

DCK Care Limited

# DCK Care Limited

## 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

### About the service:

DCK Care Limited is a domiciliary care agency. It provides personal care to both older and younger people living in their own homes. Not everyone using the service 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. At the time of our inspection three people were receiving personal care as part of their care package.

### People's experience of using this service:

People received safe care from staff who knew them well. The registered manager also provided care and led the staff by example and had high standards. Staff shadowed the registered manager in the delivery of care before providing care independently. People had regular staff who provided care and positive relationships had been developed. People told us staff arrived on time and stayed for the duration of the call, if staff were running late they were informed of this. People had not experienced any missed or calls later than the timeframe staff were expected.

People were very complimentary of the staff who supported them, they felt staff were unrushed and provided care in a way that met their individual needs, routines and preferences. People were fully involved in decisions about how they received their care. This was by formal review meetings and in discussions with the registered manager and staff.

People's diverse needs had been assessed and staff had guidance of how to meet people's needs and achieve positive outcomes. People had been provided with a service user guide that provided them with information of what they could expect from the service, including advocacy information and how to make a complaint. Staff treated people with respect, dignity and encouraged independence.

Staff had received an induction, ongoing training and had regular opportunities to discuss their work, training and development needs with the registered manager.

Where people required support with their prescribed medicines and with eating and drinking, their needs had been assessed and staff had guidance of the support required.

The registered manager had policies and procedures that reflected current legislation and this supported staff in providing effective care. 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 support this practice. The registered manager had developed positive links with external professionals and strived to continually develop the service, based on best practice guidance. People who used the service, relatives and staff received opportunities to be involved in the development of the service by receiving opportunities to share their views and experience.

Rating at last inspection:

This is the provider's first rated inspection since registration.

Why we inspected:

This is a scheduled inspection based on the provider's registration date.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 safe

Details are in our Safe findings below.

Good ●

### 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 ●

# DCK Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

DCK Care Limited is a domiciliary care service and provides personal care to older and younger people living in the community.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Telephone calls to people who used the service started on 23 January 2019 and ended on 23 January 2019. We visited the office location on 24 January 2019.

#### What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). 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 also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. The day before our office visit, we contacted three staff via telephone and asked them about their work.

At the provider's office we spoke with the registered manager who was also the registered provider and an additional two care staff. We reviewed the care records for three people who used the service. We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, staff files and the staff training plan. We also spoke with the registered manager about the action they took to check on quality and safety.

After the inspection the registered manager sent us further information in relation to, their quality checks and audit process and training records. We have reviewed these as part of the inspection process.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible from abuse and avoidable harm because staff followed the provider's safeguarding policies and procedures. Staff told us they had received safeguarding training and showed a clear understanding of the different categories of abuse a person may be at risk from. The registered manager was aware of their role and responsibility in implementing the multi-agency safeguarding procedures if required. People told us they felt safe with the staff that supported them and confirmed staff wore an identification badge and uniform. A person said, "I absolutely feel safe with the staff. I know what staff are visiting me and I trust them."

Assessing risk, safety monitoring and management

- Risk assessments associated with people's needs, including the environment had in the main been completed. We identified three examples where care plans provided staff with guidance about meeting mobility needs, skin integrity and eating and drinking. However, the associated risk assessment either lacked guidance of the action to mitigate risks or had not been completed. However, staff were found to be knowledgeable about the management of these needs and we concluded people were safe, the issue was one of recording. Following our inspection, the registered manager forwarded us information to show us what action had been taken to improve documentation. We were assured of the action completed.
- People told us they felt staff supported them safely and they were involved in how risks were managed. Examples given included how environmental security was managed and how staff supported people's independence whilst not restricting them. A person said, "I feel in control about how I want to live and the support I need to be independent." We saw risk assessments were regularly reviewed with people to ensure they continued to receive care that met their needs.

Staffing and recruitment

- There were sufficient staff employed to meet people's needs and staff experience, skill mix and competency was considered. People told us staff arrived on time, but if they were running late they received a call to advise them of this. People also told us staff stayed for the duration of the call and how they had sufficient time to provide the support they required, meaning they did not feel rushed. A person said, "I have no concerns, I know what staff will be arriving and I never feel rushed, we have a chat." Staff confirmed they had sufficient time to travel between calls and the duration of the call was sufficient. The registered manager used an electronic system to monitor calls and reported there had been no missed or late calls that exceeded the timeframe people expected calls to be.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Staff had received training in health and safety and their understanding and competency was discussed in one to one supervision meetings and in spot checks. This is where the registered manager completed an unannounced visit to observe staff's practice to ensure people received safe care.

