

DOHATECH HEALTHSERVICE LIMITED

Dohatech Healthservice

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dohatech Healthservice is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 28 people receiving personal care from the service.

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.

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

Following the last inspection, the provider had taken action to address the breaches of regulation and improve the service.

People felt safe receiving care from staff. The provider had taken action to keep people safe and manage the risks they faced.

Staff had a good understanding of the support people needed. Staff supported people to do as much for themselves as possible and maintain their independence.

People were supported to take medicines safely and staff sought advice from health and social care services when necessary.

Staff received regular training and support. People and visiting professionals told us staff had the skills and knowledge to meet their needs. People were supported to access the health services they needed.

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

People had been supported to develop clear care plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. People knew how to make a complaint and were confident any issues they raised would be responded to.

The provider had established good systems to monitor the quality of service provided and make improvements where needed. The registered manager worked with people, staff and other professionals to ensure people achieved good outcomes.

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 requires improvement (published 5 January 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out a comprehensive inspection of this service on 3 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care, consent, staffing, fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements. The overall rating for the service has changed from requires improvement 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 Dohatech Healthservice 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dohatech Healthservice

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 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.

Service and service type

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

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 April 2023 and ended on 12 May 2023. We visited the office location on 26 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service, 5 relatives, the registered manager and 8 staff. We reviewed a range of records. This included 5 people's care and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We received feedback from 2 social workers who had contact with the service.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment practices. This was a breach of regulation 19 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 19.

- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. The provider had completed a criminal record check and obtained references from previous employers of new staff before they started work. Staff records contained confirmation of their right to work in the UK and an employment history.
- People told us staff had the right skills and experience to provide the care they needed. Comments included, "My carers are so efficient. If I ask for something I never have to check it's been done, they just do it."
- People told us staff usually arrived on time and stayed for the full duration of their call. People said they were contacted by the office if their carer was running late.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to protect people from the risk of unsafe care and treatment. This was a breach of regulation 12 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.

- Risk assessments were completed to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risks relating to skin breakdown, catheter care and risks related to specific health conditions.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. People and their relatives had been involved in these reviews.
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe. Staff said they always had access to the most up to date information about the care they should provide.

Using medicines safely

At our last inspection the provider had failed to maintain an accurate record of the support people received to take their medicines. This was a breach of regulation 12 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.

- People were supported to safely take the medicines they were prescribed. The support people needed was regularly reviewed to ensure people were as independent as possible. Details of the support people needed was set out in their care plan.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- People and their relatives told us staff provided good support for them to take their medicines at the right time. Comments included, "They give me my medication and there haven't been any problems, I know what I take" and "They sort out my tablets and they order everything when it's time."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt safe receiving care. Comments included, "I feel very safe with them coming. I'm housebound and I couldn't manage without them" and "They are absolutely wonderful, and I feel absolutely safe."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff received regular training in safeguarding issues. A social worker who had contact with the service told us, "Safeguarding concerns have been handled with sensitivity and appropriate risk assessing and reduction methods."
- Staff were confident the management team would take action to keep people safe if they raised any allegations of abuse. Staff were also aware how to raise allegations directly with other agencies if they needed to.
- Staff were aware of incident recording systems and their responsibilities to report such events. We were told these systems worked well and they were always able to contact a member of the management team if necessary.

Preventing and controlling infection

- The service had systems to prevent people from catching and spreading infections.
- People told us staff followed these measures when providing care for them.
- Staff received training on infection prevention and control measures and how to use personal protective equipment (PPE) safely.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received adequate training and supervision. This was a breach of regulation 18 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 18.

- People and their relatives told us staff had the right skills and knowledge to do their job. Comments included, "I think the carers are well trained, they know when to help and how to help, yes they are good" and "My carers are very well trained, they know exactly how to help me."
- Staff said they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- New staff spent time shadowing experienced staff members and learning how the service's systems operated as part of their induction.
- Staff had regular meetings with their line manager to receive support and guidance. We were told they felt well supported.

