

Dobix Healthcare Ltd

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Inspection report

Victory House, 400 Pavilion Drive
Northampton
NN4 7PA

Date of inspection visit:
13 October 2022

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Dobix Healthcare Ltd is a domiciliary care agency. They provide personal care to people living in their own homes and within a supported living setting. 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 were receiving personal care.

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

Right Support:

Medicine management required improvement. Records were not consistently completed to evidence people received medicines as prescribed.

Risk assessments and care plans were person centred. However, additional information was required to ensure all aspects of a person's life and needs was documented to ensure staff had all the information to support people safely.

People were supported by staff who knew them well. There were sufficient staff to meet people's needs. Staff were recruited safely and completed the relevant training required.

People were supported to access activities of interest to them. People attended day services, discos', shops, trips and outings.

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.

Right Care:

People were supported by staff who knew them well and understood their needs. Staff understood and followed safeguarding procedures to protect people from risk of abuse.

Staff promoted people's dignity, privacy and human rights. Staff were kind and caring towards people.

People were supported with their healthcare needs. Staff supported people to access doctors, dentists and

other health professionals as needed.

Care plans included people's likes, dislikes, hobbies, interests and any cultural or religious needs. People and their relatives were involved in care planning and care plans were signed by the person or their representative.

People were supported with their communication. People's communication needs were documented to support staff to understand and communicate effectively with people. The registered manager ensured information was in a format people could understand.

Right Culture:

Oversight of service to assess, monitor and improve the service required improvement. Systems and processes to ensure records were kept up to date and relevant were not always effective. The manager implemented new audits immediately after the inspection.

Staff felt supported within their roles and the registered manager worked directly with people to ensure they lead by example. The registered and staff were dedicated to achieving best outcomes for people. The provider had a clear vision for the service

The registered manager was open and transparent. Staff felt able to raise any concerns and felt assured any issues would be dealt with appropriately and quickly.

People, relatives, staff and professionals were able to feedback on the service via reviews, correspondence and annual surveys.

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

Rating at last inspection

This service was registered with us on 29 April 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 

Dobix Healthcare 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed 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. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small.

Inspection activity started on 13 October 2022 and ended on 19 October 2022. We visited the location's office on 13 October 2022.

What we did before inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We were unable to communicate with people being supported by Dobix Healthcare Ltd. However, we spoke to two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, service manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff 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 of 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.

Using medicines safely

- Medicine management required improving. We found records for the administering of some medicines were not consistently completed. For example, we found gaps in the recording of creams and when people were given an 'as required' (PRN) medicine the reason for administering it was not always documented. However, relatives raised no concerns with medicine administration. The registered manager agreed to update these immediately.
- PRN protocols did not always contain the necessary information staff required to ensure people received PRN medicines as prescribed. (A PRN protocol should include information on when an PRN medicine should be given, the dosage and maximum dosage allowed within 24 hours)
- Medicine administration records (MAR) did not always contain the information required. For example, when staff transcribed (hand wrote) a medicine there was not always the dose or full name of the medicine. This put people at risk of not receiving medicines as prescribed. However, we found no issues with these medicines being administered.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported safely. Risk assessments were in place to identify known risks. However, strategies were not always clear on what staff were required to do to mitigate risk. For example, when a person was unable to distinguish between hot and cold, strategies were not clear on what staff were required to do to prevent scalding.
- Staff and relatives told us staff knew people well and understood their individual needs. Relatives told us people felt safe being supported by staff from Dobix Healthcare Ltd.
- The provider reviewed all accidents and incidents to identify any trends or patterns. All incidents and accident forms included full details of what happened and where and there were actions logged to mitigate and further risks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had policies and procedures in place to safeguard people from abuse. Staff completed body maps when an injury occurred, and the registered manager understood the need to investigate any unexplained injuries.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Safeguarding training included signs and symptoms of abuse, how to report any concerns and who to report them to. Staff understood they could report concerns to external agencies as well.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Relatives and staff told us staff turned up on time and staff were always available to meet people's individual needs.
- People were supported by staff who had been recruited safely. The provider requested references from previous employers and Disclosure and Barring Service (DBS) checks were completed before staff started to work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider had an up to date infection, prevention and control policy in place.

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.

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

- Care plans contained person-centred information within them. However, additional information regarding health concerns or specific areas of support would be beneficial to ensure staff understood and could support all care and support needs a person may have. Relatives and staff told us staff knew people well.
- People's needs were assessed before they started using the service. Relatives told us they were involved in sharing information to be included into care plans and risk assessments.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Staff support: induction, training, skills and experience

- Staff received ongoing training in fire, IPC, moving and handling, communication and epilepsy. Staff also had training in the wide range of strengths and needs of people with a learning disability and or autistic people may have. These included mental health needs, communication tools, positive behaviour support and human rights.
- However, not all temporary (agency) staff had evidence of training in learning disabilities or understanding autism. The registered manager contacted the agency used immediately to ensure all staff had the required training.
- Staff received an induction, training and completed shadow shifts before lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member)
- Staff were supported within their roles. One staff member said, "We have monthly meetings to discuss our needs and the needs of [people] we support. I feel supported within my role."

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

- People's oral health records required improvement. Records were not consistently completed to evidence support with oral hygiene.
- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. We saw evidence of dentist referrals, GP and speech and language therapists involvement.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals in their preferred way.

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 MCA 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.

- People's rights under the MCA were respected, consent was gained, and people were supported to live their lives independently.
- People were supported to make decisions. When a person lacked the capacity to make a decision a best interest meeting was held.

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

- Staff treated people with dignity and respect. Relatives told us how pleased they were with the way staff interacted with people.
- The registered manager ensured person centred care was delivered by completing spot checks on staff. Staff had a good knowledge and understanding of the people using the service.
- Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

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

- Care plans were completed with people or their relative. Care plans were signed to evidence people, or their relatives agreed to the contents and they were reflective of people's needs.
- People's communication needs were fully documented in all care records; this supported staff to understand and communicate effectively with each individual person.
- Staff stated they explained things as much as possible, for example, by speaking clearly to ensure people understood.

Respecting and promoting people's privacy, dignity and independence

- People were supported with all aspects of their lives. People were supported to learn new skills and be as independent as possible
- Care plans included information on what people were able to do themselves and what they required support with. This enabled staff to support people with their independence.
- Care plans detailed how to support people's privacy. Staff told us how they ensured people had a right to privacy.

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 had care and support plans that were personalised and reflected their needs and included likes, dislikes, routines and details on what people could do independently and what support was required with specific tasks.
- Care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes.
- Staff told us they knew people well and care plans were kept up to date. Care plans were signed by the person or their representative. A relative told us, "We were involved in the care planning process."
- The service met the needs people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs. We saw information translated into easy read.
- Care plans contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.

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 engage in activities that were meaningful to them. Care plans included hobbies, pastime's and religious or cultural activities specific to the person.
- People were supported to stay in contact with people who were important to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and relatives and staff knew how to complain. There were no complaints at the time of inspection. The registered manager understood the need to respond appropriately and to keep records of actions required.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The registered manager was in the process of gaining information from people and their relatives on their wishes and needs relating to end of life care and support.
- If anyone required end of life support the registered manager would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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.

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

- Systems and processes in place to audit medicine records were not effective in identifying the concerns we found on inspection with missing signatures and missing information. The registered manager agreed to reformat audits to ensure any missing information or signatures were identified immediately.
- Systems and processes were not always effective in identifying missing or incorrect information within care plans. All Care plans were amended after the inspection.
- Systems and processes had not identified the missing training for temporary (agency) staff prior to inspection. The registered manager contacted the agency to establish correct training had been completed for all agency staff. Any staff without the appropriate training were no longer working at the service. All agency staff had updated profiles sent to the registered manager.
- The registered manager was implementing new audits to ensure any issues or concerns would be identified and rectified quickly.

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

- The registered manager was visible and available within the service, approachable and took a genuine interest in what people, staff, relatives and other professionals had to say. Managers worked directly with people and led by example. One staff member told us, "The manager is really committed to ensuring the [people we support] receive the best possible care and the staff are treated well too."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us, they felt listened to and valued at work.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The provider had systems in place to take account of people's opinions of the service they received by reviewing care plans, regular correspondences with relatives and professionals and an annual survey.
- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have

occurred.

- Information was shared with staff through team meetings and handover sessions. Staff told us they felt confident to raise any suggestions or feedback to their line manager.

Continuous learning and improving care; Working in partnership with others

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager was open and transparent throughout the inspection and implemented changes based on the feedback given.