

Dana Payne Limited

# Dana Care

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Dana Care provides a personal care support service to people in their own home. At the time of this inspection the agency was providing a service to around 70 people, employing 26 members of staff.

This inspection was announced and took place on 17 and 18 May 2017. We told the provider two days before our visit that we would be coming to ensure that the people we needed to talk to would be available.

People's care and support needs were met. People and relatives highly valued the service provided to them giving many examples of where the staff went 'the extra mile' in meeting needs. They reported that staff were highly motivated and always striving to support them in any way they could. The agency responded promptly when people's needs changed, enabling them to remain at home.

Dana Care offered outstanding end of life care support to people. Staff care for and support people that mattered to the person who was dying with empathy and understanding. Where people had no relatives, care workers sat with them to ensure that they were not on their own.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how to take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce likelihood of recurrence.

Robust recruitment systems were being followed to make sure that suitable, qualified staff were employed in the right numbers for effective running of the service.

Where people needed assistance with their medicines, this was managed safely.

The staff team were trained so that they were equipped with the knowledge and skills for them to fulfil their role effectively.

Staff were well supported through supervision sessions with a line manager, and an annual performance

review.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interests where people lacked capacity to consent.

People and staff were very positive about the standards of care provided and how the agency responded with every assistance when this was needed. People were treated compassionately as individuals, with staff knowing people's needs.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to care for and support people. The plans were person centred, up to date and accurate.

There were complaint systems in place and people were aware of how to make a complaint.

The agency was well led with a positive, open culture.

There were systems in place to audit and monitor the quality of service provided to people.

## 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.

People were protected from harm because risks were identified and mitigated through risk assessment procedures.

People were supported safely with assistance in taking medicines they required.

There were sufficient staff with the right skills and knowledge to meet people's needs.

Good 

### Is the service effective?

The service was effective.

People were supported by staff who were appropriately trained and they were also supported through regular supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

Good 

### Is the service caring?

The service was extremely caring.

People reported that the agency and staff went above and beyond that which they were contracted and provided an outstanding service. People described the care they received as 'absolutely brilliant', saying 'I can't speak highly enough of them'.

Staff were highly motivated and provided compassionate care to people.

Staff provided outstanding end of life care to people, providing support to people who were dying and those that were important to them. They ensured that people who had no family were not on their own.

Outstanding 

### Is the service responsive?

Good 

The service was responsive to people's changing needs.

People received the care they needed with care plans reflecting their individual needs and goals.

The agency had a complaints procedure and people felt able to raise any concerns.

**Is the service well-led?**

The service was well led.

There were systems in place to monitor the quality of service provided.

There was a positive culture where people and staff were confident to report any concerns to the management team.

**Good** ●

# Dana Care

## **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 was 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.

We reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 17 and 18 May 2017. We contacted the provider two days before the inspection date to arrange the time of the visit to ensure that people we needed to talk to would be available. One inspector carried out the inspection on both days of the inspection. The first day was spent in the office when both the registered provider and registered manager were available to assist us; the second day was spent visiting three service users and contacting five other people by phone to gain evidence of their experiences of the agency.

We met all the staff based in the office and spoke with two care staff who attended the office of the first day of the inspection. We looked at two people's care and support records in the office and records held in people's homes we visited that included their medication administration records. We also looked at records relating to the management of the service such as, staffing schedules, staff recruitment and training records, provider's audits, policies and quality assurance surveys.

## Our findings

Everyone was very positive about the agency and there were no concerns raised about safety or people's welfare. People made comments such as, "I can't speak highly enough of them and have total confidence in them", "They are second to none, more than good" and "Absolutely brilliant".

To protect people and staff from harm as far as possible, the provider and registered manager had put the following measures in place, to minimise risks to people's health and welfare.

Staff had been trained in safeguarding adults. The training included knowledge about the types of abuse and how to refer concerns or allegations. Training records confirmed staff had completed this course and received refresher training to update their knowledge. Staff could therefore identify the signs of abuse and knew how to report possible abuse to local social services.

A full risk assessment had been carried out before a package of care was put in place for people new to the service. This included an assessment of the person's home environment, their risk of having falls, malnutrition, ability to manage medicines and a moving and handling assessment. Care planning records we looked at showed that this procedure had been followed.

Records of accidents and incidents were maintained and reviewed to see if there were trends where action could be taken to reduce the likelihood of their recurrence.

Accidents and incidents were logged by the staff and monitored by the registered manager. Records showed there had been very few of either so no trends had been identified where action could have been taken to prevent recurrence.

