

New staff were enrolled onto the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff confirmed they had received opportunities to meet on a one to one basis with the registered manager to review their work, training and development needs. These are referred to as supervision or appraisal meetings. Staff told us that the registered manager would carry out regular care visits and spot checks to confirm calls and support were being delivered as required. The staff valued this hands on approach to managing the service.

Staff certificates reviewed confirmed that staff had attended relevant training for their roles and were booked on updates as required. Some of the training completed included, safeguarding, equality and diversity, moving and handling and infection control. The registered manager showed us a training plan that confirmed at the time of inspection all training was up to date.

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. We checked whether the service was working within the principles of the MCA.

Most of the staff we spoke with had some understanding of the MCA, however staff would benefit from some follow up training to refresh their understanding. We spoke with registered manager about this and confirmed she will book staff on refresher training and will add MCA and best interests, as a regular agenda item for staff meetings.

All clients that received a service had capacity to make decisions about their care and support. MCA assessments had been completed by the registered manager to confirm this.

Staff were familiar with people's meal preferences and were able to explain how they offered choices to people. A person said, "My carer organises my breakfast for me in the morning. I usually have a piece of toast or some cereal. She also makes me a hot drink as soon as she comes in and then make's sure that I have another one ready for when she goes together with a glass of water, which will keep me going at least till lunchtime. I honestly never go short of things to eat or drink." One staff member said, "I always make sure I offer a choice and make sure I show the person the options so they can choose." Other staff told us they would try to gently persuade people to eat if they were reluctant, especially if certain medicines required people take these with food.

People told us they were supported to maintain good health and relatives told us that staff supported people in accessing healthcare services when required or when relatives were not around. One professional said, "They [staff] always seem to want the best for the citizen they are working with and will support them in any which way they can. All in all, I have had nothing but good experiences with DKM." We viewed records which confirmed staff had supported people with their health and wellbeing. Some examples included arranging appointments with the memory clinic at the hospital and booking in appointments with people's GP's.

Is the service caring?

Our findings

People we spoke with told us they were very happy with the care they received. People also told us that having regular named staff that people knew helped build positive and trusting relationships for them. One person said, "I've had carers in the past from other agencies, but I can honestly say that every single carer who works here really makes you feel that you're the most important person that they are looking after and nothing is too much trouble." A relative told us, "I genuinely think they're all very caring. Just little things like bringing in [my relative's] favourite biscuits when [relative] runs out so [relative] doesn't go without, that can make a real difference to someone stuck at home."

Staff told us they thoroughly enjoyed working at the service. One staff member said, "I am sorry I didn't know about them [the service] sooner." Another staff member told us, [The registered manager] always says thank you and she looks after her staff and respects us."

Staff were knowledgeable about the support needs of people they cared for. When we asked a staff member to tell us about a person they supported, they were able to easily describe the person's care needs and things that were of interest to them. One person confirmed this and said, "The first thing my carer will usually do is put the shower on to warm up because it can take quite a while for the hot water to come through in my home. She knows I don't like a cold shower and she doesn't like me to be standing around just with a towel on for too long. She also always warms up my towel on the heater whilst I'm having my shower and I really do appreciate a nice warm towel when I get out."

We found people's care records showed people had been involved in discussions about how they wished to receive their care and support. People and their relatives told us, "We have been completely involved in planning our own care. We were asked what time we would like the visits together with whether we preferred male or female carers and also which days of the week we wished the additional support around showering. I can't think of any area where we haven't been involved to be honest."

Relatives confirmed they always found staff polite and that they treated their loved ones with respect and in a kind and caring way. A relative told us, "What's nice about this Agency is that you feel listened to completely. I don't think there's anything that we have asked for that hasn't been delivered on completely." Another person said, "I think that a large part is played by the manager, as she seems to employ carers who have the right attitude to start with. Coupled with the steer she gives them, then makes them in turn put the clients first in everything they do."

People's support plans detailed the ways in which care should be provided in order to protect people's privacy and dignity and people told us staff respected their privacy and dignity. One member of staff said, "I always knock on the door." Another staff member said, "I close the curtains and make sure people are covered to maintain their dignity." A person shared an example and said, "My carer will usually spot if my bed linen and [night clothes] need changing before I do as my eyesight isn't brilliant these days. Even if we are running out of time, [staff member] will insist on changing it and putting the things in the washing machine for me before [staff member] leaves to go to their next client. [Staff member] is always very insistent

that [staff member] wouldn't want to get into dirty bed linen, so why should I !"

The service did not have information about how to access local independent advocacy services. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority. The registered manager said they would add this to the service user guide and update people about this being available.

Is the service responsive?

Our findings

People felt the service was responsive to their needs. One person responded to this question and said, "Absolutely, 100%. I couldn't be happier!" Another person told us, "I really didn't know what it would be like to have a stranger in my home looking after me, but I've been so pleasantly surprised, that in a way I wish I'd of done this sooner rather than struggling on my own for so long. I couldn't want for anything more."

A relative was talking about care plans and said, "[My relative] and I sat down with the manager and must've chatted for about two hours about [my relative's] medical condition and the help that [my relative] needs. This was turned into a support plan which was then sent to us for our approval before it was then put into [my relative's] folder. We both thought it reflected accurately all that [my relative] needs." Support plans advised staff of people's needs, routines, preferences and what was important to them. One person said, "I think my carers understand how fussy I am, but they are very patient and never complain and they put up with my rather eccentric ways!"

