

DMC Consulting Services Ltd

# Gravesend

## Inspection report

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### 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

The inspection took place on the 29 and 30 May 2018 and was announced.

This is the first inspection of the service since their registration on 13 June 2017 with the Care Quality Commission.

Gravesend is a domiciliary care agency and provides personal care to people living in their own houses and flats in the community. It provides a service to older people, younger adults and people with complex needs such as diabetes, dementia and physical disabilities.

Not everyone using Gravesend receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were nine people receiving personal care at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider.

The service had safeguarding and whistle-blowing procedures in place. Staff had received safeguarding training and understood their responsibilities to report any concerns and incidents of alleged abuse.

There was enough staff available to meet people's care and support needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Safe recruitment procedures were followed before new staff were appointed. Appropriate checks were undertaken to ensure staff were of good character and were suitable for their role.

Staff had the necessary skills, knowledge and experience to support people in their own homes. Staff completed an induction when they started work and they received training relevant to people's needs.

Staff received training in infection control and food hygiene and they were aware of the steps to take to reduce the risk of the spread of infections. Staff carried personal protective equipment like disposable gloves and aprons.

Assessments of people's care and support needs were carried out before they started using the service. Their care and support were reviewed on a regular basis to ensure their needs continued to be met by staff.

People's care files included assessments relating to their dietary support needs. Staff supported people to maintain a balanced diet and monitor their nutritional health.

Staff worked in partnership with health care professionals which helped improve the outcomes of people's health and well-being. Staff made referrals to health care professionals when people's care needs changed.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that their choices and preferences were fully considered and the care records provided evidence of their involvement.

Staff treated people in a caring, respectful and dignified manner. People communicated their needs effectively and understood information in the current written format provided.

People and their relatives could raise concerns and appropriate actions were taken by the service to resolve their concerns.

Staff had access to out of hours on-call system that ensured management support and advice was always available for staff when they needed it and this allowed people's care to continue at all times.

People, their relatives and staff spoke positively of the leadership and management of the service.

The registered manager monitored and reviewed the quality of the service. Audits were in place and where shortfalls were identified, actions were taken to make improvements.

The registered manager understood the requirements of their registration with Care Quality Commission (CQC).

Further information is in the detailed findings below.

## 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. People were protected from the risk of harm and abuse. Staff understood their responsibilities and knew how to report an allegation of abuse.

There were systems in place to record, review and monitor accident and incidents.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

There were enough staff deployed to meet people's care and support needs.

There was a robust recruitment process in place to ensure suitable staff were recruited.

Medicines were managed safely and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective. People had their needs and choices assessed by the registered manager.

Staff had an induction, training and supervision to support them in their role.

Staff supported people to eat and drink enough to maintain a healthy and balanced diet.

People were referred to health care professionals and supported with their health care needs.

The registered manager understood the requirements of the Mental Capacity Act (MCA). Staff obtained consent from people receiving care and support.

### Is the service caring?

Good ●

The service was caring. Staff treated people with respect, compassion and without discrimination.

People and their relatives were fully involved in the decision making about their care and support.

Staff were positive about their job roles and were motivated to deliver person centred care.

Staff had enough time to support people in a dignified way and to understand people's needs, choices and preferences.

### **Is the service responsive?**

**Good** ●

The service was responsive. Assessments were person centred and clearly identified their care and support needs.

People's choices, personal preferences were met and regularly reviewed.

People were empowered to make choices and encouraged to maintain their independence as much as possible.

People and their relatives knew how to raise any concerns and these were investigated thoroughly and responded to in good time.

### **Is the service well-led?**

**Good** ●

The service was well-led. The service was person centred, inclusive and empowering.

People were encouraged to provide feedback about their experiences of care and support they received.

The provider used the learning from quality assurance audits as an opportunity to improve and staff incorporated learning into their practice.

The registered manager lead by example. Staff were positive about them and valued the support and guidance they received.

# Gravesend

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They made telephone calls to people who used the service. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. We visited and spoke with one person using the service at their home.

Before the inspection, we looked at information we held about the service. We reviewed notifications sent to us by the service. A notification is information about important events that occur in the service, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people and four relatives about their experience of the service. We spoke with three staff including the registered manager, a team leader and a support worker. We asked for feedback about the service from representatives of local health and social care service teams.

We looked at the care records for four people who used the service. We checked three staff recruitment files, staff rotas, induction, supervision and training records. We reviewed records relating to the management and monitoring of the service, such as policies and procedures, quality assurance audits and checks, complaints, records of staff meetings and feedback from people using the service and their relatives.

We asked the registered manager to send additional information after the inspection visit. The information we requested was sent to us in a timely manner.

