

DCL-PRO Services Ltd

# DCL-PRO Services Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

DCL-Pro Services provides domiciliary care services for adults with a wide range of needs. The service offers support to people who require help with day to day routines, including personal care, meal preparation, shopping, housework and supporting people out into the community. At the time of inspection there were seven people receiving support.

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

The provider had not always ensured risk management plans were in place to help staff support people safely with specific risks identified in their care needs assessments.

There were a range of quality audits in place, but the provider did not record information from these to confirm the audits had taken place and so as to identify possible trends and ensure improvement actions were completed.

Care workers supported people in accessing and managing their own medicines. People told us they felt safe when receiving care. There were processes in place for the recording and investigation of incidents and accidents. There were processes in place to investigate any concerns regarding the care provided. There were appropriate recruitment processes and there were enough care workers sent to each visit to provide support based upon the care needs of people.

Care workers completed training and received appropriate support so they had the knowledge and skills to provide care in a safe and effective way. A person's support needs were assessed before care visits started. Care plans described how people wanted their care and support provided. 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.

The provider had a complaints process in place and people told us they knew what to do if they wished to raise any concerns. Care plans identified how people wanted their care provided and included guidance for care workers on how to achieve this in an appropriate and safe way.

People using the service and staff felt the service was well-led. People confirmed they were contacted regularly by the service to ensure their care was being provided in line with their wishes. The provider worked closely with other organisations to ensure people's care needs were met in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 8 April 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of regulation in relation to safe care and treatment and good governance at this inspection. You can see what action we have asked the provider to take at the end of this full report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# DCL-PRO Services 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

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. 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.

#### What we did before the inspection

We reviewed information we had received about the service since the date of registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection-

We spoke with two people who used the service and one relative about their experience of the care provided. During the inspection we spoke with the registered manager. We received feedback from five care

workers. We reviewed a range of records which included the care plans for three people. We looked at the records for two care workers in relation to recruitment and 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider did not always ensure the effective management of risks to people's safety and well-being. When the provider had identified specific risks to a person's safety, they did not always provide guidance for care workers on how to reduce those risks.
- For example, some people lived with diabetes, a stoma and Parkinson's Disease. A stoma is an opening on the abdomen that can be connected to either a person's digestive or urinary system to allow waste to be diverted out of the body. There were no risk management plans to provide guidance to care workers on how the risks associated with these conditions affected people and to how to manage those risks when they provided care.
- The registered manager explained that at the beginning of the COVID-19 pandemic they reviewed people's care needs to see if there were any increased risks to the person from the virus, if the person was shielding and the number of people who were living in their household. The registered manager could not provide records for the COVID 19 risk assessments.

This meant people were at risk of not receiving the care in a way that reduced possible risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- The provider had an administration of medicines policy in place and care workers had completed training on handling medicines.
- At the time of the inspection care workers were not administering medicines but they were assisting people to access their medicines as they found it difficult to remove them from the packages. The people they supported were either able to manage their own medicines or a family member assisted with them.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding adults procedure which described the process for reporting and investigating any safeguarding concern. The procedure included case studies which provided additional guidance for staff on what a safeguarding concern was and the action to be taken if they have suspicions of abuse.
- At the time of the inspection no safeguarding concerns had been raised in relation to the care provided but the registered manager demonstrated an understanding of the process they had to follow if they needed to report any such concerns.

### Preventing and controlling infection

- There were appropriate procedures in place for infection prevention and control. Staff had access to an adequate supply of personal protective equipment (PPE) including gloves, masks and aprons.
- The registered manager confirmed all care workers had completed infection control training and this was supported by the training records we saw.
- Care workers confirmed they had completed this training, had enough PPE and had access to COVID-19 testing. One care worker commented "DCL-PRO ensured to keep both the patients and me very safe from COVID by sending PPE and tests to our home which is convenient and safe. This service also used to cover our travel finances when we had to go to the test centre but now, we have home test kits. The information they share and zoom meetings they put together about coronavirus issues and COVID-19 vaccine was very informative and helpful."
- The registered manager explained at the start of the pandemic they had identified if any of the care workers had any increased risks from COVID-19 or if they were living with anyone that was shielding. They then reviewed their working procedures to reduce these risks for example changing the rota so a care worker visited a person which was closer to where they lived to reduce the use of public transport.

### Learning lessons when things go wrong

- The provider had a clear process for the reporting and investigating of incidents and accidents. During the inspection we saw the records for two incidents which included details of what had happened, what immediate actions had been taken, any further actions and any changes to the person's care needs.