We reviewed people's care files which confirmed people had always been involved in creating and reviewing them which was backed up with clearly documented and signed monthly reviews.

Staff told us that they had supported people in the community by taking people out into the town and to the shops to do their weekly shopping. One person said, "They [staff] do take me out during the day sometimes for a meal, or to do some shopping, or if the weather is nice just to visit a local park. These are the only chances I really get to go out these days so I really do treasure these opportunities." This helped build trust and positive experiences for people that promoted people's independence, wellbeing and avoided isolation.

The service responded to changes in people's needs which offered positive outcomes. An example shared was of a person who had been assessed as needing three calls a day. However, once the service began supporting the person their self-esteem and confidence improved. Discussions were had with the person and their family and a request to social services was sent in to reduce the calls to one a day. Another person slept quite often in the day and was of low mood when at home. The service thought some additional hours to avoid being isolated may be useful. The service had a discussion with social services and an additional three hours were allocated to support this person out in the community. As a result there had been a significant improvement in this person's overall wellbeing and they were not sleeping as much in the day and looked forward to the trips out.

One relative spoke about finding an appropriate carer for their relative. The relative told us, "The agency actually went out and recruited for a specific carer to look after my [relative] because [my relative] can be quite difficult in terms of who [my relative] will relate to and who they won't. I was very impressed with the fact that they found such a lovely [member of staff] who is so caring and goes out of their way to make sure [my relative] is as comfortable as they can be."

One person told us about their weekly shopping and said, "My carer usually does some food shopping for

me probably once a week. We put together a list of what I need and then I give [staff member] some money to pay for the shopping. When [staff member] gets back [staff member] brings me the itemised receipt and my change and then [the staff member] writes it in the book to confirm what [staff member] has done. I've never had any problems with this, and I consider [the staff member] most reliable." This showed us that even though people were not always able to go out staff followed a person centred approach to support which people had control of.

All the people we spoke with and their relatives told us they were in regular contact with the registered manager and care staff and could not recall a need to complain about the service. A person said, "I can honestly say, there isn't a single thing that I can think of to complain about or even raise as an issue. However, if I had a problem, I would definitely raise it straight away." People also told us that if staff were running late the office would call and let them [or their relative] know.

Staff were clear about how they would manage concerns or complaints. They said they would refer any complaints to the managers. Staff were aware of the complaints procedure and felt confident in reporting concerns to management. We reviewed four complaints and all had been responded to appropriately by the registered manager following the policy and procedure set down by the service.

Is the service well-led?

Our findings

Everyone we spoke with about the service told us they felt the service was well led and that the registered manager was a good leader. A person told us, "I wouldn't hesitate in talking to [the registered manager], as I have found her to be very open and honest and always willing to help me whenever I've had anything I have needed to discuss with her." A relative said, "That's exactly the approach they seem to take. [The registered manager] came and did the first waking night shift with [my family member] so that she could understand the complexities of [the family member's] condition and then she passed her learning onto the carers who look after [my family member] now. Very impressed!" We asked people about how easy it was to contact the office. A person said, "Extremely [easy], as they always answer and they always manage to sort out whatever it is I call about."

People, relatives and staff mentioned they were regularly asked for feedback about the support they received. This was done by the registered manager through telephone calls, home visits or at one to one meetings.

Records we reviewed confirmed this had been taking place. One person said, "I'm constantly being asked my opinion." People valued the integrity, compassion and personal involvement of the registered manager. This was evident during the inspection with a relaxed atmosphere in the office and staff members popping in and out between their calls.

The registered manager carried out regular quality audits of all care files, medicines and training records to question practice and to drive improvement. We reviewed completed feedback surveys sent out by the service and all forms reviewed spoke very highly of the service and people did not want anything changing.

When we spoke with people about the registered manager, all were very complimentary. One person said, "To be honest, I think this agency does whatever is necessary to make sure that the standard of care is the highest it can be. I have seen them do spot checks, personal visits and they have also telephoned me and that's just in the five or six months that I have used the agency." This was further supported by staff and one member of staff said, "She [registered manager] is lovely, I love her because she treats us good and with respect."

There were systems in place to ensure policies were in place and up to date and available to all staff. All staff were required to read and sign to confirm they had read and understood the policies. There were processes in place to oversee adverse incidents such as safeguarding concerns, complaints or accidents.

During the inspection we spoke with the registered manager about some areas that required some improvement. After our office visit we received a clear action plan from the registered manager that showed what systems and processes she would implement to improve in these areas.

Regular staff meetings took place and records viewed confirmed this.

Staff told us the registered manager always welcomed suggestions and ideas to improve the service. These discussions could be had when staff visited the office between calls, at staff meetings and at individual

supervision. One staff member told us about staff meetings, "Yes [the registered manager] is always asking us for ways we feel we can improve our service to our clients."

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about. This included allegations of abuse and any serious accidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The service had clear values which were documented and demonstrated throughout our inspection by the registered manager and the staff alike. These were to make people's lives enjoyable and valued by supporting people to remain comfortable and in control in their own home and when out in the community.