## Is the service safe?

### Our findings

People told us they felt safe with the care staff that visited and provided their personal care. One person said, "I feel safe with the staff, I know them well." Another person said, "I am safe with them; they help me with my day to day life, like prompting me to take my medication and reminding me about hygiene." A relative said, "[Person] is safe with the staff; they even stayed and slept upstairs when it was snowing."

People were protected from the risks of abuse. There was a comprehensive safeguarding policy in place that informed staff about their responsibilities to safeguard people and what constituted as abuse. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and registered managers about their responsibilities for reporting abuse. All staff had received training in safeguarding which improved their knowledge and skills in protecting people from harm and abuse. Staff were confident that the registered manager would listen to them and act on any concerns they raised. Staff told us what actions they would take if they suspected abuse. One staff said, "I would look out for any changes in people's behaviour and would report this immediately to the registered manager. If necessary, I would contact the local authority safeguarding team and CQC." Staff were familiar with whistleblowing procedures and were confident in its use.

People had individual risk assessments in place which were completed by the registered manager. The risk assessment identified risks in relation to people's health and well-being needs. From these assessments, risk management plans were developed and made available to staff to enable them to minimise risks. The registered manager routinely reviewed people's risk assessments to ensure these held up to date information and staff had the most accurate information available. We noted risk assessments detailed the support people needed with managing their personal care needs, eating and drinking and with their mobility. Risk assessments included details on the equipment people needed to complete tasks and clear details were provided in its use. These included any advice from external health professionals, for example, community occupational therapists. Staff told us they followed risk assessments to maintain people's safety when they delivered care. For example, ensuring there are two staff to carry out any specific tasks where this had been identified. Assessing and acting on risks to people's individual health and wellbeing meant that the risk of harm was reduced.

There were enough staff on duty to meet people's needs. People and their relatives told us there was always enough staff to meet their needs. One person said, "There are two carers that come. It is the same two carers all the time." A relative told us, "They are the best company we have used. The hospital recommended them. It is the same staff every time, except when they go on holiday. [Person] likes the staff. They are never late." We checked the staff rota, which was completed in advance and shared with people and staff. The rota we saw corresponded with the number of care calls booked and attended by staff. The registered manager told us staffing levels were arranged according to people's needs and activities. The registered manager liaised with commissioners and care managers to ensure appropriate level of staffing were arranged when they identified that extra support was needed for people due to changes in their needs. This meant that the care and support people received was not compromised.

The registered manager had a system in place to record accidents and incidents. These records showed that staff took actions to reduce the risk of the accident recurring. Information about accidents and incidents were shared with staff in meetings and handovers. This enabled them to learn from these and increase the awareness amongst staff.

There was an up to date business continuity plan in place which covered sudden unexpected short staffing. This included details of how staff should manage different kinds of foreseeable events. There was an out of hours on call system in place. Staff and people had access to a 24-hour telephone number to speak to a senior member of staff for advice or guidance. Staff told us the management team were supportive if they needed to contact them using the out of hour's system.

Medicines were managed safely. People who needed assistance with medicines received the support they required. There were up to date medicines administration record (MAR) which were completed appropriately by staff. People's care records documented the medicines they were prescribed, any allergies and the level of assistance they required. There was a policy regarding the safe management of 'As and When Required Medicines' (PRN), for example Paracetamol. Medicines were audited by the registered manager as part of their quality audit systems. The registered manager told us that all staff had medicines training and training records confirmed this. Staff had their competency assessed and had access to additional training in the management of medicines if this was needed to improve their skills.

There was a robust recruitment process in place. Potential staff completed an application process. Staff completed an application form and attended a face to face interview. This enabled the registered manager to assess staff's suitability for the role. Following this, staff completed pre-employment checks, which also included confirmation of their identity as well as their right to work in the UK. Staff had a criminal records check by the Disclosure and Barring Service (DBS). DBS helps employers identify any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. Employment was confirmed once all necessary checks and employment references were completed and returned.

People were protected from the risk of infection. The registered manager had infection control policy and procedures in place. Staff had received infection control and food hygiene training and were provided with appropriate personal protective equipment (PPE) such as disposable gloves and aprons.

## Is the service effective?

### Our findings

People told us they received an effective service from staff who understood their needs. People and their relatives spoke positively about the staff who supported them and told us that staff were trained and able to meet their needs. One person said, "They give 110%. I would be lost without them." A relative told us, "Staff definitely respect [person's] privacy and they are very kind. [Person] knows them quite well now. They have a nice chat and a joke".

The registered manager carried out care needs assessments for all people referred to the service before the commencement of the service. This was to make sure they were confident the person's care needs could be met and to make sure identified risks within the person's home could be addressed. People's sexuality or lifestyle preferences as well as their rights, consent and capacity were taken into consideration, discussed and recorded where appropriate. The registered manager involved people and their family members in the assessment process.

