

DMC Signature Care Ltd

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Inspection report

Moulton Park Business Centre
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Northampton
Northamptonshire
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Tel: 07879994106

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25 January 2019

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

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?

Inspected but not rated

Summary of findings

Overall summary

About the service:

DMC Signature Care Ltd is a domiciliary care agency, providing personal care to people in their own homes. On the day of inspection, the service was providing personal care to one person.

People's experience of using this service:

We have been unable to rate this service as they were providing personal care for only one person.

The service had a registered manager. 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 and associated Regulations about how the service is run.

The provider did not have all the systems in place to assess all of people's risks. We have made a recommendation that the registered manager sources assessment tools that are evidence based.

The provider had recruitment procedures in place, but these needed updating to ensure all staff had their pre-employment checks carried out in a timely way.

The registered manager was continuing to develop their quality monitoring systems.

The person was involved in the planning of their care. Care plans were person centred and updated as their needs changed. The person received their care as planned.

The person received their care from a consistent staff team who knew them well. Staff had been employed to meet the person's cultural and spiritual needs.

Staff had received training and support to carry out their roles. Staff understood their roles and responsibilities to safeguard people from the risk of harm.

The person was supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

The person's privacy and dignity was protected and promoted. Staff had a good understanding of the person's needs and preferences.

There was a complaints system in place; the registered manager was exploring how to capture complaints where these were not in writing.

Rating at last inspection:

This was the first comprehensive inspection carried out at DMC Signature Care Ltd since they registered with CQC on 13 January 2017. The service had been dormant (not providing care) for a period of time; they commenced providing personal care from May 2018.

Follow up:

We will continue to monitor the service and inspect again as scheduled.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We have not rated this service

Details are in our Safe findings below.

Inspected but not rated

Is the service effective?

We have not rated this service

Details are in our Effective findings below.

Inspected but not rated

Is the service caring?

We have not rated this service

Details are in our Caring findings below.

Inspected but not rated

Is the service responsive?

We have not rated this service

Details are in our Responsive findings below.

Inspected but not rated

Is the service well-led?

We have not rated this service

Details are in our Well-Led findings below.

Inspected but not rated

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

Inspection team: One inspector

Service and service type: Domiciliary care agency

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 five days' notice of the inspection site visit it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 25 January 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people at DMC Signature Care Ltd.

During this inspection we spoke with the registered manager and an administrator.

We looked at the care records of one person who used the service including their daily records, medicines records and the assessments and care. We also examined other records relating to the management and running of the service. These included three staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

Is the service safe?

Our findings

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

We have not rated this service.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place to recognise and report safeguarding concerns.
- Staff received safeguarding training.
- The provider's safeguarding policy required updating to include local safeguarding contact details.

Assessing risk, safety monitoring and management

- The provider had some processes in place to assess people's risks; however, these were not comprehensive and did not provide staff with clear guidance on how to mitigate these risks.

We recommend the registered manager sources and implements evidence based risk assessment tools.

Staffing and recruitment

- There were enough staff to meet the person's needs.
- Staff had been recruited specifically to meet the cultural needs of the person using the service.
- The registered manager followed their recruitment processes; however, not all new staff had updated Disclosure and Barring (DBS) checks at employment. The registered manager told us they were going to update their policy and ensure all new staff undergo a DBS check at the time of employment.

Using medicines safely

- People received their medicines safely.
- The registered manager required systems to assess people's ability to manage their own medicines.

Preventing and controlling infection

- The registered manager had implemented robust systems of infection prevention and control.
- Staff used personal protective equipment to help protect people using the service from infections.
- Staff received training in infection control procedures.

Learning lessons when things go wrong

- The registered manager had identified the medicines audit did not provide enough assurances that medicines were provided safely; they redesigned the medicines audit to capture more information.

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

We have not rated this service.

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

- People's needs had been assessed prior to using the service.
- The registered manager had continually assessed one person's needs and involved agencies when their needs changed.
- The registered manager discussed their need for support in researching current standards and guidelines in care. We signposted the registered manager to sources of evidence based guidelines and suggested networking with local organisations.

Staff support: induction, training, skills and experience

- Staff received and induction and training to support them in their roles.
- Staff had received supervision when working with the registered manager.
- The registered manager told us they were implementing more formal and regular supervision.

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

- People were supported to maintain a healthy diet. Records showed one person had returned to a healthy weight following a period of consistent support to have regular meals.
- People received encouragement to drink regularly; staff monitored what people drank.
- People received food that met their cultural needs.

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

- The registered manager liaised with other agencies to assess and plan care. They were pro-active in arranging meetings and providing the necessary information to support multi-disciplinary teams make decisions about a person's care.

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

- Staff supported a person to access their healthcare appointments on a regular basis.
- Staff knew the person well; they were vigilant to any changes to their health and contacted their GP when required.

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. We checked whether the service was working within the principles of the MCA; records showed they were.

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

We have not rated this service.

Ensuring people are well treated and supported; equality and diversity

- Staff knew the person receiving care very well; they had developed a good relationship.
- Staff had been employed to meet the person's social and spiritual needs. The person was able to talk about their interests with knowledgeable staff.
- The person could continue to practice their religion and received support from staff who shared the same beliefs.

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

- The person was involved in the planning of their care; they met with the registered manager and other agencies to discuss their preferences and needs.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the person's decisions, including choice of clothing and foods.
- The person's privacy and dignity was protected and promoted.

Is the service responsive?

Our findings

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

We have not rated this service.

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

- Staff encouraged people to express their preferences and ensured these were met. For example, the person preferred their care to be given at specified times.
- People's care plans were tailored to their individual needs.
- People received their care as planned. For example, the person liked to practice standing up and taking their weight, staff supported them by using a standing hoist.
- The registered manager reviewed the person's needs regularly and as their needs changed.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to respond to complaints.
- The registered manager recognised that the person using the service would need methods other than written documents to make a complaint; they were looking at providing the person with regular opportunities to raise a complaint verbally and supplying the complaints process on their computer.

End of life care and support

- The provider did not have systems in place to discuss people's end of life decisions or preferences. They told us they would seek advice and explore how to capture what was important to people and record these.

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

We have not rated this service.

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

- The provider promoted person-centred care by involving people in their care planning and employing staff that met their specific needs.
- The registered manager had not always understood how to source evidence based tools to risk assess and plan to mitigate known risks. They showed us how they already networked with other providers and intended to use this to expand their knowledge.

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

- The registered manager had systems in place to assess the quality of the service provided; however, they also understood these systems were in their infancy and required development.
- Staff and the registered manager met to discuss how to improve people's care and the overall service. The actions from these meetings need to be recorded to demonstrate how these had been acted upon.

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

- The registered manager was exploring ways of capturing feedback from people that could not communicate in writing.

Continuous learning and improving care

- The registered manager was actively looking to improve the service through audit and building their own knowledge and skills.

Working in partnership with others

- The registered manager worked closely with the commissioners to ensure people received care that met their needs; this was evidenced when one person's needs greatly increased.