

DMC Consulting Services Ltd

Gravesend

Inspection report

3 Westwood
Gravesend
Kent
DA11 7AA

Tel: 07525497949

Date of publication:
14 December 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling The Care Quality Commission's (CQC) regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

About the service

Gravesend is a domiciliary care agency and provides personal care to people living in their own houses and flats in the community. It provides a service to older people, younger adults and people with complex needs such as diabetes, autism, dementia and physical disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 26 people with personal care.

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

People and their relatives were positive about the care and support provided by the service. People told us they were supported in the way they preferred and felt they were involved and listened to.

Staff knew how to recognise and keep people safe from abuse and discrimination. Potential risks to people's health and welfare had been assessed. There was guidance in place for staff to mitigate these risks. Staff understood their roles and responsibilities including infection prevention control.

People were supported by staff who were recruited safely and had the skills to support people's complex needs. There were enough staff to meet people's needs. People told us staff were on time and did not rush them. People were supported to take their medicines as required.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Relatives told us people's privacy and dignity were respected by staff. People

received person centred care, staff discussed with people and relatives their goals and aspirations. Relatives told us their loved ones were supported to be part of the community.

Checks and audits were completed on the quality of the service. People, relatives and staff were supported to express their views. People and relatives knew how to raise concerns and were confident action would be taken.

The registered manager and staff were passionate about providing high quality care. They had a vision for the future of the service to offer specialised support for people living with dementia and autism.

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

Rating at last inspection

The last rating for this service was Good (published 3 July 2018).

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below

Good 

Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Gravesend

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission (CQC) conducted an inspection of this provider between 16 and 23 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

The inspection was completed by one inspector and an assistant 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 CQC. 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

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. We reviewed all the information we had received about the service including notifications telling us about significant events within the service. We used all of this information

to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care managers, team leader and support worker.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and discrimination.
- Staff understood their responsibility to recognise and report any concerns they may have. Staff were confident the registered manager would take appropriate action.
- When concerns had been raised the management team had worked with other professionals to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and there was guidance in place for staff to mitigate the risk and keep people safe. Some people were living with health conditions. Staff understood how to support people, recognise when they were unwell and what action to take.
- Staff told us how they kept people as safe as possible. They described how they had received training to move people safely and recognise when people's needs changed.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us they received their calls and staff stayed for the allocated time. One relative told us, "He always has his calls on time and sometimes they stay a little bit longer if needed." One person told us, "If they have an emergency they will ring and let me know. I have not had any missed calls."
- The care manager made sure staff had enough time to travel between calls and monitored any missed calls. There had only been one missed call this year due to sudden staff illness.
- Staff were recruited safely. The provider completed pre-employment checks to make sure staff were suitable to work with people who may be vulnerable. These checks included references and Disclosure and Barring checks.

Using medicines safely

- People were supported to manage their medicines safely. Staff received training and their competency was checked yearly, to make sure they remained safe.
- Staff supported people to administer their medicines. One person told us, "They watch me do my medication, but I do it all myself, they always prompt me if I need prompting."
- Staff completed records accurately including blood sugar levels.

Preventing and controlling infection

- People were protected from the risk of the spread of infection.

- We were assured staff were using personal protective equipment (PPE) effectively and safely. All of the people and relatives we spoke with told us staff wore PPE in line with guidance.
- We were assured that the provider's infection prevention and control policy was up to date and in line with national guidance.
- Staff had undertaken training in infection control including training specifically around Covid-19. Competency checks had been completed to ensure that staff were washing their hands and putting on/taking off PPE correctly.

Learning lessons when things go wrong

- Staff knew how and when to report incidents to the office. When incidents had occurred, they had been recorded and appropriate action had been taken.
- When required staff had worked with other professional such as the GP, to put guidance in place to prevent the incident from happening again. For example, when someone started coughing while eating, new guidelines were put in place to reduce the risk of this happening again.