Assessments were reviewed regularly and we saw when people's needs had changed and they required additional help, the registered manager had contacted people's care manager and raised the concerns, which resulted in people's care plan being reviewed by the local authority. As a result, additional support and guidance was provided to meet people's changing needs, for example, the frequency of care calls was increased and occupational therapists, dieticians and GPs' advice were sought.

Staff monitored people's health and wellbeing. One person said, "Staff help me with healthcare appointments and they come in with me. They are great." When there were concerns people were referred to appropriate healthcare professionals. For example, when there was concern around a person's lack of nutrition and loss of weight, they were referred to their GP and dietician. As a result, staff support was increased, advice was provided by the dietician and the person's food and fluid intake was monitored. Records of health care appointments and visits were kept in people's files explaining the reason for the appointment and details of any treatment required and advice received. Staff understood their responsibility to ensure they passed important information onto relatives so that necessary health appointments could be organised or followed up.

People were supported with meals that met their preferences. Where people had help with meals they said that staff offered them choice. Where people cooked for themselves they said staff prompted them to make sure that they did eat. A relative said, "The staff encourages [person] to eat and drink. If [person] fancies cheese on toast or a bacon sandwich, they make it for her in the middle of the night."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. We checked whether the service was providing care and support in line the guidance of the MCA 2005. Staff had completed the MCA 2005 training which supported them with the skills and knowledge to effectively care for people subjected to the MCA 2005. This also prepared them for any situation where they may think the MCA 2005 needed to be considered as part of people's care. For example, if people needs changed and they were no longer able to understand why the care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff ensured appropriate consent from people was obtained before providing care. People said that staff would ask for their permission before carrying out any care tasks. One person said, "The carer asks permission before doing anything." A relative told us, "The staff explain and tell [person] what they are going to do."

Staff told us they felt well supported in their roles. Records confirmed that staff were receiving regular supervision and, where appropriate, an appraisal of their work performance. Records also showed that staff had completed an induction when they started work and training that the provider considered mandatory. This training included fire safety, health and safety, infection control, food hygiene, first aid, safe medicines management, manual handling, equality and diversity, safeguarding adults and the Mental Capacity Act 2005. Staff had also received training relevant to people's needs for example, dementia awareness and diabetes. New staff inductions included an introduction to the provider's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. One staff told us, "The induction helped me prepare for the role and gave me confidence." The registered manager told us that any staff new to care would be required to complete the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected of social care workers.

## Is the service caring?

### Our findings

People told us that they were treated with dignity, respect and that care workers were caring. One person told us, "It is a very caring service. They explain everything. They are great." This was also confirmed by people's relatives. Comments included, "The carer has a good relationship with [person] and it's like a friend coming around rather than a carer", "The staff are caring. They actually have a lovely bond with [person]" and, "The carer is kind and gentle, they don't rush. They go at [person's] own pace and let her sit to get over her giddiness before they carry on."

Staff had a good knowledge and understanding of people care needs and preferences. Staff were positive about their job roles and were motivated and passionate about making a difference to people's lives. One staff told us, "I have worked in other professions before, including teaching, but this is my favourite. I enjoy making a positive difference in people's lives and help them. I look after people just I would look after my own family." Another staff said, "I am thoroughly enjoying my role; I am helping people achieve their goals and I respect each person's individuality, including their cultural and religious needs."

People received care, as much as possible, from the same staff. There was a small but stable staff team, which ensured consistency in the support provided. People and their relatives told us they were very happy with all the staff and got on well with them. New staff were introduced to people before they started to work with them. The registered manager knew everyone who used the service because they were also part of the care team, supporting people with their care needs, covered staff sickness and absences. This also gave them the opportunity to observe staff practice and seek feedback from people and relatives.

People and their relatives were consulted about their care and support needs. Care records included people's views about how they wished to be supported. People's care records included information on their communication needs and recorded any specific methods of communicating with staff. Care records were personalised and contained information about the person's likes and dislikes. When we visited one person at their home it was evident that the staff knew them very well and communicated with them effectively. There was friendly conversation taking place between the person and the staff. When we asked them if they were happy with the care they were receiving, they said, "Staff are brilliant. They help me and motivate me." Staff encouraged the person to take their time and did not rush them.

People had support from staff to maintain their independence as much as they could. Staff encouraged people to do as much as they could for themselves. One staff told us, "I encourage people to use the skills they have so that they do not lose these, for example, eating their food, making a cup of tea or getting dressed." Staff encouragement helped people maintain some level of control in their lives. One person told us, "Before you couldn't even get into this room (indicating their living room), but the staff have helped and encouraged me to clear it. Now, I have space to walk and I feel happy."

