

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?

Requires Improvement ●

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

This inspection was announced and took place on 4 December 2018.

Dales Community Care Limited is a domiciliary care agency and provides 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 care and support to 68 people.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We have made a recommendation regarding the identification and management of risk.

Medicines were managed safely and staff competencies were checked to ensure practice remained safe. The service continued to recruit people appropriately and employed enough, competent staff to care for people. Staff were provided with the right equipment and training to limit the risk of the spread of infection. People who used the service were kept safe from abuse and improper treatment.

People were empowered to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Staff training was up to date and included a range of specialist courses including, end of life care, pressure sore awareness and dementia care. Staff were appropriately supervised and their performance appraised annually. People gave positive feedback about the support they received to maintain a balanced diet and staff communicated effectively with other health care professionals about people's changing needs.

People received kind and compassionate support and were treated with dignity and respect. People were encouraged to maintain their independence and staff cared for people in a way that protected their dignity and privacy.

Care plans contained person-centred information and provided staff with clear guidance to care for people in a way they preferred.

The registered manager actively sought the views of people who used the service and any concerns raised were addressed in a timely way and to people's satisfaction.

The registered manager continued to play an active role in the running of the service and undertook quality checks and monitoring to ensure the delivery of high-quality care. The registered manager reviewed incident and accidents and discussed lessons learnt at staff meetings.

Further information is in the detailed findings below.

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 has deteriorated to Requires Improvement.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Dales Community Care Limited

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 4 December 2018 and was announced. We gave the service 48 hours' notice of the inspection site visit because it is office based and we needed to make sure that the registered manager would be available.

The inspection was carried out by two adult social care inspectors. An Expert by Experience made telephone calls to people who used the service on 4 and 5 December 2018 to gain their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of their expertise was in caring for older people and using community based services.

Before we carried out the inspection we reviewed the information we held about the service. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We also received feedback from other healthcare professionals who worked with the service.

We referred to the information the provider sent to us in the Provider Information Return (PIR). This is information we ask providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with 14 people who used the service and four people's relatives. We spoke with four staff members who provide care and support to people, as well as the registered manager, the training and health and safety manager and the team coordinator.

We looked at care plans and care records for seven people who used the service and the results of a recent satisfaction survey. We checked the arrangements in place for recording and reviewing accidents and incidents and managing medicines. We reviewed four staff's recruitment records, supervision and training records, meeting minutes, audits and a selection of policies and procedures relating to the management of the service.

Is the service safe?

Our findings

At our last comprehensive inspection we found that the service was safe and awarded the rating of Good. At this inspection, we found the service needed to make improvements to be safe.

We were unable to evidence that risks were always clearly identified and managed. Areas of risk had been highlighted in people's care plans and included environmental risks and other risks relating to people's health and support needs. However, it was not clearly documented how the level of risk was assessed or how to reduce the risk. The records we looked at did not follow the methodology outlined in the provider's own policy on risk assessments. We recommend the provider reviews their risk assessment documentation and associated policies and procedures.

The service had arrangements in place to protect people from abuse and ensure that any concerns were reported in line with protocols and investigated appropriately. The provider had safeguarding and whistleblowing policies in place and staff continued to receive training on recognising and safeguarding people from abuse and improper treatment.

People told us they felt safe when being cared for and supported by staff. Comments included, "I feel very safe and they never leave any mess behind them" and "They are well trained to use my hoist which helps me feel safe."

The service continued to employ enough suitable and competent staff to care for people. The registered manager told us the service had a low turnover rate of staff and no requirement for the use of agency staff. One person told us, "I have to have two carers to use my hoist safely and they always come together, [I've] never had just one turn up on their own."

Policies and procedures were in place for the safe management of medicines and administration records were kept and audited. Care staff were provided with appropriate training and competency checks were carried out to ensure staff practice remained safe. People we spoke with told us they were given their medication on time. One person's relative described how care staff routinely applied necessary creams and recorded this in their family member's care records, which was also looked at by the District Nurse.

