

D G Care Ltd

DG Care Ltd

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

This was the first inspection for DG Limited since they registered with the Care Quality Commission (CQC) in March 2015.

The inspection took place on 02 February 2017 and was announced. The provider was given notice because the location was a domiciliary care agency (DCA) and we needed to be sure that someone would be in. After the office visit we followed this up with phone calls on the 10 February and 15 February 2017 to people and relatives to ask them about the service.

DG Care Limited provides a personal care service to people living in their own home. On the day of the inspection three people were supported by the agency with their personal care needs. However two of these people were currently in hospital and not receiving visits.

The service had a registered manager in post. The registered manager was also the joint registered provider. 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. We were supported by both joint registered providers during this inspection.

One person said; "[...] (named staff member) is very helpful." A relative said; "They are all very kind."

People's care records contained information that described what staff needed to do to provide individual care and support. When required, relatives and health and social care professionals were involved in identifying people's needs. People's preferences, life histories, disabilities and abilities were taken into account, communicated and well documented.

People's risks were monitored and managed well. The agency had policies and procedures in place for staff to support them to help protect people and keep them safe.

People were kept safe and protected from discrimination. Staff had completed safeguarding from abuse training. A clear policy was available for staff on how to report any concerns and described what action they would need to take to protect people against harm.

Though no one required assistance at the time of the inspection, the registered manager was aware of how to support people to maintain a varied and healthy, balanced diet.

No one required assistance with medicines at the time of the inspection. However the registered manager and registered provider had a clear policy in place for staff to follow and staff had completed medicine administration training.

The service had only recently started to provide personal care to people. Therefore no quality assurance survey had yet been completed. However the registered manager and registered provider had a process ready for when people had been receiving care for a year. Quality assurance surveys would help drive continuous improvements in the way the service was provided. This would help ensure positive progress was made in the delivery of care and support provided by the service.

The service sought verbal feedback from people and encouraged people to share their concerns and complaints. Though no complaints had been received the registered manager and registered provider confirmed they would investigate any complaints or concerns thoroughly and use the outcome as an opportunity for learning to take place.

The registered manager and registered provider had completed training in the Mental Capacity Act. They understood the requirements of the act, and knew how to put this into practice should the need arise.

There were sufficient staff to meet people's needs. Staff were trained and had the correct skills to carry out their roles effectively. The service followed safe recruitment practices to help ensure staff were suitable to work with vulnerable adults.

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 by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who managed risk. People were supported to have as much control and independence as possible.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good ●

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

The registered manager had good knowledge of the Mental Capacity Act and how this applied to the people the service supported.

People were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion.

Positive caring relationships had been formed between people and staff.

Is the service responsive?

Good 

The service was responsive.

People received personalised care, treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and changes in need were identified promptly and updated accordingly.

There was a complaints procedure available for people and their relatives to access.

Is the service well-led?

Good 

The service was well-led.

There was an open culture. The registered manager and registered provider were approachable and kept up to date with best practice.

The registered provider and registered manager shared the same vision and values which were embedded in practice.

Staff were provided information about their role and aspired to develop and provide quality care.

DG Care Ltd

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.

The inspection was undertaken by one adult social care inspector. The inspection took place on 2 February 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. We followed up the inspection with phone calls to people who received a service and their relatives.

We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered provider, the registered manager and staff employed by the service. We contacted and spoke with one person and one relative via the telephone about the care they received.

DG Care Limited supports adults in their own home. We looked at three records related to people's individual care needs. These records included support plans, risk assessments and daily monitoring records. We also looked at three staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person, when asked if they felt safe with the staff replied they did feel safe. A family member confirmed safe care was provided by all the staff who visited their relative. They said; "Yes they make sure she is safe and she is well looked after." One staff member said; "We make sure people are safe."

Before DG Care Limited provided support to people, a pre-admission assessment and risk assessments took place. This helped to ensure the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working and environmental risks. This, ensured staff and people would be protected. Assessments would include checking any equipment used for people in their homes had been serviced and was in good working order. Checks also confirmed if the correct equipment was in place for people, for example hoists. Risk assessments included details around whether people required two staff to safely move them. Information about how to access people's home was known and stored safely.

People's personal risks associated with their care were known and recorded, for example those at risk of skin damage. People and their family members confirmed staff gave safe care and took account of these risks ensuring skin creams were applied.

No one currently receives support with their medicines. However staff were appropriately trained in the importance of safe administration and management of medicines. The registered manager confirmed, if staff were delayed, they had systems in place to ensure people received their medicines on time. Medication administration records would be used when required and would be reviewed by the management to ensure people had received their medicines safely.

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what action they must take if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training. Staff knew how to recognise signs of potential abuse and said they would have no hesitation in discussing safeguarding issues and reporting them.

People were supported by sufficient numbers of staff to keep them safe. The registered manager confirmed there were sufficient staff employed with the right skills, knowledge and experience to meet people's needs. People had visiting times at set times across the week. The registered manager informed us staffing levels were dependent upon people's needs. People said they had always been able to rely on the agency to attend as agreed. A relative said the agency had never let their relative down had "always arrived on time."

People said staff arrived on time. If staff were going to be late the agency's policy was that staff needed to notify them to contact the person concerned. An on call service was available to support any staffing difficulties in the event of sickness or unplanned absence. The on call service had the essential information they needed to ensure replacement staff had the necessary skills to meet people's care safely.

People were protected by safe recruitment practices. Required checks had been completed. For example, personnel files held a history of previous employment details. Disclosure and barring service checks had been sought. Staff confirmed these checks had been applied for and obtained prior to them commencing their employment with the service.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. One person said; "They are very friendly." A relative said; "They are all very nice."

People were involved with their care and staff asked for their consent before providing support.

