

Dovecare Services Limited

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Dovecare Limited is a domiciliary care service providing care to people living in their own homes in the Derby City area. At the time of our inspection 2 people were using 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. At the time of the inspection one person was receiving personal care support.

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

Systems and processes did not fully support people's safety as risk assessments lacked detail and care plans had not been updated to reflect changes in the support offered and changes in the times of care calls. The person expressed their views to the provider, who was also the registered manager, on a regular basis. However, there was limited evidence of how this was used to drive improvement. Complaints were acknowledged but were not always addressed in a professional way.

We could not be confident that staff had the skills and knowledge to meet the needs of the person they supported. This was because we saw no evidence of training in medicines management and food hygiene. Staff had received training in other areas such as safeguarding, moving and handling, first aid and infection control. This supported staff to provide safe care in these areas.

There was a lack of auditing and governance in the service. The provider failed to provide requested evidence as part of this inspection. The provider's procedure for infection prevention and control followed current government guidance relating to COVID-19. There was a sufficient stock of PPE available to staff.

Recruitment procedures checked that prospective staff were suitable to care for people receiving personal care in their own homes, because all the required pre-employment checks were undertaken before they started work.

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

This service was registered with us on 23 May 2019 and this is the first inspection.

Why we inspected

This was a planned first inspection in line with our inspection schedule. Though the service has been inspected it has not been rated because at the time of the inspection a limited service was being provided, only one person was receiving minimal support with personal care.

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?

Inspected but not rated

Inspected but not rated.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

Inspected but not rated.

Details are in our safe findings below.

Is the service caring?

Inspected but not rated

Inspected but not rated.

Details are in our safe findings below.

Is the service responsive?

Inspected but not rated

Inspected but not rated.

Details are in our effective findings below.

Is the service well-led?

Inspected but not rated

Inspected but not rated.

Details are in our effective findings below.

Dovecare 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 undertaken by one inspector.

Service and service type

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

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 2 working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider who was also the registered manager would be in the office to support the inspection. Inspection activity started on 6 December 2022 and ended on 3 January 2023. We visited the location's office on 6 December.

What we did before the inspection

We did not ask the provider to send us a Provider Information Return prior to this inspection. 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. However, we offered the registered manager the opportunity to share information they felt relevant with us at this inspection.

The inspection was informed by other information we had received from and about the service. This included feedback from commissioners and notifications from the provider. A notification is information about important events, which the provider is required to send us by law. We used information gathered as part of monitoring activity that took place in October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We received feedback from the person using the service. We looked at this person's care records to check that the care they received matched the information in their records. We reviewed 4 staff files to see how staff were recruited and looked at training records. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We also received feedback from 1 member of staff that worked at the service and the registered manager.

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. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse.
- The member of staff told us they received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns to the management team. They were also able to explain what whistleblowing meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

Assessing risk, safety monitoring and management

- The person's support needs were assessed, and they received support that met their needs. However, the person's care plans had not been updated to reflect the changes in their care. This meant any new staff supporting the person would not have the correct information.
- Risk assessments were completed but didn't give enough detail to help ensure care was provided in a way that reduced risks to the person and staff. This was because these assessments lacked specific detail. For example, an assessment regarding the support the person needed to move safely, only instructed the staff to use the equipment 'properly and only if they had been trained to do so'. There were no diagrams or photographs or written information on how the sling should be positioned under the person. This guidance would further ensure staff were supported to provide safe support.

Staffing and recruitment

- There were enough staff to support the person. As only one person required personal care support, there were enough staff to cover the support needed should a member of a staff not be able to work due to sickness or leave.
- Pre-employment checks were completed before staff worked with people. These included reference checks and criminal records checks. These checks helped the provider make informed decisions as to the suitability of staff.
- As only one person received personal care support, a small staff team had been recruited and they all worked regularly with this person.

Using medicines safely

- Staff supported the person to access their medicines from the containers they were sent in from the pharmacy. Although the person had a risk assessment that confirmed they only needed minimum support to access their medicines, no care plan was in place regarding this. This meant staff did not have clear guidance about the medication this person took or about the level of support they needed.
- The member of staff told us they had completed a safe administration of medicines course. We were not

provided with any evidence to demonstrate that staff had received training and competency checks in medicines management.

