

DMC Signature Care Ltd

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Inspection report

Moulton Park Business Centre
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Northampton
Northamptonshire
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Tel: 07879994106

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07 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

DMC Signature Care Ltd is a domiciliary care agency. They provide personal care to people living in their own homes. The service is registered to support older people, younger people and children. 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 the inspection 3 children were receiving personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People were supported by staff who knew them well, had received sufficient training and who had been safely recruited.

Enough staff were deployed to meet people's individual needs. Staff arrived on time and stayed the allocated amount of time to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Risks to people had been assessed and mitigating strategies implemented. Staff received training on people's individual needs. People were protected from avoidable harm and staff understood how to protect people from abuse.

Infection control procedures were in place and staff wore appropriate personal protective equipment to keep people safe and reduce the risks from infections.

Staff were kind and caring towards the people they supported and engaged well with their relatives. Information was shared and lessons learnt.

Right Culture:

The registered manager had systems and processes in place to maintain effective oversight of the service. Staff received regular meetings and supervisions to share information and discuss any concerns.

Staff felt supported at work and the provider had a clear vision and expectation of good quality care. We received positive feedback on the management of the service and the attitudes of staff.

Managers and staff were open and honest with others. When something went wrong the provider had a system in place to share the information and make improvements. Action plans were put into place if any issues occurred.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 05 October 2021) and there were 4 breaches of regulation.

We then completed a targeted inspection but did not rate the service (published 13 October 2022). The provider was no longer in breach of 2 regulations.

At this inspection we found improvements had been made and the provider was no longer in breach of the 2 other regulations.

This service has been in Special Measures since 10 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inspected not rated to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DMC Signature Care Ltd on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

DMC Signature Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 completed 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 who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 1 February 2023 and ended on 9 February 2023. We visited the location's office on 7 February 2023

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We gained feedback from 1 relative about their experience of the care provided. We spoke with 5 members of staff including the registered manager, general manager, HR manager and care workers.

We reviewed a range of records. This included 3 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inspected but not rated. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Using medicines safely

At our last inspection the provider had failed to adequately assess or mitigate the risks to the health and safety of service users; Provide safe medicines management; Assess, prevent and control the spread of infections. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found risk assessments were not in place or had not been reviewed, staff had not been trained in medicine management and people were not protected against COVID.
- Risks to people had been assessed. However, not all strategies were recorded fully. For example, when a risk assessment stated a person was at risk from crossing the road the strategies did not detail what staff should do. The registered manager implemented detailed risk assessments immediately after feedback and reviewed all other risk assessments.
- Staff received training to ensure they understood people's needs and understood the risks any health conditions or anxieties could pose.
- Staff were not currently supporting anyone with medicines. However, the registered manager had policies, procedures, audits and competency assessments in place to ensure safe medicine management when the need occurred. Staff had received training in medicines management.
- Staff wore appropriate personal protective equipment to reduce the spread of any infections. Staff wore masks, gloves and aprons when supporting people.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to establish and operate systems and processes to prevent abuse of service users and effectively investigate any allegation or evidence of such abuse. This was a breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection we found systems were not in place to prevent abuse, records were not kept up to

date regarding support tasks completed, not all staff had received training in safeguarding and safeguarding referrals were not always completed fully.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The provider had policies and procedures in place to safeguard people from abuse. Staff completed body maps when an injury occurred, and the registered manager understood the need to investigate any unexplained injuries.
- Staff recorded the tasks they supported people with, in line with the providers procedures.
- People felt safe with staff. One relative told us, "[Person] knows two staff particularly well and great care and transitioning was made to ensure [person] felt safe and comfortable."

Staffing and recruitment

- Staff recruitment, induction and training processes promoted safety. Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.
- We found sufficient staff were deployed to maintain people's safety and meet individual needs. Call logs evidenced that when a person required 2 staff to support them, 2 staff attended the call. Staff arrived on time and stayed the allocated amount of time to meet people's needs.
- People knew which staff were supporting them for each support call. A relative told us, "We always know and plan the activity with them (staff) before the day."

Learning lessons when things go wrong

- The registered manager had learnt lessons from the previous inspections and made improvements based on feedback.
- The registered manager reviewed records shared lessons learnt with staff in staff meetings. One staff member told us, "[Registered manager] always shares information with us and keeps us (staff) updated."

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.

At our last inspection we rated this key question Inspected but not rated. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt supported within their roles. Staff received regular meetings and supervisions to share information and raise any concerns. One staff member told us, "I feel supported with my role as I get training and supervision is completed every three months. If there are any issues while working, a supervision is done as soon as possible."
- We received positive feedback on the support offered to people. Managers worked directly with people and led by example.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. There were also informal ways for family and friends to share their views and discuss issues with staff and comments were actioned by the provider. One relative told us, "We are very open at discussing our needs for [person] and we are heard if we have any concerns."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had systems and processes in place to ensure good oversight of the service. Audits were regularly completed on accidents, incidents, safeguarding, health and safety, staff training, staff files, infection prevention and control, care plans and risk assessments. Any issues found were rectified and an action plan put into place.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- The provider completed spot checks on staff to ensure the care delivered was of good quality and staff were following procedures. One staff member told us, "[Management team] observe how I am working with [person] and if I use the correct and safe techniques and practices which I learnt during training."
- The registered manager was aware of their roles and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported.

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 service apologised to people, and those important to them, when things went wrong.
- The registered manager was clear about their responsibility to be open and transparent in line with their duty of candour responsibility.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns not acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. We found improvements had been made since the last inspection.
- The service worked well in partnership with relatives and health and social care organisations, which helped to give people using the service a voice, improve their wellbeing and coordinate better care for people.
- The registered manager was engaged and open to the inspection process and remained open and transparent throughout.