Staff received an induction when they first started working at the agency and the registered manager confirmed staff would complete the Care Certificate (A nationally recognised set of skills training). Staff had a six month probation period and their progress was monitored.

The registered manager said staff would receive yearly appraisals and staff meetings would commence once more staff were employed. Records confirmed staff currently employed received regular supervision. This gave the staff the opportunity to discuss areas where support was needed and encouraged ideas on how the service could improve. For example to discuss any issues about how best to meet people's needs.

People were supported by staff who had received training. Ongoing training was planned to support staffs' continued learning and this was updated when required. Training was also arranged to meet the individual, specific needs of people the service agreed to support, for example, manual handling training. Records showed staff had received training in using equipment, for example hoists. The registered manager monitored the training skills required to meet each person's package of care and ensured staff competency was regularly checked.

The registered provider and registered manager understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. No one currently using the service had any restrictions or lacked capacity to make decisions. Some staff had not yet completed training in the Mental Capacity Act, however training was planned.

No one required support with food and drinks. However the registered manager said people who would require support with food and drink would have the supported needed documented and staff would be encouraged to support people to maintain a healthy balanced diet.

People currently using the service made their own healthcare appointments by themselves or with assistance from their relatives. The registered manager confirmed referrals to relevant healthcare services would be made as required when changes to health or wellbeing had been identified. A relative said the staff knew their family member well and said they had assisted the person to bed as they were feeling unwell. People's records gave specific guidance on their health needs and how to respond in an emergency. For example a person who might require additional visits from the district nurse team. Essential contact numbers specific to people's care were recorded. For example next of kin details in an emergency.

Is the service caring?

Our findings

People were well cared for and treated with kindness and compassion. One person said; "They helped me have a shower." People's needs regardless of their disabilities were met by staff in a caring and compassionate way. People told us they felt as though they mattered. People and their family confirmed they were involved in their care planning. One staff spoken with said they visited people and updated people's care plans with them.

Staff told us, "I spend time chatting and getting to know people and making sure people are happy with the care." Staff felt passionate about the support they gave and explained the importance of adopting a caring approach. Staff were clearly passionate about making a difference to people's lives.

People received care from the same staff member or group of staff members. This was mainly due to the low number of people currently employing the services of DG Care Limited. However the registered manager said this was something they planned to maintain for people. A relative said they only saw two carers assist their relative. This ensured continuity of care.

People confirmed their privacy and dignity were protected. People told us the staff respected them and made sure they were comfortable and had everything they needed before they left.

People confirmed they were supported to stay as independent as possible, for example staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible.

People told us how the service had helped to improve their lives by promoting their independence and well-being. For example helping with their showering and using their frame when walking. People and a relative felt that the staff had genuine concern for people's wellbeing.

People's health needs, communication skills, abilities and preferences were known. Care plans held detailed information on what support was required and what people could do for themselves to help maintain their independence. The registered manager confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs. People and a relative confirmed they had been involved in their care plans.

Is the service responsive?

Our findings

People's views and wishes were taken into account when planning care. Thorough assessments of people's needs took place prior to people being supported by DG Care Limited. The registered manager or senior carer visited people at home or hospital to gain an understanding of their needs, expectations and wishes. One person said the agency had visited them before they started receiving their support. They went on to say how pleased they were with the agency. Support plans had been written from the person's perspective and included information about how the person needed or wanted to be supported. For example, care records held detailed information that if people's health deteriorated at any time a named person would be contacted to update them. Staff confirmed they would report any changes in people's needs to the agency's office, they would then contact the next of kin if required. This showed us the service responded to people's needs.

One person said; "I am very pleased with everything they do." A relative said of the staff; "They always do what we ask them to do."

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. Arrangements were in place to help ensure care records were reviewed and documented when changes in people's needs had been identified.

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. No one we spoke with had any complaints about the service. People felt confident they could call the office if they had any issues. People and family felt confident and comfortable sharing their views and experiences of the care they received. The registered manager confirmed any concerns or complaints received would be recorded and analysed to look for themes. Reflection and learning would then take place to reduce the likelihood of a similar complaint occurring.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a registered provider and a registered manager who had overall responsibility for the service. People told us their relatives spoke to the office staff if needed and had confidence in them sorting any issues out. However they went on to say they had never needed to raise any issues. Staff said it was a good company to work for and had worked for the company from the start.

DG Care Limited was found to be well led and managed effectively. The company's values recorded in the information they provided to people stated; "DG Care Limited aims to provide the highest levels of care and support to vulnerable people in the community. The service encompasses not only care but also maintenance, cleaning and companionship, allowing clients to live stress-free, meaningful and independent lives." The registered provider and registered manager understood these values. Staff we spoke with understood these values.

The provider had policies in place that showed regard to the duty of candour. The registered provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager was involved in all aspects of the day to day running of the service. There was an open culture and people and their relatives felt included. One relative said; "They had phone calls from the office if there was a problem for example a change of staff."

The registered manager said they encouraged feedback from people and their relatives to help enhance the service. No questionnaire had yet been sent as no one currently has been receiving care for a year however verbal feedback was always welcome.

The registered manager understood they needed to notify the CQC of all significant events which occurred in line with their legal obligations. The registered provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. There was also a lone working policy to help protect the staff.

The registered manager inspired staff to provide a quality service and to be actively involved in developing the service. Staff supervision evidenced there were processes in place for staff to discuss and enhance their practice. Staff received regular support and advice from the registered manager via phone calls and face to face meetings. Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them. Comments included; "The management are approachable and make themselves available when we need them."

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered manager carried out regular audits which assessed the quality of the care provided to people.

The registered manager said spot checks would, in the future, include reviewing the care records kept at the person's home to ensure they were appropriately completed.