Some procedures and plans had been developed for emergency situations that included an out of hours and on-call system for people to contact should the need arise. Further emergency plans were being developed in collaboration with the agency's insurers following an audit visit from the insurer.

The agency employed sufficient numbers of staff to meet the demands of people they had contracted with to provide a service. The agency did not advertise, with people self-referring largely through word of mouth recommendation. The registered manager and provider checked that there was capacity within the team before new packages of care were agreed. The provider told us that there were no plans to increase the size of the agency. People we visited and spoke with on the phone confirmed that visits always took place as

agreed and they were all very positive about the number of care workers who visited and their punctuality. People said that if care workers were running late they would be informed by the office. No one reported any concerns regarding missed or late calls. Staff we spoke with said that they were rostered for a reasonable amount of travel time between scheduled visits.

Recruitment procedures had been followed and all the required checks had been carried out. Records contained a photograph of the staff member concerned, proof of their identity, references, a health declaration and a full employment history with gaps explained and reasons given for ceasing employment when working in care. A check had also been made with the Disclosure and Barring Service to make sure care workers were suitable to work with people.

Overall, medicines were managed safely. The majority of people only required prompting and assistance with managing their medicines and not full medication administration. Care workers knew how to assist people with the medicines as they had been trained in safe medication administration. Care plans were also in place informing staff on how to support people's medication needs when people required assistance. People we visited and spoke with on the phone had no concerns about how they were supported with their medicines.

## Our findings

People had confidence in their care workers. People made comments such as; "The girls are professional and caring but at the same time, cheerful and willing. Nothing is too much trouble", and "Very, very good; professional and very caring".

Newly recruited staff completed an induction training programme when they started working with the agency. This included a period of work shadowing with experienced staff. Care workers, new to the care industry, had induction training that led to the care certificate, a nationally recognised induction qualification. Staff we spoke with were satisfied with the training they received, with comments such as; "I get all the training I have needed", and, "I felt I had good induction and get good training". There was a programme of core training a system in place to make sure staff were kept up to date with refresher training.

People were supported by staff who received supervision through one to one meetings with their line manager and an annual appraisal. Staff we spoke with and records seen confirmed this. Staff we spoke to said that they felt supported. "They have been very supportive and my hours are worked around my child care needs; I am really happy" and "Really good support; the on call is always available".

The manager informed that staff meetings were held twice a year. Minutes showed that staff could raise issues of importance to them as well as being kept informed of any changes in policy or procedure affecting them.

The way people were supported complied with The Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. The MCA also stipulates that when people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the 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. People we met and spoke with on the phone all confirmed that staff acted with their consent and people had signed their care plans where they could give this consent.

Staff were aware of the MCA and how to put the principles in the practice of their work as they had received training in this area. Where people had capacity to consent to their care, they had signed their care plan and

were therefore consulted about their care. We discussed the MCA with the registered manager and it was agreed that the care plans for people living with dementia would be reviewed to make sure that MCA assessments clearly identified 'best interest' decisions, who was involved in decision making and that the decision was the least restrictive alternative.

People were supported with their health care needs and staff worked with healthcare workers to support people if this was need to support their care.



## Our findings

The feedback from people who received a service from Dana Care was all extremely positive with everyone highly satisfied with the service. People made comments such as; "I have received a service from them for 15 years and they are absolutely excellent", "Worth every penny", "I can't speak highly enough of them", "We are so lucky and grateful to have had their support", and "Absolutely brilliant".

The quality of care was also reflected in returned quality assurance questionnaires with comments such as; "They have been a lifeline to myself and family, I do not know what we would have done without them. I cannot rate them highly enough-they are a marvelous team of people". "I have had Dana Care for many years, for my mother and now for myself. As far as I am concerned no improvement is required". "Since Dana Care took over the care of my mother I have been impressed by the quality of care provided".

Everyone had good relationships with their care workers and everyone felt staff were not rushed, stayed for allocated time and made sure people were comfortable and things in order before leaving. Many people also gave examples of where the agency had gone 'the extra mile' to make sure they were safe and supported.

A relative told us how the agency immediately supplied a care worker for three nights when their relative, who had been receiving a service from Dana Care, had been rushed into hospital. The relatives were away at the time and could not respond to this emergency and so the action taken by the agency "...took away all the worry", easing stress on all family members. (The registered manager told us that although Dana Care does not advertise a 24 hour on call line to clients, should an emergency call be made at night the registered manager or provider have always attended night calls. These often happen and a member of the management are normally on site with 10 minutes of clients calling).

