

DMC Signature Care Ltd

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Inspection report

Moulton Park Business Centre
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Date of inspection visit:
17 July 2019
18 July 2019
31 July 2019

Date of publication:
16 August 2019

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

About the service

DMC Signature Care Limited is a domiciliary care service providing personal care to older people, children and young adults in their own homes.

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 two people received help with their personal care.

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

People were cared for by staff who they described as kind, caring, passionate and patient. People's dignity and privacy was maintained, and people felt in control of their lives.

People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences likes and dislikes and their cultural and religious backgrounds. People knew who to speak to raise concerns and were confident they would be listened to.

People were cared for safely and staff understood their responsibilities to keep people safe from abuse or harm. Risk assessments were in place which ensured that staff knew what to do to mitigate the risks identified. People received their medicines safely and there were effective practices in place to protect people from infection.

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. Staff received the support they required and had access to training.

The provider was open and honest and strived to look at ways to improve the service. Staff felt well supported and people were confident in the service. Staff liaised with other health professionals and looked at ways to improve people's life experiences.

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

Rating at last inspection

When we inspected in February 2019 we were not able to rate the service as they had only been supporting one person for a short time.

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 well-led.

Details are in our well-Led findings below.

Good ●

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. 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 provider was also the manager registered with the Care Quality Commission. This means that they 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 would be in the office to support the inspection.

Inspection site visit activity started on 17 July 2019 and ended on 31 July 2019. We visited the office location on 17 July to see the provider and office staff; and to review care records and policies and procedures. We visited one person who used the service and spoke to staff on 18 July and we made telephone calls to staff and other stakeholders on 31 July 2019.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service. We had discussions with five members of staff that included two care staff, a human resources assistant, the deputy manager and the provider. We looked at the care record of one person who used the service, staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and information relating to complaints.

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 not rated. At this inspection this key question has now been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person said "I feel safe in my own home, I'm okay. The care staff are very patient with me."
- Staff received safeguarding training and knew what signs to look for to keep people safe from harm or abuse. There were up to date procedures in place for them to follow.
- The provider understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's risk had been assessed and plans were in place to mitigate the risk identified. For example, there was a detailed plan in place as to how a person with limited mobility should be moved; there were clear instructions for staff to follow and the provider had sought advice from an occupational therapist.
- People had emergency grab sheets in place which ensured that details of their condition and medicines prescribed were to hand in an emergency. This ensured other agencies responding to an emergency had the information they required to continue to provide safe care.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home environment.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff had been checked for any criminal convictions and references had been obtained before they started to work for DMC Signature Care Ltd.
- There was enough staff to meet people's needs and the provider had recruited staff to specifically meet the cultural needs of people using the service.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had received training and their competencies were tested. The provider monitored the administration of medicines regularly.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff wore protective clothing such as gloves and aprons.

- Staff were trained in infection control and there was a policy and procedure in place which staff could access.

Learning lessons when things go wrong

- The provider had made changes to recruitment practices following the last inspection which ensured there was a thorough process in place. They had also made changes to the call monitoring system to ensure if a member of staff failed to turn up to a visit then the management team would be alerted. This ensured the person requiring support was not left without support.

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 not rated. At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required.
- People were involved in developing their care plan. One person said, "We [staff and person] talk about my care plan every day."
- The plans detailed how people wished to be cared for, what staff needed to be aware of, their likes and dislikes, communication needs and their cultural background.
- The provider sought advice and guidance from other organisations and used best practice guidance to develop care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles and training was refreshed which ensured staff followed up to date guidance and procedures. One member of staff told us an occupational therapist visited regularly to ensure staff were competent and confident in their manual handling responsibilities.
- Staff were given opportunities to review their individual work and development opportunities. One member of staff said, "I regularly meet with [provider] and we talk about what's working well and how we can make improvements."