### Using medicines safely

- Where people received assistance with their medicines, staff followed best practice guidance. Staff had detailed information about the support a person required to manage their medicines safely, this included how they preferred to take their medicines. Staff confirmed they had completed medicines management refresher training and competency assessments. The provider's medicines policy and procedure provided staff with additional support and guidance. The registered manager completed checks of people's care records to confirm people had received support with their medicines as required. Independence was promoted at all times and reflected in the level of support staff provided. A person confirmed how staff provided assistance to manage their medicines and how this was important to them. They said, "I just need a reminder with my tablets."

### Preventing and controlling infection

- People were protected as far as possible from the risks associated with cross contamination. Staff told us of the training they had completed on infection control. They also explained how they wore disposable gloves and aprons and these were changed after each care task, to protect people from any risks of cross infection. In addition, the provider had a policy and procedure that provided staff with guidance on infection control. People confirmed staff wore aprons and gloves as described to us.

### Learning lessons when things go wrong

- The registered manager had processes in place that ensured lessons were learned when any accidents or incidents had occurred. Staff recorded any incidents and the registered manager reviewed these to consider if action was required to reduce the likelihood of recurrence. Incidents were minimal and involved falls of people whilst at home, but had not occurred when staff were providing care. An example of action taken to mitigate risks for a person, included how the registered manager worked with the person and external professionals, in having the bed changed to one that would be safer for the person.

# 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.

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's policies and procedures reflected best practice guidance and current legislation, this supported staff to provide effective care. The registered manager said, "I'm constantly always asking myself how I can improve the service and keep myself updated on best practice." Staff confirmed they had copies of the provider's policies and procedures and how they referred to these to support their practice.
- Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination. Staff told us this information supported their understanding of what was important to people.

Staff support: induction, training, skills and experience

- People were supported by staff that had received an induction, ongoing training and regular opportunities to discuss their work with the registered manager. A staff member was positive about their induction and said, "The induction was good and included me shadowing the manager and being introduced to people who use the service." Staff told us about the initial training they had received and refresher training that would be ongoing to keep their knowledge and skills up to date. Training records showed that staff had completed training that the registered manager had identified was required. This included first aid, moving and handling and equality and diversity. Staff were very positive about the opportunities they had to discuss their work with the registered manager. A staff member said, "We have face to face meetings with the manager but we speak on the phone all the time. They are so supportive, they explain things and make sure I'm okay, really approachable too."
- People were very positive about the staff who supported them. A person said, "The registered manager is excellent, I've met some lovely staff that are all very good in what they do." People told us they found staff to be competent and understanding about their needs, and what was important to them.

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

- Where people required assistance from staff with either eating and drinking, including food shopping and preparation, people told us staff completed this very well. Care plans provided staff with guidance of the support required and included any dietary requirements associated with health conditions, including religious or cultural needs. Staff told us how they checked food use by dates and left people with drinks and snacks when leaving.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager gave examples of multi-agency working in meeting people's needs. This included following any recommendations made by external healthcare professionals in a person's ongoing care.

Information was also shared with external agencies such as ambulance staff and hospital admission and discharge teams, to assist people to receive effective care and treatment.

Supporting people to live healthier lives, access healthcare services and support

- Care plans provided staff with guidance about the support required with a person's health conditions. Staff told us how they monitored people's health needs and reported any concerns, with the person's permission, to relatives and or health professionals. Staff gave examples of calling paramedics when people required urgent medical assistance and how they stayed with the person to provide reassurance. People were positive about the support they received from staff in managing their health needs. A person gave an example of how staff attend hospital outpatient appointments with them.

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

- Where people had mental capacity to consent to their care, written consent had been sought to confirm this. Staff also told us how they gained people's consent before care was provided. A staff member said, "It's important to ask permission, offer people choices and explain before care is provided."
- 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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The registered manager told us how they sought confirmation if a person had a lasting power of attorney (LPA). This allows another person to give consent. We saw an example a of mental capacity assessment that had been completed for a person who was assessed as lacking capacity to agree to the care package provided. However, the best interest decision had not been recorded. The registered manager could explain the best interest decision making process and in discussion with us, agreed this should have been recorded. They agreed to take action to improve their practice.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were cared for by staff who were compassionate and caring. People were positive about the approach of staff and told us they had developed positive relationships with them. A person said, "The staff are all very good, they are polite and patient and help me with anything I need them to do." A relative said, "The staff are very caring, they know [relation] loves to sing along to the music on the radio and they sing with them, they are very compassionate." Another relative said, "The manager is brilliant, very caring and a lot of empathy."
- Staff were very positive about their work and showed a good understanding of people's needs, routines and preferences. A staff member said, "I really like to help people and see them happy. I care for people from the heart, providing good care is the most important thing."