Another person told us they could always rely on the provider to assist with any difficulty. They gave examples, such as when they had had a new assisted bath fitted and the builders had left it in mess and unfit for use, the provider had come round and cleaned it and made it suitable for their use. They also told us of an occasion when they had broken their ankle and the agency immediately supplied a live-in care so that they could manage and stay at home.

Another person told us that, "...they were more like friends", and that if they needed anything, the provider would always assist them.

The registered manager also gave us examples of where the agency had gone beyond their contractual arrangements. For example, one person supported by the agency suffered a series of urine infections experiencing hallucinations and falls. They did not want to be left alone. Dana Care stayed with the person for nine days until the infection had been successfully treated.

Everyone felt the staff team were friendly, reliable and professional. When asked about staff ensuring people's privacy and dignity, everyone spoke positively about how staff supported them, telling us about the good relationships they had with staff who they had got to know well. The staff we spoke with said that the standards maintained and expected by the agency were reflected by the standards and leadership set by both the provider and also the registered manager.

The service provided outstanding end of life care support to people. Staff also cared for and supported the people that mattered to the person who is dying with empathy and understanding. A person became end of life when their family were abroad and they were unable to get back before they passed away, leaving their spouse on their own. Dana Care immediately become carers to the spouse and was there for them at all times until family arrived and they were admitted to a residential home.

When clients are nearing the end of their life, quite often if they have no family, Dana Care will support and sit with clients so they are not on their own. (Dana Care have never charged for this).

Staff we spoke with were highly motivated and provided compassionate care. A member of staff who was new to care before working with Dana Care said that the agency was over and above their expectations, that they felt very supported and encouraged by the management. Another member of staff told us of how happy they were to work with the agency and how they felt they provided 100% to all of their clients.



## Our findings

Dana Care provides personal care, domestic support and companionship to older people in the Poole area of Dorset. People we visited and spoke with on the phone all said that they received a highly personalised service from the agency that met their needs. This was corroborated through the care and support records we looked at during the inspection.

Before a service was provided to a person, a thorough assessment of their needs had been undertaken, to make sure that the person's needs could be supported.

Care plans had then been developed with the person or their representative and a written plan shared with the parties concerned. People we visited had an information folder provided by the agency that contained a copy of their care plan together with other information. This ensured that staff could act consistently and provide a person centred service to people. Copies of care plans and assessments were also held in the office. Care plans we looked at were up to date and reflected the care and support people described to us.

People told us that they had never had a missed visit and that overall they received calls from a team of care workers known to them. The registered manager told us that people could choose the gender of care workers for receiving personal care.

People received a schedule so that they knew the workers who would be visiting them. Schedules were taken out at the beginning of the week by care workers but people could request one be sent in the post if they preferred. Should changes be made to a schedule, for instance in the case of staff sickness, the person would be informed by the care workers or telephoned by the office staff. People we spoke to confirmed that this procedure was followed.

Within the information pack, given to people at the start of their receiving a service, was a copy of the agency's complaints policy. This clearly set out the procedure for people to follow should they feel a need to complain. People told us they had confidence they would be listened to but felt they would have no need to ever complain. As one person put it, "Any minor moan has always been dealt with speedily". The complaints log showed that the few complaints made to the agency had been looked into and action taken to address any shortfalls.



## Our findings

The service was well managed. Feedback from people receiving a service was all very positive. We were told that care and support was well-organised and delivered to people's satisfaction. People were not only full of praise for the care workers who visited them but were also very complimentary about both the provider and the registered manager. Care workers we met or spoke with had high morale, feeling they were well-supported, trained and supervised. There were also well-developed systems and procedures to ensure smooth running of the service.

Quality assurance systems were in place to monitor and improve the quality of service being delivered. People were periodically invited to comment and give feedback on the quality of service they received. Returned surveys had been analysed, looking for areas where there could be improvement. However, all of the feedback through the surveys was positive with no areas where improvement was necessary.

There were other systems in place to ensure the quality service was maintained.

The registered manager and provider both undertook spot checks to people's homes to make sure visits were meeting people's needs and that all company procedures were being followed. People we spoke with confirmed that these spot checks took place.

The registered manager carried out various audits to monitor record keeping and consistency of service provision. These included audits of medicine administration records, progress notes, fluid and food monitoring and incidents and accidents.

Staff had a good understanding the whistle blowing policy, which was in line with current legislation

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.