### Staffing and recruitment

- People told us the care workers usually arrived on time and if they were delayed, they would receive a call letting them know. They also confirmed that care workers would stay for the agreed time and sometimes longer if required. One person commented "Yes, they stay the full time and sometimes longer. They go beyond the call of duty to help."
- Care workers told us they had enough time to travel between planned visits and they stayed for the agreed length of time. One care worker said "Most times I finished tasks on time but I always make sure I completed the care with 100% and my client is happy which makes me happy."
- The provider had a robust recruitment process, so they could ensure care workers had the appropriate skills to provide care in a safe manner.
- The registered manager explained that as well as reviewing the applicant's full employment history and carrying out a criminal record check, they requested two references from previous employers or two character references if they had no employment history. We reviewed recruitment records for two care workers which followed the provider's processes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People receiving care and their relatives told us they felt the care workers had appropriate training to provide care and support to a good standard.
- Care workers told us they felt they were supported and received appropriate training for their role. Care workers said "Yes, I feel very supported they are always there when I need them, and we all have a passion of caring which is great. I'm very happy with all the training provided if either with sessions previously or with manager which happens always" and "I feel 100% supported by my managers and I feel like I've understood all the training that was given to me."
- Care workers completed a range of training courses identified as mandatory by the provider which included moving and handling, health and safety, fire safety and basic life support. Care workers completed annual refresher courses for the mandatory training. The records we saw showed all care workers were up to date with their training.
- The registered manager explained they aimed to do up to four spot checks per year but during the pandemic they have only carried out two as they had to reduce the number of visits to people's homes to minimise the risk of the spread of the infection. The care workers had not been employed for a year at the time of the inspection and the registered manager told us they were scheduling care worker's appraisals for March 2021.

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

- The provider carried out an assessment of people's care needs before their care visits started. Information relating to a person's care needs was obtained through discussions with the person who would be receiving support, and, with their consent, any relatives or representatives involved in their care.
- If a person was returning home from hospital a copy of the discharge summary would also be obtained to provide further information used in developing the care plan as well as any other information available from the local authority or from other professionals involved in the person's care.

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

- People were supported to eat food that they enjoyed and to meet their dietary needs. The care plans identified if the person required support to prepare or to eat their meals. Information on who purchased food or if the care worker supported with shopping was also recorded.
- People's food and drink preferences were noted in the care plan as well as any allergies.
- Care workers confirmed they had completed food hygiene training.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals when required. The registered manager explained they worked closely with a range of services including people's GPs, district nurses and occupational therapists to meet people's health needs. They also contacted services which provided a range of equipment.
- For example, one care plan identified that the care workers needed to inform the GP when the person required a chiropodist visit so it could be arranged.

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

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 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 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.

- The provider had a process to assess a person's ability to consent to specific aspects of their care and support. At the time of the inspection everyone who was receiving support could consent to all aspects of their care.
- The registered manager explained they carried out a mental capacity assessment as part of the initial assessment of a person's support needs if they had identified a possible concern in relation to their ability to consent to their care. They confirmed they were in the process of reviewing their mental capacity assessment process to ensure it complies with the principles of the MCA.
- Care workers demonstrated a good understanding of the principles of the MCA and how they could support people with making decisions about their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy with the care they received and the care workers that visited them were kind and caring. One person commented, "They are brilliant. They treat me like a human being. The care workers are kind and caring otherwise they would not be care workers."
  - A relative told us, "The care workers are kind and caring otherwise I would change them. I am very happy with the care provided."
  - People's care plans identified their religious and cultural beliefs. The registered manager told us that they focused on meeting people's specific wishes in relation to their religion and culture when planning their care with them. For example, one person had identified a specific gender of care worker for different aspects of their care package and the registered manager had set up a rota to meet the person's wishes.
  - Care workers demonstrated a good understanding of the importance of maintaining a person's privacy and dignity when providing care. One care worker commented "I make sure when changing my client, I close windows, doors if it needs to be even though they live alone, when helping shower I close the door."
- Training records showed that the care workers had completed equality and diversity training.

