

Dion Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Dion Care Services Limited is a domiciliary care agency providing personal care to people living in their own 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 our inspection there were 4 people receiving personal care support.

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

The provider had systems in place to recruit staff safely; however, recruitment checks had not always been completed robustly. The provider had processes in place to manage people's medicines safely. However, staff had not always documented how they had supported people with their as required [PRN] medicines appropriately.

Risks to people's safety were assessed and reviewed. The provider had systems in place to protect people from the risk of abuse and staff knew how to recognise and report any concerns about people's safety. The provider worked in partnership with other healthcare professionals to support people's needs when appropriate.

People's care was personalised. The provider had assessed people's needs prior to them receiving care and documented important information in people's care plans. 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.

People told us the staff were kind and caring. People were supported by a small, consistent staff team who understood how they liked to be supported. There were enough staff available to meet people's needs and preferences for support. Staff received an induction when starting in their role and were provided with appropriate training to support their knowledge.

People and staff spoke positively about the management and culture of the service. The provider had started to implement processes for monitoring the quality and safety of the service. People and their relatives were involved in the service and were asked for their feedback regularly. The provider used this feedback to develop and improve the service.

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

Rating at last inspection

This service was registered with us on 21 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated since its registration.

Recommendations

We have made a recommendation about the provider's recruitment processes.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Dion Care Services 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

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

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

Notice of inspection

We gave the service 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.

Inspection activity started on 26 July 2023 and ended on 02 August 2023. We visited the location's office on 26 July 2023.

What we did before the inspection

We reviewed the information we held about the service. We used this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided. We spoke with the registered manager and received feedback from 6 care staff and 3 health professionals who have had contact with the service.

We reviewed a range of records. This included 4 people's care records, 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider's recruitment processes had not always been completed robustly to ensure staff were safely employed. For example, staff did not always have a full employment history documented and references had not always been sought for applicant's previous care positions.

We recommend the provider reviews their process to ensure staff are safely recruited

- Following our feedback, the registered manager responded promptly, confirming they would complete a review of their processes and audit all recruitment files to ensure the correct documentation was in place.

Using medicines safely

- The provider had systems in place to manage the administration of people's medicines. However, we found staff were not always documenting the support people received with their as and when required [PRN] medicines appropriately. For example, for 1 person who was prescribed a variable dose of a strong painkiller for severe pain, we found staff were not always recording which dosage had been given or why the person had requested the medicine. This meant it was not always clear how much medicine the person had received or whether their pain was being adequately managed.
- The registered manager told us they were aware of these recording issues and evidenced where they had raised this with staff during team meetings and through monthly medicines auditing. They confirmed they were continuing to monitor the medicines documentation and would follow up on any concerns in staff supervisions. The registered manager told us they had contacted the person's GP to arrange a medicines review to discuss their pain management.
- People's care plans contained information about the support they required with their medicines and staff had received medicines training. The registered manager completed a monthly audit of people's medicines administration records to check they were being completed correctly and address any concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and documented. However, some information about the risks associated with people's health conditions lacked detail and this meant staff may not have clear guidance to follow in case of an emergency.
- People were generally supported by a small and consistent staff team who understood their health conditions and knew what to be aware of. However, where new staff or unfamiliar staff were providing support the lack of detailed documentation could pose a risk.
- Following our feedback the registered manager responded promptly, confirming they had added more

information in to people's risk assessments to ensure guidance around people's health conditions was sufficiently detailed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy in place for staff to follow and staff had received safeguarding training.
- The provider had not needed to raise any safeguarding notifications at the time of the inspection. The registered manager understood their responsibility to notify the relevant authorities when necessary.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection prevention and control policy in place to follow and staff had received infection prevention and control training.
- Staff had access to appropriate personal protective equipment (PPE) to use when supporting people.

Learning lessons when things go wrong

- There had been no recorded accidents or incidents at the time of the inspection. The registered manager told us they would record and review any accidents and incidents which may take place and share any learning with staff via supervisions and team meetings.

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

- The provider had completed an assessment of people's needs prior to them receiving care. People and their relatives were consulted and involved in the assessment process and their views documented.
- The provider had considered people's protected characteristics as part of their initial assessment and documented their needs and preferences in their care plans.
- Staff had access to key policies to support their working practices. The registered manager communicated regularly with staff and signposted them to any relevant guidance and policies.

Staff support: induction, training, skills and experience

- Staff had received an induction when starting in their role. The induction included arranging for new starters to shadow more experienced staff and all staff completing the Care Certificate. 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 programme.
- Staff had completed a range of mandatory training courses relevant to their role. The provider arranged for more specialised training, such as catheter care, when this was required.
- The registered manager completed spot checks to monitor staff practices and provide additional support where required.
- The staff team was only recently established at the time of the inspection and the registered manager was still implementing formal supervisions. They told us they communicated regularly with all staff via team meetings, spot checks, regular messaging and phone calls. Staff confirmed they were able to contact the registered manager if they had any issues or concerns.

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

- The provider had considered people's eating and drinking needs as part of their initial assessment. People's care plans contained information about what support they required and what types of food and drink they preferred.

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

- People's care plans provided a summary of their healthcare needs and information about the healthcare professionals involved in their care.
- The provider had responded to people's changing health needs when appropriate, seeking medical advice and adapting their support as needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The provider had considered people's capacity to consent as part of their initial assessment process and documented this in people's care plans.
- People had signed their own care plans to document their consent where appropriate. Where people were unable to sign due to their physical health, it was not always clear how their verbal consent had been documented. The provider responded promptly, adapting the consent form to make it clearer how people had been involved and how their consent had been recorded.

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 told us staff were kind and caring. Comments included, "They are the best carers I've ever had" and "They're very sweet to me, they're kind and nice. I'm happy with them."
- People's care plans contained a breakdown of what support they needed during each visit to ensure staff understood people's individual support needs and preferences.
- People's care plans contained information about what was important to them as individuals, including any cultural or religious beliefs and practices.
- Staff told us they did not feel rushed when providing support and were able to spend time talking to people and learning about what was important to them. One person told us, "I ask the carers questions and they ask me questions; we have a chat."

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

- People were supported to make decisions about their day to day care. People's care plans contained information about what decisions people were able to make and how to offer choices. One person told us, "They ask me what I would like, and they listen to me."
- The provider regularly asked people and their relatives for their feedback to ensure they were happy with the care provided and to check whether they wanted to make any changes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People's care plans clearly highlighted what support they needed with each task to ensure staff provided the appropriate level of support without impacting people's independence.
- Staff were provided with guidance about how to promote people's privacy and dignity when offering support. People confirmed staff were respectful.

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

- People and their relatives were involved in planning and reviewing the care provided.
- People's care plans were personalised to their needs. However, some lacked detail around people's preferences for support such as the times of their care and the preferred gender of their support staff. The registered manager told us they were able to easily accommodate people's preferences due to having only a small number of people to support. Following the inspection, they confirmed the care plans were being updated to incorporate this information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's sensory and communication needs during their initial assessment. People's care plans contained information about how they communicated and any support or sensory aids needed.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints from people or their relatives at the time of the inspection.
- The provider had a complaints policy in place to follow. People were given a copy of the policy and information about how to raise concerns with other authorities if necessary.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- The registered manager told us any information people shared about their future end of life care wishes would be documented in their care plans.

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 good. This meant the service 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; 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 provider was in the process of developing their systems for monitoring the quality and safety of the service and had recently started to complete audits in key areas of people's support. Due to the small number of people being supported, the provider contacted people, relatives, and staff frequently and used this contact to monitor for any issues.
- The registered manager told us they planned to explore electronic monitoring systems to support their auditing processes as the service grew.
- The provider understood their responsibility to be open and honest with people when incidents occurred. The registered manager was aware of their regulatory responsibility to submit the appropriate notifications to CQC when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively about the management and culture of the service. Comments included, "[Registered manager] has dealt with any concerns" and "I would recommend Dion to others, I'm happy."
- Staff told us they felt supported by the registered manager and felt comfortable raising any concerns. All of the staff we spoke with told us they would recommend the service to others.
- The provider involved people and relatives in the service, making regular phone calls and arranging visits and reviews.

Working in partnership with others; Continuous learning and improving care

- The provider worked in partnership with other health professionals when appropriate, seeking advice and guidance to support people's needs. Health professionals we spoke with confirmed the provider responded promptly to requests and followed any professional advice or recommendations appropriately.
- The provider told us they planned to grow the service steadily in order to ensure they had the right systems and processes in place to expand safely whilst maintaining people's quality of care.
- The registered manager told us they had identified career pathways for staff to which would enable them to delegate duties and step back from providing direct care themselves. They told us this would allow them to concentrate on learning and developing the service.