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

At our last inspection the provider had failed to ensure consent to care and treatment was sought in line with legislation. This was a breach of regulation 11 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 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were supported by staff who knew the principles of the MCA and worked in line with them. Staff received training in the MCA following the last inspection, with an on-going programme of regular refresher training.
- People's rights to make their own decisions were respected and people were in control of their support. Comments from people included, "They always ask what we want and what we need doing" and "Everything is my choice, and they check with me all the time if things are what I want."
- Where people lacked capacity to consent to specific decisions, staff had recorded details of assessments completed. Staff followed best interest decision making principles and involved people's legal representatives and social workers where appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they first started to receive care and then regularly reviewed. There were clear records of the assessments and any updates.
- Care plans set out how people's assessed needs should be met, with clear guidance for staff on how to meet people's specific needs.

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

- Staff supported people to maintain good nutrition and hydration.
- People told us they received the support they needed in relation to food and drink. One person told us, "I can manage my food myself, they just help me ordering." A relative commented, "The carers are good with food and drink, they are well trained and know what to do."
- Where people were supported to prepare meals there was clear information in their care plans. These set out how people made choices about meals and how they liked their meals prepared.

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

- People were able to see their doctor and other health professionals when needed. Records demonstrated referrals to health professionals were made in a timely manner.
- Staff recorded the outcome of appointments in people's records, including any advice or guidance. Information had been used to review and update care plans where needed.
- A social worker told us the service worked well with health services to meet people's needs. They commented, "Dohatech worked well in supporting one of the customers to hospital appointments, which they are reluctant to do."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to maintain an up to date and accurate record of people's needs. This was a breach of regulation 9 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 9.

- People were supported to develop clear care plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. Comments from people included, "The care plan changes, and they always keep it up to date. They will review it all again in 3 months or maybe less, they are very good" and "The care plan is great and updated regularly. I speak with [the registered manager] regularly."
- Staff knew people's preferences about their care. They used this information to provide support for people in the way they wanted.
- Staff kept clear records of the support they had provided to people. Records were used to help identify any changes to the support people needed.

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; 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.

- Staff had identified people's communication needs and included them in the care plans. Examples included specific information about people's speech and hearing, and technology they used to communicate.
- People were supported to maintain contact with their friends and family and to take part in social activities they enjoyed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. The complaints procedure was given to people when they first used the service. Comments included, "I've not had a complaint but if I did, I can always talk to [the registered manager]" and "No complaints, but if I did then I would phone [the registered manager]."
- Records demonstrated complaints had been investigated by the provider. Complainants had been given a formal response, setting out the actions taken in response to their complaint.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care service.
- Staff understood people's needs. People's religious beliefs and preferences were respected and included in care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement effective quality assurance and governance systems. This was a breach of regulation 17 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 17.

- Since the last inspection the provider had recruited new staff to support the management team. These staff had helped to ensure the provider had effective oversight of the service.
- People and their relatives told us they were happy with the care they received. They felt confident the management team would address any concerns they had. Comments included, "The [registered] manager is very good. I would talk to him about anything because he listens to me" and "[The registered manager] is very proactive. We manage the risk between him, the carers and myself."
- The registered manager had developed a series of audits, to assess how key aspects of the service were operating. These included assessments of the medicines management systems, care planning, risk assessments and observations of staff practice. Records demonstrated these audits had identified shortfalls in the way some systems were working and identified how improvements could be made. Actions from the assessments had been followed through to ensure improvements were implemented by staff.
- Staff told us they felt well supported and had access to management assistance when needed. They confirmed they had regular supervision sessions.
- The provider was a member of relevant industry associations. The registered manager had kept up to date in relation to changes in legislation and good practice guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager promoted a person-centred approach in the service. This was evidenced through people's feedback, the content of staff meetings, support sessions for staff and the training staff received.
- Staff reported the registered manager was supportive and focused on ensuring people received a good service. Comments included "I feel well supported. We can have discussions if I don't understand something" and "It's a good place to work. Things have improved an incredible amount. We now have better

systems in place."

- The registered manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, their families and friends effectively in a meaningful way.

People said they had regular contact with the registered manager and could discuss any issues about the service.

- Health and social care professionals told us the service worked well with them to meet people's needs.

Comments included, "The registered manager has a good knowledge and understanding of the complexities around providing care and support and has been approachable and responsive each time contact has been made, not only with me, but with health care professionals and others involved."