The registered manager told us care staff were provided with disposable gloves, 'first aid kits', aprons and hand gel to maintain good infection control practices. The staff we spoke with confirmed this. Staff also received training in the prevention and control of infection.

The service continued to learn from accidents and incidents and staff told us they had confidence in their line managers dealing with issues appropriately and felt able to raise concerns. The records we viewed showed incidents and accidents were discussed with staff at team meetings.

The service had robust contingency plans in place to ensure people continued to receive care and support in adverse weather conditions.

The service maintained policies and procedures relating to health and safety practices. The staff training records we looked at showed staff received training in moving and handling, health and safety and first aid.

Staff spoke with us about the different types of moving and transferring aids used by people in their own homes. Staff told us they received individual training from the relevant healthcare professionals on how to use each piece of equipment safely.

Is the service effective?

Our findings

At our last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

The people and relatives we spoke with told us care staff had the necessary knowledge and abilities to support people effectively. Comments included, "They (staff) have been really well trained to meet my husband's needs", "They (staff) are good at all they do and have been trained to use the hoist. They also have regular training from the company" and "[Staff are] well trained and competent in their roles".

We looked at four staff files which showed regular supervision had taken place. Supervision is where the registered manager or senior staff members meet regularly with care staff to discuss their practice and training and development. The staff we spoke with told us that supervision was given every six months and that they regularly attended team meetings. Records showed the management team continued to carry out regular observations and spot checks of staff practice.

The staff we spoke with told us they felt they had received the right training to be effective in their roles. Records showed staff training was up to date and covered a wide range of courses including specialist training in end of life care, pressure care awareness and dementia care. The registered manager told us new staff completed a thorough induction when they joined the service and the staff we spoke with confirmed this.

The people we spoke with who needed assistance with eating, drinking and meal preparation remained positive about the support they received. One person told us, "We couldn't have a better bunch!" Several people told us staff offered them a choice and made sure that snacks and drinks were available for them after they had left.

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.

We checked whether the service was working within the principles of the MCA and found that they were. Care staff continued to receive training around the MCA and Deprivation of Liberty safeguards (DoLS). The lawful procedure to deprive someone of their liberty in a community setting is via application to the Court of Protection. The registered manager confirmed at the time of inspection that to their knowledge no person using the service had their rights or liberty deprived, lawfully or otherwise

The registered manager told us they continued to work closely with other healthcare professionals to support people to maintain their health and wellbeing and we saw evidence of this in the care records we looked at. We received positive feedback from several community health care professionals who told us the

registered manager and staff communicated effectively with them about any issues or concerns regarding people's health care needs.

Is the service caring?

Our findings

At our last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People told us that staff provided them with kind and compassionate support. Comments included, "If I have a problem and I put in a call for the carer, she will come and help me", "Living on my own I am dependent on the carers and they are so good at helping me resolve issues and they cheer me up".

The staff we spoke with told us they respected people's privacy and dignity when delivering care and support to people. The people we spoke with confirmed this and described how staff closed doors and drew the curtains and kept them covered when helping with personal care. One person told us, "They (staff) don't make me feel embarrassed".

People were supported to be as independent as possible. The staff we spoke with told us they encouraged people to do what they could for themselves and the care records we looked at reflected this.

People, relatives and staff all spoke with us about the good rapport between staff and the people using the service. People made comments such as, "Having a carer to talk to and have a laugh and a joke with makes me feel human again. Even the office ladies are very kind to me" and "They do talk to us and we have a bit of a laugh from time to time. They are really friendly and we rely on them."

Relatives of people who used the service were very positive about the caring nature of the staff. Comments included, "They never rush my husband and always find time to chat/talk to us" and "They are respectful, as my mum can't hold much conversation these days but they do talk to her and reassure her."

The service continued to involve people and their families in care planning and in the reviewing of people's needs. Two people we spoke with described their involvement in reviewing their care plans, "I was involved in my plan and got what I wanted. Recently I had a review and they made the relevant changes to my satisfaction" and "I was involved in my plan and in a recent review, but I didn't want any changes."