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

- People received regular opportunities to discuss the care package they received, this enabled any required changes to be discussed and made. The registered manager told us the review process consisted of an initial assessment that included the person and relative where appropriate, followed by a review meeting at six weeks after the care package commenced. Further reviews were completed at three months and six months, people's care records confirmed what we were told. The registered manager said, "Whilst we have reviews at set times, I have regular contact with people and their relatives and make changes to the care package any time it's required."
- People confirmed they received opportunities to discuss the care package they received. A person said, "The manager regularly discusses my care package with me, on the phone or they come and visit me." A relative said, "The family are involved in meetings where the care provided is discussed."
- People had been provided with information about independent advocacy services, this was helpful information should people of required this support.

Respecting and promoting people's privacy, dignity and independence

- People received care from staff that respected their privacy and dignity. Through discussion with staff they showed a good understanding of the importance of promoting people's independence. A staff member said, "It's very important to encourage people to do as much as possible for themselves, maintaining people's independence is important for lots of reasons."
- People told us they found staff to be, "Polite and respectful." Relatives were positive about the approach of staff and described staff as, "Sensitive and encouraging."
- People's confidentiality and privacy was protected. Records were stored securely. The registered manager told us they had the processes in place that ensured all records were managed in line the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of

personal information of individuals.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Following an assessment of people's needs, care plans were developed and agreed with the person, in how they received their care package. Care plans provided staff with guidance of people's needs, routines and what was important to them in how they received their care. This included people's diverse needs to ensure care was provided sensitively and was individual to the person. People confirmed they received care that was personal to them and reflected their preferences and routines. A person said, "I'm very happy with the care I get, I receive support just as I want and when I want."
- Staff told us whilst they followed the guidance recorded, they also discussed the support people required direct with them. This meant care was focussed on the person and meant they had full choice and control in how they received their care. This was confirmed by a person who said, "I like that the staff ask me first how they can help me and don't just assume."
- People were supported by regular care staff and people told us this was important to them. A person said, "I like that I know who will be visiting, I've got to know the staff that visit very well." Staff were equally very positive about supporting regular people as they believed consistency and continuity gave people a better service. A staff member said, "I think we can give a more personal service because we know people very well."
- The Accessible Information Standard was being met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. Staff had guidance about people's communication and sensory needs. The registered manager told us they would provide information in alternative formats such as large print or alternative languages if required.

Improving care quality in response to complaints or concerns

- People had access to the complaint procedure. The registered manager told us they had not received any complaints about the service, but we saw they had a detailed complaint policy and procedure to respond to any complaint received. People confirmed they had not had cause to make a complaint, but felt assured the registered manager would respond positively to any concerns raised.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care. The registered manager had planned end of life care training for staff to support them in understanding how to deliver 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider's PIR told us about the systems and processes that checked on the quality and safety of the service. These were found to be managed well and supported the registered manager to have effective oversight of the service. This included staff performance with a focus on positive outcomes for people.
- There was an open and transparent culture at the service. Staff spoke highly of the registered manager and told us they felt involved and valued in the development of the service. Staff also told us the registered manager was supportive and approachable, and took time to help them develop their skills, showing an interest in the professional development.
- The registered manager had a good understanding of their role and ensured the CQC were notified of all reportable incidents.
- Staff had an understanding of the provider's vision and values. A staff member said, "We support people's independence to live in their own homes."

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

- Whilst the staff team was small, staff and the registered manager were clear about their roles, responsibilities and accountability. Communication systems including out of office support and lone working arrangements were working well. A staff member said, "The manager is clear about the standards they expect." And, "The manager answers calls made quickly and is always helpful."
- The registered manager used staff meetings and one to one meetings with staff to share information and keep staff involved in how the service developed. They encouraged staff to share ideas and staff told us they felt motivated.

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

- The registered manager used quality assurance processes, to engage with people, staff and external professionals. For example, annual surveys were used to invite people to feedback their experience about the service. Results from the last survey in 2018 was found to be positive with no action required.
- The registered manager told us how they considered and identified what staff were best matched to support people who used the service.

Continuous learning and improving care

- The registered manager had a positive approach to continually develop the service and showed a

commitment in wanting to provide care that was person centred and delivered good outcomes for people. The registered manager had high standards and sought ways to further develop their knowledge in best practice guidance and legislative requirements.

- Systems and processes were in place that enabled the registered manager to consider lesson learnt. They were open and transparent and because they also provided care, they were a role model for staff as they led by example.

Working in partnership with others

- The registered manager had developed positive links with external health and social care professionals. People's care plans included recommendations made by health and social care professionals and this provided staff with guidance, of how to support people to achieve positive outcomes. Relatives told us they valued the support and care staff provided and this enabled their relation to remain living in the community.