- Staff recorded on the medicines administration record when they had handed the medicine to the person. However, these records didn't clearly demonstrate the level of support the person received from staff.
- People were not protected from good medicines management. No audits of medicines management were undertaken to ensure any errors could be identified and actions taken as needed.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- There was a good supply of PPE for staff to use when providing care. This meant the risks from infection transmission was reduced.
- The provider had COVID-19 risk assessments and contingency plans to help ensure they continued to deliver a safe service during the pandemic.

Learning lessons when things go wrong

- The registered manager was unable to provide any examples of how learning lessons had enabled them to develop the service.

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 of this newly registered service. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- The person was supported by staff that understood the support they needed, and assessments were completed regarding the person's care needs. However, as stated, information in care plans was not always updated to reflect changes in the support provided.
- The person was not supported by staff that were trained in all areas of care. This meant we could not be assured that staff were able to meet this person's needs effectively.
- There was no evidence through feedback with staff and records that staff had been trained in food hygiene. This meant we could not be assured staff understood and followed good food hygiene practices.
- New staff completed an induction and worked with experienced staff to understand and gain knowledge about the job role.
- The member of staff confirmed they felt supported by the registered manager.
- The person was supported by staff with preparing breakfast. Information about the support they needed was included within their care plan.

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

- The person receiving support did not require staff to support them to access healthcare services or be involved in any appointments or health reviews.
- The registered manager confirmed if it was needed, they would support the person in an emergency and contact the emergency services if required. Staff had received first aid training.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 registered manager confirmed the person using the service at the time of the inspection had the capacity to make their own decisions.
- We were not confident that the staff team would be able to support a person that lacked capacity, as there was no evidence to demonstrate that staff had received training in the MCA and the member of staff confirmed they had not been provided with this training. They were unable to demonstrate that they understood the principles of the act.

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 of this newly registered service. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We were not provided with any evidence to demonstrate staff had received training in areas relating to equality and diversity to help reduce the risk of discrimination.
- Information in the person's care plan directed staff on how to ensure the person's dignity and privacy were met. The staff member told us they followed the person's care plan

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

- The person using the service made decisions about their care. This was reflected in records seen.
- The member of staff understood the importance of enabling people's choices in their care and confirmed the person was able to direct them on how they wanted their care provided.

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 of this newly registered service. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person was supported by a regular staff team that enabled them to get to know the person. This supported staff's ability to provide personalised care to the person.
- Care records had very limited information regarding the person's life and what was important to them. However, from discussions with the registered manager, who also provided support to this person, it was clear that they knew and understood this person's preferences well.

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 person was able to communicate well with the staff and did not require any specialist communication methods. The registered manager confirmed if these were needed in the future they would be developed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person using the service did not require or want support from the staff team to meet their social or recreational needs.

Improving care quality in response to complaints or concerns

- The provider kept records of any complaints. However, we found complaints were not always responded to professionally, or confirm how they were investigated and resolved. This was discussed with the registered manager at the time of the inspection who agreed improvements would be made.

End of life care and support

- The person using the service did not wish to discuss with the registered manager or staff team their preferences or wishes regarding support upon reaching the end of their life.
- Although the member of staff told us they had received end of life care training, no evidence of this training was provided. This meant we could not be assured that staff had a good understanding of how to support people when they reached end of life care.

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 of this newly registered service. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We asked the registered manager to email copies of audits they undertook, so that we could see how the provider monitored the service to drive improvements. These documents were not sent to us.
- Quality assurance systems and processes were not in place to enable the registered manager to monitor the safety and quality of the service. Audits were not undertaken to enable the registered manager to identify areas for improvement.
- The registered manager told us they shared updates and information with staff through staff meetings, supervision meetings, handovers and communications. However, as we were not provided with any recorded evidence of these and only received feedback from one member of staff, this could not be corroborated.
- The member of staff confirmed they were clear about their roles and responsibilities and told us they felt supported by the manager.

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

- Surveys were not sent out to gather feedback from the person that used the service. The registered manager confirmed, as they supported this person 5 days a week, they were in constant contact with them and did not feel it was necessary to send out a survey. However, there was no evidence of improvements that had been made following feedback from this person.
- The provider was aware of, their legal duties around the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Continuous learning and improving care; Working in partnership with others

- Staff received training in some areas to support them in providing care to the person they supported. However, to enable them to develop their skills and abilities, further areas of training were needed to improve people's experience of receiving care.
- The registered manager confirmed that at the current time as only one person was being supported, they had limited contact with commissioners or the local authority.