We read the service handbook, which contained information for people about what to expect from the service. The handbook clearly outlined the rights of everyone who used the service, including the right to privacy and dignity and the right to receive a service free from discrimination. The registered manager told us the handbook was available to people in alternative formats for anyone with individual communication needs. The people we spoke with confirmed they had received a copy of the service handbook which demonstrated people were kept informed about their care and the service delivered.

The service demonstrated compliance with the General Data Protection Regulations.

Is the service responsive?

Our findings

At our last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Relatives we spoke with told us staff responded to people's changing care needs. One relative told us, "My husband is very ill and this afternoon they are coming to review his plan." Other comments included, "If the carers have any concerns about my mother they let me know and then I can discuss with them what I need to do next" and "If I am worried about my husband I can talk to any of the carers. We can talk to them about any worries and if my husband is unwell they will notify the GP."

Care plans remained person centred and guided staff to provide care and support to people which met their needs in a way they preferred. Care plans included information about a person's likes, dislikes, moods, character and personal history. Not everyone we spoke with was aware of their care plan and some people told us their relatives had been involved in organising their care, however, this did not affect their satisfaction with the service and everyone we spoke with was pleased with the support they received.

We spoke with staff and the registered manager about the process of assessing people's care and support needs. The registered manager and the staff member we spoke with told us a detailed assessment of people's needs was carried out before they started using the service and this assessment formed the basis of people's care plans. Whilst we were able to view people's care plans, we did not see any record of the assessment carried out prior to the development of people's care plans. We discussed this with the registered manager at the time who said they would review the assessment documentation.

At our last inspection the registered manager told us that a new computer system was being installed which would give staff direct access to their rotas and other important information via their mobile phone. At this inspection we noted the new system was in full use and all care staff had been provided with business mobile phones. The registered manager told us the system allowed them to cascade information quickly and effectively. Staff also told us they were able share important information across the staff team, allowing them to care for people more effectively.

At the time of this inspection the service had not received any formal complaints. The registered manager told us staff had received training to try and resolve any concerns or issues people may have at the time they raised them. People we spoke with confirmed this and gave examples of how concerns had been resolved to their satisfaction. The service handbook contained information about how to make a formal complaint and the people we spoke with confirmed that they would know how to make a complaint if they needed to. One person said, "I have never had to make a complaint but I would know what to do. I have a folder with various details in including how to make a complaint."

The registered manager told us the service worked closely with other health care professionals to provide community based care for people at the end of their lives where necessary. Records showed the registered manager regularly attended external events and staff received specialist training in providing appropriate

end of life care.

Is the service well-led?

Our findings

At our last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

At the time of this inspection there was a registered manager in post who had been registered with the Commission to manage the carrying on of the regulated activity at the service since January 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.'

We found clear lines of accountability were still in place and the roles and responsibilities of staff remained clearly defined. The registered manager was supported by a training and health and safety manager and a team co-ordinator.

We found a positive and supportive culture existed within the service. The registered manager continued to play an active role in the day-to-day running of the service and was present and available for people, relatives and staff. Staff told us they felt well supported and that the team worked well together.

We saw audits were undertaken as part of the quality assurance process so gaps could be identified and improvements made.

We found systems were in place to measure service delivery and to support continuous improvements. The registered manager continued to conduct an annual survey to gain the views of people who used the service. Responses to the most recent survey included, 'Thanks again, without your help dad would have had to leave his home a long time ago', 'Always found the staff to be caring and treat service users with respect. A lovely team' and 'All of the staff are very friendly and we have a laugh'.

The service engaged people, their family members, staff and the local public in events and celebrations. At the time of this inspection the staff were preparing for an elf themed Christmas party in association with the Alzheimer's Society. One staff member we spoke with talked to us about past events that had brought people from the community together who had not seen each other for a long time. The same staff member told us the service had arranged transport for some people who would have otherwise be unable to attend.

We saw that the service's last inspection rating was displayed on their website and in the office in line with the requirements of the Care Quality Commission (Registration) Regulations 2009.