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

- People were supported to be involved in the development of their care plan. One person commented, "Yes I was involved in writing my care plan. If I have any adjustments to my care, I can call them and they will make the changes."
- People were supported to access community organisations and advocacy when necessary. The registered manager explained they provided people with information on local support groups and organisations that could support their specific needs. For example, they identified people who had issues with obtaining shopping during the pandemic and the registered manager contacted local groups that were providing support with food deliveries, which were then arranged.
- Care workers were given the flexibility to spend extra time with people during visits if they felt the person needed extra support. The registered manager explained that, during the pandemic, if a care worker identified that the person they were visiting needed some extra time to have a chat or needed additional support they were able to spend more time with them to reduce the risk of social isolation.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care plans identified how they wanted their care provided. The information in the care plans included how the person wanted their personal care, if the person needed help with making and/or eating meals, and any other support such as help with shopping or housework.
- Care workers completed records of the care they have provided during each visit. These included information about interaction between the care worker and the person, their experience of the care as well as what care had been provided. These records were maintained on a portable electronic device and were reviewed remotely by staff in the office.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs. These indicated if the person had any hearing or visual impairments which may impact their ability to communicate and how care workers could support the person. The person's preferred language was also identified in the care plan.
- If a person's family supported to translate conversation for their family member it was recorded in the care plan.
- The registered manager explained if a person's preferred to speak a language that was not English they identified care workers that spoke that preferred language. We spoke with a relative who confirmed that the care workers who visited their family member could communicate in their preferred language which supported the person to express how they wanted their care provided.

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

- People were supported to maintain their family and community relationships to reduce the risk of social isolation.
- Care plans and risk assessments identified people who were important to and regularly visited the person receiving care.

End of life care and support

- At the time of the inspection the service was not providing support for people requiring end of life care.

- As they were currently not providing end of life care the registered manager explained the care plans did not include any information on the person's end of life care wishes. The registered manager confirmed they would speak with people receiving care to check if they had any specific wishes in relation to their end of life care.
- The registered manager explained if they took on a care package which included end of life care they would work with the person receiving support, their family and any professionals including the palliative care team to ensure the person's wishes were identified in their care plan and met.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. At the time of the inspection the provider had not received any complaints relating to the care provided.
- People and the relative we spoke with confirmed they knew how to raise any concerns. One person told us, "There is information in the folder in my house about how to make a complaint and I am in regular contact with the office to talk about my care."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider had a range of audits in place, but the outcomes of these audits were not always recorded. The registered manager told us regular checks were carried out on the arrival and departure times for care visits recorded by care workers using an electronic call monitoring system. They confirmed other checks included the records of the support provided by care workers during each visit, care plan audits, training record and incident and accident records.
- The registered manager confirmed that when these checks were carried out the information and any actions which had been identified to address areas for improvement were not recorded. This meant that the provider could not review the audits to look for any trends and patterns and ensure actions had been completed in a timely manner to address shortfalls.
- The provider had not always managed and mitigated risks to people's safety. During the inspection we identified risk management plans had not been put in place in response to specific risks identified during their care needs assessments. This indicated the provider's audits had not been consistently effective as it had not identified and addressed the issues we found during the inspection

This meant as the provider did not have robust systems to assess, monitor and improve the quality and safety of the service. . This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager provided examples of records for quality assurance checks which had been introduced and completed following the inspection.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with told us they were happy with the care provided by the service. One person commented, "I was the person to choose this service and if I was not happy with them, I would not stay with them. I have no issues with the service and there is nothing they could do better."
- Care workers confirmed they regularly read the care plan for the person they were supporting, and they would contact the office if the care needs had changed. One care worker said "I read every time a change is made, and I get informed by the office. I ensure to read at least once a week to be up to date."

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

- People receiving care and the relative we spoke with confirmed they felt able to contact the office to raise concerns or if they had any questions and they felt the provider had responded to the issues raised.
- The provider had a range of policies and procedures in place which would be regularly reviewed and updated when required.
- The registered manager had a clear process in place to respond to complaints and concerns in a timely manner and how they would identify where improvements should be made.

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

- There were clear roles and responsibilities identified for staff. There was a task list for office-based staff which identified who was responsible for each activity. For example, who ordered PPE and who responded to correspondence.
- The registered manager explained they had developed step by step guidance on how all the systems and processes in place in the organisation worked. This was used with new staff to learn how to follow the processes which were in place.
- Care worker told us they felt the service was well-led and one care worker commented, "I'm very happy to be part of this organisation, I met great colleagues and a team who are honestly all happy to be part of DCL-PRO. They have a clear defined purpose to support those who need care and are vulnerable which I'm very proud of. The registered manager and the team have been great role models by coaching me and standing beside me to do a job that I'm passionate about. I feel lucky to be a part of a great community, they are always fair to me and other staff members that I met."

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

- People were supported in providing feedback about the care they received. A feedback form was sent to people receiving care after six months to gain information on their views as to how their care has been provided.
- The registered manager explained they have regular contact with everyone they provide support for and they encouraged people to contact the office if they had any questions or issues with their care.

Working in partnership with others

- The provider worked closely with other organisations. The registered manager told us they attended regular provider forum meetings held by the local authority and they feel they made good connections with other providers. They worked with other organisations to ensure joined up care for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to the health and safety of service users of receiving care and treatment were not always assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of services.</p> <p>Regulation 17 (1)(2)</p>