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 the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

- No one was being deprived of their liberty under the MCA at the time of the inspection.
- Staff and the management team had a good understanding of the MCA. People were supported to make their own decisions about their care. Staff explained how they encouraged people to be involved in developing their care plan. One person told us, "I make all my own decisions."
- Care plans showed best interest meetings had held when a complex decision was needed, and people lacked the capacity to make it for themselves.

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.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and treated them well. One relative told us, "They have a good relationship of trust and respect. (Person) is really happy, you can see that in their behaviour and they really warm to the staff."
- Relatives and people told us staff respected their loved one's privacy making sure they were covered during personal care.
- People's needs were assessed including characteristics protected under the Equality Act 2010. Relatives told us staff supported people to have access to and be part of the community.

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

- People and their relatives had been involved in developing care plans and making decisions about their care.
- People's communication needs had been assessed. Staff knew how to support people to communicate, tools such as Picture Exchange Communication System were used. Relatives told us staff knew how to communicate with their loved one and understood the importance of this.
- Senior staff completed spot checks on staff checking on the care being given and staff communication skills. People and relatives were asked to complete feedback forms about the service and the support they receive.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People's care and support had been developed around them. One relative told us, "They are very forward thinking, we had a long review about our aspirations and hopes and they are proactive in terms of finding things to stimulate him."
- People told us staff supported them in the way they preferred. One person commented, "I am very happy with the carers, they make sure I don't forget which is what I need them to do."
- Staff explained how they supported people to have control over their care. When staff were unable to attend a call at the agreed time to prompt the person to take their medicines. Staff agreed with the person to be supported using Facetime.

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.

- Staff understood people's communication needs. These had been discussed with relatives about how to communicate with people who were non-verbal. Relatives told us staff took their time to make sure knew what was happening and were happy.
- People were given information in the way they were able to understand such as in pictorial format.

End of life care and support

- Staff supported people at the end of life. They worked in partnership with the district nurse and other professionals to make sure people received the support they needed.
- People were asked their end of life preferences. Staff supported them to devise a care plan which detailed their wishes.
- Relatives had written to the service to thank staff for supporting their relative at the end of their life. One relative had written to thank particular staff and all other supporting care staff who assisted their relative over the last few weeks as they took such good care of her.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager had a clear vision for the service, which was supported by the staff. There was a plan to move the service forward and creating a service providing high quality specialised support for people with learning disabilities and people living with dementia.
- Staff told us they felt supported by the registered manager. They were encouraged to complete training to increase their skills. Staff had development plans in place, including the registered manager, to develop the skills they need to achieve the vision for the service.
- People knew the registered manager and told us they had their phone number and email if there were any concerns or issues they wanted to discuss. Relatives told us the service was inclusive and they were involved in deciding all aspects of their loved one's support.
- Staff spoke positively about working for the service and how they were supported to achieve their goals and support people to have a fulfilled life.

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 and relatives were positive about the service. They knew how to make a complaint and were confident the registered manager would act quickly if there was an issue. One relative told us, "They would take it extremely seriously if we had a complaint."
- The registered manager had investigated any complaints received. They had been open and transparent about the issues and the actions they would take with the person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager and staff understood their roles and responsibilities. There were policies and procedures were in place to give staff guidance.
- Checks and audits had been completed to make sure staff were delivering care to the standard required. Staff competency was checked regularly, and spot checks completed. When shortfalls had been found, action had been taken to rectify them as quickly as possible.
- The registered manager had informed the Care Quality Commission of significant events which had happened within the service.
- The service worked in partnership with other health care professionals to make sure people received the support and care they required. For example, the registered manager liaised with a care manager to source

extra support and equipment for one person.

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

- The registered manager had sought feedback from staff and people. The results had been analysed and the results were positive. One relative told us, "Full confidence in them and rate them very highly." Another relative told us, "I can't think of anything negative; it is all positive."
- Regular staff meetings were held. Staff were given the opportunity to express their views about the service. Staff told us they felt listened to by the registered manager and their views were considered.