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

- People were supported to maintain a balanced diet. There was information in care plans instructing staff how to support people with their dietary needs. For example, we saw information as to how often meals were to be given, the quantity and consistency of food required.
- The provider had sought advice and guidance from a dietician and speech and language therapist when needed and staff kept records of the amount of food and drink people consumed. This information was shared with professionals to assess what further support a person may require.

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

- People were supported to live healthier lives and were supported to maintain good health. The service worked alongside occupational therapists, speech and language therapists, district nurses and supported people to access their GP.
- Staff knew people were vigilant to any changes in a person's health and sought the appropriate support

when needed.

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 and found they were.

- People's consent to care was documented within their care records. One person told us, "The staff always ask me first what I want." We observed staff asking one person what they needed and wanted.
- Staff were trained and understood the principles of the MCA.

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 not rated. At this inspection this key question has been rated as 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

- People were cared for by staff who were kind, caring, patient and who respected people's individuality. One person said, "The staff are very kind and patient, nothing is too much trouble and they are always gentle with me." We observed good positive interactions between people and staff.
- Staff had the time to get to know people and had been selected to work with people who shared the same cultural and religious backgrounds. This ensured people could continue to practice their religion.

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

- People were involved in their care. We saw staff offering people choices and asking them what they wanted and when. One person said, "The staff listen to me, what I say goes."
- The provider was aware of the need for people's voice to be heard, so ensured people had access to an advocate if they needed to have someone to help them speak up about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. Staff knew how to maintain a person's dignity ensuring that they were not left in a compromised position and providing personal care with curtains drawn and doors closed.
- Care records were kept securely and confidentiality maintained.

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 not rated. At this inspection this key question has been rated as 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 had individualised care plans, which detailed the care and support people wanted and needed. We saw one person needed to complete regular exercises which the staff supported them to do.
- Staff knew people well and spoke about preparing meals that met a person's cultural need and giving choices such as what a person may like to wear or where they wished to spend their time.

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.

- People's communication needs were assessed. The provider told us if people needed information in any other format they would accommodate. At the time of the inspection no one had any specific communication needs.

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 go out in the community to spend time with family and attend their local church. This ensured they did not become socially isolated and maintained their relationships.
- Staff supported people to use technology to keep them in touch with their family.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint. One person said, "I would speak to [provider], they are very good."
- There was a complaints procedure in place and people were given information as to how to make a complaint. When a complaint had been made this was investigated and any lessons learnt were shared with staff.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The provider was aware of the need to develop plans with people to ensure people's preferences and choices in relation to end of life care were known.

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 not rated. At this inspection this key question has been rated as good. 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

- People were at the centre of everything the service did; the provider ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes. Staff were recruited to meet people's specific needs.
- There was an effective on-call system in place which ensured that there was always someone for people and staff to contact if they had any concerns. This enabled the service to respond to people's individual needs at any time. A staff member said, "[Provider] or [deputy manager] are always on the end of the phone at any time, [provider] regularly calls in to see how things are."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had an open-door policy. Staff confirmed they always felt able to speak to any of the management team and the provider. When things had gone wrong the provider had notified the appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- There were systems in place to monitor the quality of the service. These would need to be developed further as the service grew. The provider was aware of the need to develop systems and was receptive to ideas as to how to best do this.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work were undertaken which ensured they provided the care and support at the standards required by the provider.

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

- People's feedback was regularly sought through reviews, 'spot checks', and regular visits by the provider. The information was used to drive improvements.
- Staff attended regular meetings and told us they felt able and encouraged to speak up and share ideas.

Continuous learning and improving care

- The provider was proactive and receptive to ideas and took up learning opportunities where they could. They attended meetings led by the local authority for registered managers and were part of a What's app group of managers sharing ideas and providing support to each other.
- The provider looked at ways to help people have a voice and was working with a local advocacy service to develop a carer forum to support carers.

Working in partnership with others

- The provider worked with local authority commissioners to ensure people received the care that met their needs.