

Review of compliance

Dimak Healthcare Limited Dimak Healthcare	
Region:	East
Location address:	3 and 3a, Market Street North Walsham Norfolk Norfolk NR28 9BZ
Type of service:	Domiciliary care service
Date of Publication:	February 2012
Overview of the service:	Dimak Healthcare is a domiciliary care agency, which provides personal care to adults who live in their own homes. The level of support provided is decided following an assessment of need. The agency has a manager who is registered with the Care Quality Commission.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Dimak Healthcare was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Dimak Healthcare had made improvements in relation to:

Outcome 09 - Management of medicines

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 January 2012, checked the provider's records, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

During our inspection we visited three people in their own homes. These people said they were pleased with the way the service handles their medicines for them. One person told us they were unaware of any gaps in medicine administration and medicines are given to them correctly.

What we found about the standards we reviewed and how well Dimak Healthcare was meeting them

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider is compliant with this outcome, but, to maintain this we have suggested some improvements are made. People receive their medicines as they are prescribed. However, improvements should be made to care plans for administering medicines to ensure that staff have sufficient guidance.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

In a previous review, we found that improvements were needed for the following essential standards:

- Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

In a previous review, we suggested that some improvements were made for the following essential standards:

- Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights
- Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People we visited during this inspection said they were pleased with the way the service handles their medicines for them. One person told us they were unaware of any gaps in medicine administration and medicines are given to them correctly.

Other evidence

Following our inspection of 18 October 2011 the Commission issued a Warning Notice in relation to medicine management issues we raised during the inspection. The warning notice expired on 31 December 2011. During our inspection of 16 January 2012 we assessed the arrangements in place for the safe management of medicines for people using the service who had some or all of their medicines managed on their behalf.

We visited three people using the service. For each the agency had put in place new medicine administration charts which clearly set out medicines prescribed for them and administered by the service. We found there to be overall improvement in records for the administration of medicines. Where we were able to audit records against medicines remaining we found they could be accounted for which demonstrates that records are accurate and medicines have been given as prescribed.

We found that for a person prescribed a medicine for application to their eyes the container had been safely handled in a way which enables its short expiry time to be adhered to.

We looked at each person's care note file and found there was written reference to medicine administration in each. However, we noted there to be inaccuracies in the stated daily frequency of medicine administration for some people. We also noted there is still insufficient detail in care plans in relation to how each person's medicines should be managed by staff when visiting.

Our judgement

The provider is compliant with this outcome, but, to maintain this we have suggested some improvements are made. People receive their medicines as they are prescribed. However, improvements should be made to care plans for administering medicines to ensure that staff have sufficient guidance.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: People receive their medicines as they are prescribed. However, improvements should be made to care plans for administering medicines to ensure that staff have sufficient guidance.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA