Dales Community Care Limited

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Inspection report

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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

We undertook this announced inspection on the 23 March 2016. At the previous inspection, which took place on 30 June 2014 the service met all of the regulations that we assessed.

Dales Community Care Limited is a domiciliary care agency, providing personal care to people in their own homes. The office is based in the village of Grassington in the Yorkshire Dales and supports people in the local and surrounding areas.

At the time of this inspection the service was providing support for 61 people. The Dales Community Care Domiciliary Care Agency employed 24 support staff and also a registered manager.

The registered provider is also the registered manager. They had been registered with us since February 2013. 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 2008 and associated Regulations about how the service is run.

People who used the service and relatives told us that the service was safe. People were protected by staff who were aware of safeguarding procedures and could demonstrate how they had taken action to safeguard people when necessary.

The service recruited staff in a safe way making sure all necessary background checks had been carried out. There were risk assessments in place to identify risks due to people's health or mobility and to make sure these were minimised without intruding on people's privacy and independence. There were records that showed staff received the training they needed to keep people safe.

Care plans were comprehensive and had associated risk assessments. Some of the people who used the service were supported with taking their prescribed medication and staff told us they were trained and competent to assist people with this.

People were protected because staff at the agency were aware of and followed the principles of the Mental Capacity Act 2005.

Staff were supported and trained to help them deliver effective care. They had access to mandatory training, and staff told us they were supported to attend other courses which would be of benefit to their personal development and people who used the service.

Staff had regular contact with other healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. People were provided with care and support according to their assessed need.

Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages. Policies and procedures had been updated to ensure they were in line with current legislation.

The service was well-led. The management team were committed to providing a good quality service. Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages.

There were good auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The registered manager had appropriate systems in place to assess and manage potential risks to people including the risk of abuse.

Recruitment checks were completed on all new staff prior to their employment.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training before they visited people who needed this level of support.

Is the service effective?

Good

The service was effective.

Care staff were provided with training relevant to their roles and felt supported. Staff supervision and monitoring systems were in place.

If people needed assistance with meals or eating and drinking, information about this was included in their care plan and part of their agreed care package.

The service appropriately sought advice and support from relevant health and social care professionals.

Is the service caring?

Good

The service was caring.

People told us that care staff were caring and treated people with dignity and respect.

The service promoted privacy, dignity and independence well.

People told us they were involved in making decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, planned and reviewed. People had individual care plans which included information about their care needs and preferences.

Care staff were knowledgeable about the needs of people they supported. The care staff we spoke with were able to tell us about the people they supported and how they monitored and responded to any changes.

A complaints procedure was in place and records showed that complaints were appropriately investigated and responded to.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager and local management structure to support the day to day running of the service.

People felt the care staff tried really hard to support local people in the community well and for as long as possible.

Systems were in place to monitor the quality of the service, through regular audits, checks and monitoring.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 March 2016. It was announced and was carried out by one adult social care inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us. We were also supported by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses care services. The expert-by-experience who assisted with this inspection had experience of using health and social care services and caring for people who used these services.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We received a Provider Information Return (PIR). The PIR 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.

During the inspection visit we looked at records which related to people's individual care. We looked at six people's care planning documentation and other records associated with running a community care service. This included three recruitment records and the care staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the service we spoke with the registered manager and two care staff. We telephoned a total of twenty two people. We spoke with nineteen people who received a service

and three relatives.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any feedback about the service, and we have incorporated this in our report.

Good

Is the service safe?

Our findings

People we spoke with who used the service told us that they were being supported safely. People made comments to us such as, "I definitely feel safe" [when getting showered], "they hold my hand or arm to support me." Another person said, "I'm wonky after a stroke, but feel safe, they [care staff] give me a good helping hand" and another person said, "They [care staff] are very obliging, very careful."

One person described how care staff washed and creamed their legs and put their elastic stockings on. They went on to say that care staff were always, "careful and gentle". We saw in one person's care plan when their care was being reviewed they had commented, 'I have no concerns about my safety, I feel very safe, my carers [staff] come and visit four times daily.'

The service had in place arrangements to protect people from abuse and ensure that any concerns were reported. The care staff we spoke with told us that they had received training on recognising and safeguarding people from abuse. Training records we saw confirmed this. Staff were clear on their responsibilities and able to tell us how they would report any concerns to their management or other external agencies if necessary. The care staff we met and spoke with had confidence in their line managers dealing with issues appropriately and felt able to raise concerns. We saw a copy of the employee's handbook which was given to care staff once they commenced working for the service. This booklet contained information of key policies and procedures such as staff code of conduct, training and whistleblowing.

The service protected people from unsuitable staff. During our office visit we checked the recruitment records for three staff. These records showed that new staff underwent a thorough recruitment process. This included obtaining an employment history, written references, completing interviews and undertaking a Disclosure and Baring Service [DBS] check. The DBS checks whether or not people have a criminal record or are barred from working with certain groups of people. This helps employers make safer recruiting decisions.

The rotas we looked at showed that there was sufficient suitably qualified care staff working at the service to meet people's needs. Care staff rotas were based around people's needs. The registered manager informed us they had sufficient numbers of care staff to provide care and support to people in their own home. They told us the staffing numbers were adjusted to meet people's needs and we saw that the number of care staff supporting a person could be increased if required. This meant there were sufficient numbers of care staff available to keep people safe. We were told by the registered manager that rotas were prepared four weeks in advance and checks carried out by management to ensure sufficient staff were on duty. 'on call' arrangements were also in place to support staff in the event of an emergency. Rotas were given to care staff on a daily or weekly basis. The registered manager informed us that a new computer system was being installed. The new system when fully operational will inform staff of their rotas via their mobile phone.

Several people told us that care staff arrived late and did not always have enough time although this did not affect their overall satisfaction with the service provided. However, people went on to say that this had

occurred during the adverse weather conditions in the area. One person told us, "They [staff] are good girls but always seem in a rush." We discussed this with the registered manager who said that late calls were monitored and that people rang the office if their care staff were late. Care staff usually called the person directly or the office if they were going to be delayed by half an hour or more. We were informed by the registered manager that due to the recent adverse weather conditions and flooding in the area, this had created great difficulty for care staff to visit people for some time. The registered manager told us that the new computer system which is to be introduced in the summer would also monitor all visits to people who received a service. They also told us that care staff were given the appropriate length of time to spend with people and this was monitored.

Care staff we spoke with confirmed that they had the right equipment to do their job properly and said they always had sufficient disposable gloves and aprons. This meant that care staff had access to all the equipment they needed to reduce the risk of the spread of infection.

We looked at how the service supported people who required support with their medicines. Care staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines. The staff training records we looked at confirmed what we had been told. The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with this. People had given their consent by signing the medicines form provided by the service.

We looked at the arrangements that were in place for risk assessment and safety. The service had in place policies and procedures relating to health and safety. These provided guidance to care staff on how to work in ways that kept themselves and people using the service safe. Risk assessments had been completed in the care records we looked at and included environmental risks and any other risks relating to people's health and support needs. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Systems were in place to report and monitor accidents and incidents. Care staff were aware of the need to report accidents and incidents and the registered manager carried out a monthly review of accident and incident reports. The records we viewed showed that appropriate actions had been taken following the incident or accident. For example, involving relevant professionals and reviewing staff practice to help prevent reoccurrences.

Good

Is the service effective?

Our findings

People using the service were positive about the service they had received. One person said, "Staff are pleasant and willing" another said, "I am satisfied with what they do."

Care plans we saw had been reviewed and updated in a timely manner. Everyone we spoke with said they did have a care plan and this had been completed with people prior to the service starting.

We also looked at the arrangements that were in place to ensure that people received a balanced diet and received the help they needed with eating and drinking. The service provided people with help and assistance with meal preparation, eating and drinking where this was part of their agreed plan of care. Where assistance with meals was provided, we saw information was in people's care plans to guide care staff regarding this. People we spoke with who received support with their meals gave positive responses saying they left out the food they wanted which the care staff would make for them. This was generally sandwiches, soup or microwave meals. One person told us she had a bacon sandwich every morning and that this was prepared and presented nicely. Another person said, "All the meals are lovely, I put out what I want and they make it for me."

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. 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. We checked whether the service was working within the principles of the MCA and found that they were.

We saw that care staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. It was confirmed by the registered manager at the time of inspection that the service had not made any applications to the Court of Protection.

We looked at three staff files and could see records of supervision taking place on a regular basis. Supervision is where the registered manager or senior care staff meet regular with care staff to discuss their practice and training and development. Records also included spot checks that had been undertaken in people's homes to make sure they were happy with the care provided and to also monitor staff performance. We saw that these had been carried out by managers from the service. We also saw training records in staff files that they had completed. We saw a range of training had been completed by staff. Training covered areas such as pressure areas, safe moving and handling, medicines, first aid, safeguarding people and end of life care. This was just some of the training that had been undertaken by staff.

The registered manager told us they had a good working relationship with local GPs and the community nursing team. We saw evidence of the service working closely with healthcare professionals and other agencies such as the local authority in the care plans we looked at. One relative told us how their relative's skin was well looked after by the care staff who creamed their legs and other parts of their body every day and were vigilant in checking for bedsores. The relative said that the district nurse had commented on how their relative's skin had been kept in good condition.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were caring and kind. One person told us, "I'm very fond of some of them. Highly satisfied, a wonderful service, don't know what I would do without it." Other people made comments such as: "On the whole they are very good" and "Happy with care, they are very nice" and "Encourage me to do what I can."

Care staff we spoke with were aware of the importance of protecting and maintaining people's privacy and dignity. They could describe how they gave people choices about how they wanted their care delivered and how they actively protected people's privacy. For example, asking if people wanted staff there with them or waiting close by, and how they made sure curtains were drawn and kept people covered while assisting with personal care.

We asked people if they felt their dignity and privacy was respected and from the responses we received found that this was observed by staff when delivering personal care. People said that the care staff made sure their dignity was protected at all times when they were supported with their personal care. One person who received a service talked to us about their experience when being supported with their personal care. They told us at first how they had been embarrassed about getting washed but said the care staff were professional telling us they "acted as if they had done it for years and I soon got used to it."

We saw in the daily visit sheets in people's care plans that staff had recorded how they respected and maintained people's privacy and dignity when assisting them with personal care.

Another person told us that their care included time for a chat with staff and said this was the only social interaction they got all week. They said, "I look forward to it, I consider some of them [staff] as friends not carers I know all about their families, holidays etc."

Family members of people who used the service were equally pleased about the care their relative received. Comments from relatives included, "Excellent service, nothing but praise for them. We have a small team of care staff; mum has built up a relationship with them."

Care staff we spoke with were knowledgeable about people's needs and preferences. They told us they had access to people's support intervention plan, wrote daily records and had time to read them if they had been on days off. They felt this was an important part of getting to know what mattered to people and how they had been. Care staff told us they were always given time to get to know people and their families so that they could work together for the best outcomes for people.

Care records we looked at showed that people were supported with all areas of daily living from showering, shopping to supporting them to prepare their meals. All the records we looked at confirmed that people were regularly involved in reviews of their needs.

Good

Is the service responsive?

Our findings

People told us that the service involved them in decision making about their care and support needs. One person told us, "They [care staff] do anything I ask, brilliant, she's a treasure."

The registered manager explained they carried out a detailed assessment of people's needs, before they started the service, to ensure the agency had the skills and capacity to provide the care that was needed. Assessments included information about people's physical health and personal care needs. Each record contained detailed information about the person and how they wanted to be cared for. This assessment formed the basis of a more detailed plan of care people told us they received.

Care plans we looked at were person centred and provided good detail to assist staff to provide consistent care that met people's care needs, their wishes and preferences. Each care plan we looked at clearly outlined what was important to the person who used the service. This information helped staff who were caring for them to know more about the person. Care plans were written in the first person.

For example written in one person's care plan it said, 'My hands are becoming less mobile. I have difficulty moving my fingers. I have my hair washed and blow dried on a Friday morning.' In another person's care plan we saw that the care staff had arranged to take them on a 'shoot' as they had been a game keeper. We saw that the person had told care staff that 'this had been the best day of his life.'

Care plans we looked at had been reviewed at least monthly but more often if needed to ensure that people were receiving the care they needed. Everyone we spoke with said they did have a care plan and this had been completed with people, when they were at home and prior to the service starting. People told us they felt they were part of the process.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service's attention. The service had a complaints procedure in place, setting out how complaints could be made and how they would be handled. We saw that information about complaints was included in the information pack people were given. We saw there had been two complaints. One regarding a missed call during adverse weather and the second related to funding. The registered manager was able to show us the record of complaints, the actions that had been taken and how complaints were monitored by the registered provider. Everyone we spoke with told us they knew who to contact if they had a complaint.

The provider conducted annual surveys, giving people the opportunity to discuss the service they have received. We saw that surveys had been carried out in December 2015 and January 2016. We did not see where any improvements or actions were needed to be taken as people were satisfied with the service they received.

Good

Is the service well-led?

Our findings

The service was well-led. There were clear lines of accountability and the roles and responsibilities of staff were clearly defined.

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with us since January 2013. The registered provider is also the registered manager. The provider/registered manager maintained an active role in the management of the service and provided a daily presence in either the agency office or working out in the community supporting people. During the inspection the registered manager was present and was able to answer our questions in full. The registered manager was well qualified and experienced in care. In April 2015 they had achieved a Diploma in Dementia Care Matters.

People were sent service user satisfaction surveys. Most people we spoke with confirmed that they had completed the surveys and returned them, some people could not remember. We saw and received a copy of some of the responses from the last questionnaires the service had sent to people. People made positive comments about the service such as, 'The support provided is exceptionally good at all times. We could not have made the progress we have made without the outstanding support from Dales Community Care' another person commented, 'As far as we are concerned your service is outstanding.'

Staff received regular support and advice from their line manager via phone calls, texts and face to face meetings. Staff felt that managers were available if they had any concerns. All of the staff we spoke with told us that the registered manager was actively involved in the service and were very supportive. A member of staff told us, "We are like a little family unit who looks after people." Another member of staff said, "The registered manager is very supportive. We are a very supportive team. A lot of us have worked here a long time."

Care staff attended staff meetings and they told us they felt these were useful meetings to share practice and meet with other care staff. We saw from records we looked at that care staff team leader meetings had been held, which gave opportunities for staff to contribute to the running of the service. We saw the minutes from the last meeting for team leaders had been held on the 7 March 2016.We saw minutes from the last care staff meeting had last been held on 21 January 2016. We saw from the minutes that care staff had the opportunity to discuss up to date practice.

People's care plans were audited and spot checks were undertaken in people's homes to make sure they were happy with the care provided and to also monitor care staff performance. This was carried out by the registered provider/registered manager and team leaders. We saw in people's care plans we looked at that these visits had taken place. The registered manager told us if issues were identified extra staff training and support was provided.

The registered manager was also able to show us the quality checks and monitoring that they undertook.

For example, monthly audits of personnel files and client files to ensure that records were up to date and included all of the required information. Other checks included accident records to ensure any incidents had been recorded, reported and actioned appropriately. There were also audits for areas such as medicines, which included spot checks and competency checks were carried out to ensure that staff were working within good practice guidelines.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred all were recorded and these were reviewed each month which helped to minimise re-occurrence.