People's privacy and dignity was protected and promoted. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and knocking on doors before entering. All of the people and relatives we spoke with told us

they were satisfied with how their privacy and dignity was respected by staff.

The registered manager and staff demonstrated a sensitive and compassionate approach to protect people's human rights. The registered manager provided equality and diversity training for staff as part of their training programme. Staff were also required to regularly complete and update themselves to related guidance. Equality and diversity also formed part of the discussion in staff meetings.

People were provided with appropriate information about the service in the form of a 'Service Users Guide'. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided. This guide ensured people were aware of the standard of care they should expect.

## Is the service responsive?

### Our findings

People had a care plan following their assessment. Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. This included information about people's history, including their religion, disability, gender, sexuality and ethnicity. Staff supported people to maintain these in line with their needs and choices. The care plan was used to provide staff with information on the person's care needs and the support needed to meet their assessed needs. People were given a copy of their plan of care. Each care plan also included details of the person's likes and interests as well relevant information about their medical history.

Care plans contained sufficient guidance to help staff provide effective care. For example, where people needed support with eating, drinking, positioning in bed or support while out in their local community this was documented with any identifies risks. When a change in care occurred people's care plan and staff were updated. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing.

Staff provided care and support that was focused on each person's needs, preferences and routines. People and their relatives told us they were consulted for their views on how they wished to be supported. People care files contained referral information from the local authority that commissioned services from the provider. The referrals included a breakdown of people's care and support needs. The care plans were kept up to date to make sure they met people's changing needs.

People told us they had regular visits by the same staff as much as possible so they could form relationships with people and get to know them better. One person said, "They help big time with my life. They are more than friends; they are like my family."

The registered manager used the guidance in the new Accessible Information Standard when assessing people's needs. They told us relevant information would be made available in large print or other formats for people with visual impairments or sensory loss, where required. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they could understand.

The service had a complaints procedure which was made available to people they supported and their relatives. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. One relative told us, "I haven't had to complain but I would ring the office if I needed to. I've never had any problems." Another relative said, "I've not had reason to complain, but I know how to complain and I've got the numbers." The registered manager showed us a complaints file, which included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to

in a timely manner and where necessary the registered manager met with people to resolve their concerns.

The registered manager told us that no one currently using the service required support with end of life care, however they would liaise with health care professionals to provide people with care and support if this was required.

## Is the service well-led?

### Our findings

People received care and support from a service that was well led. People said they felt the service was well run. People and their relatives said they knew and had met the registered manager and staff were friendly and helpful. People shared their views about the management of the service. Comments included, "I am so happy with them. It is a 110% service. They are so highly trained and that's all the carers. It's superb. I don't have any worry about [person's] care and she is well looked after. We are very happy" and "It's a very good service. I couldn't manage without them to be honest." A relative said, "I talk to the registered manager all the time. I talk to her if I'm concerned about [person]."

The service had a registered manager in post. The registered manager was also the provider. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. A staff member said, "The registered manager is very good and very supportive. They are always available if you need to speak to them." Another staff said, "The registered manager is hands on and always there to help when needed."

There was a management structure in place and staff were aware of their responsibilities. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff confirmed they were clear about their role and between them provided a good service. This was also confirmed by people using the service and their relatives.

There were regular staff meetings and these were recorded. Staff told us they worked well together and regularly discussed how to improve the service so people continued to receive a good service. One staff member said, "We have staff meetings and we have the opportunity to discuss any issues and ensure the service is good and people are well supported."

The service had an effective system in place to ensure the quality of service was being monitored. This included audits of people's care plans, risk assessments, daily notes, staff training, supervision and appraisals, accident's and incidents and complaints. They also completed medicines balance checks to ensure medicines were managed and administered safely. This meant that the delivery of care to people's assessed needs could be checked and monitored.

The registered manager showed us records of unannounced spot checks and competency checks they had carried out to make sure staff were supporting people in line with their care plans and to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. People also received regular telephone calls. This ensured they were consulted and given opportunities to comment about their care.

The service worked in partnership with external organisations to make sure they were following current practice, providing a quality service and people received safe care and support. These included local authority care managers, healthcare professionals including GPs, occupational therapists, district nurses and dieticians. The registered manager attended training sessions run by a local authority where they learned about good practice and updated their knowledge and skills. They had used some of what they had learned at these sessions to make improvements at the service. For example, they had provided staff with training that was relevant to the people they were supporting. Partnership working between the service and health and social care organisations helped to co-ordinate care and support for people and enabled people to have the care and support they needed.