Daley Home Care Limited

Daley Home Care

Inspection report

Pineapple Cottage
Salwayash
Bridport
Dorset
DT6 5HZ

Tel: 01308898345

Date of inspection visit:
09 February 2017
10 February 2017

Date of publication:
24 April 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Daley Homecare is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing support to 48 people. The service is run from a location outside Bridport.

The service has a registered manager. 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's risk assessments were not individual and did not support staff to understand what actions they may need to take to keep people safe.

The service did not have capacity assessments in place for people in line with legislation and did not have paperwork available to assess a person's capacity or make a decision in a person's best interest where this might be required.

Peoples care plans included details about what people liked and how they wanted to be supported, but some missed important information and care plans were task focussed and did not support personalised care.

Quality assurance audits were in place for some areas of the service but there were some gaps. Management systems were not robust and did not always identify any gaps or errors or use this information to improve service delivery.

People and their relatives told us they felt safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing.

People were supported by staff who were recruited safely and were familiar to them. People and relatives felt that staff had the sufficient skills and knowledge to support them and we saw that staff had access to relevant training for their role. Staff received regular supervision and appraisals and felt supported in their role.

Where people received support from staff to eat and drink sufficiently, we saw that staff offered choices and prepared foods in the way people liked.

People told us that staff who supported them were kind and helpful and we observed that staff supported people in the way they preferred and treated people with dignity and respect.

People told us that they received a rota each week letting them know what staff were due to visit at what times. Where changes were needed to visits, or where staff were running late, people told us that the office generally made contact to let them know.

People told us that they were involved in reviews about their care and we saw that reviews were completed annually, or more frequently if people's needs changed.

Feedback was gathered from people through surveys and used to identify actions to improve the service. People told us that they would be confident to complain if they needed to and we saw that complaints were recorded and responded to appropriately.

People, relatives and staff spoke positively about the management of the service. We were told that the office were easy to contact and friendly. Communication between staff and management was positive. There were regular staff meetings where practice and ideas were discussed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments were not individualised and did not support staff to keep people safe.

People were supported by staff who understood their responsibilities in protecting people from harm.

People received support from staff who had been recruited safely with appropriate pre-employment checks.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not supported to make decisions in line with legislation and where people lacked capacity there were no best interests decisions in place.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

Supervision processes were in place to monitor staff.

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

People had their privacy and dignity respected.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs but were task focussed and not person centred.

People were involved in reviews about their care and asked to feedback their views about the service.

People were aware about how to complain and where complaints had been received, these had been responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Quality assurance measures were not robust which meant that gaps and errors were not consistently identified.

Staff understood their roles and felt supported by the management of the service

Staff and management communicated well and the office staff were available and responsive.

Daley Home 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 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.

The inspection was announced and took place on 9 and 10 February 2017. Further phone calls were completed on 16 and 20 February 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service. The provider had not completed a Provider Information Return (PIR) because we had not requested that they do so. A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make. We gathered this information during the inspection.

We spoke with seven people and relatives in their homes and two healthcare professionals. We also telephoned 11 people and six relatives to obtain their views about the service. We also spoke with seven members of staff, the registered manager and the nominated individual. We looked at a range of records during the inspection. These included six care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, risk assessments and staff training

Requires Improvement

Is the service safe?

Our findings

The risks people faced were not always identified or managed in their documentation. People had generic risk assessments in place to consider environmental risks in their homes, for example, trip hazards or smoke detectors. There were also falls risk assessments in place which identified whether people were at risk of falls, the possible reasons and any equipment or actions required to manage this risk. However individual risks were not documented in the same way. For example, where a person had a catheter, their care plan did not include any information about the possible risks and signs for staff to be aware of or instructions for staff about how to manage the risks. For another person, we saw that they sometimes did not want to accept support from staff but that they had sore areas of skin and received regular visits from a health professional in relation to this. Their care plan did not identify the risks to the person if they did not receive support or approaches staff could use which would best suit the person. Another person had diabetes and again, the risks around how to support the person and signs and symptoms to consider were not included in the care plan This demonstrated that there was the potential for people to receive unsafe care because records were not correct or complete and therefore did not support staff.

Although individual risks were not consistently documented, staff were able to tell us about the risks people faced and their role in managing these. One staff member explained that a person was at a high risk of falls and told us how they managed this risk. We visited the person and saw that they were supported in the way described by the member of staff. A health professional told us about a person who was at risk of choking when they ate and drank. We observed a staff member supporting the person to have a meal in line with the advice from the health professional and another staff member told us about how they managed the risks of the person eating and drinking by taking time and ensuring that the person was not rushed. Although staff knew how to support the person to manage this risk, there was no guidance about what actions they should take if the person choked and one staff member explained that they were not sure about what they would need to do in this situation. This told us that staff understood the risks people faced but did not have access to clear individual risk assessments in people's homes to provide them with support and guidance about managing individual risks. The registered manager explained that they would ensure that information about people's individual risks was consistently documented.

The above demonstrated a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around assessing, monitoring and mitigating the risks relating to the health, safety and welfare of people.

People felt safe with the support they received. One person told us "I do feel safe, the carers are a lovely bunch". Another said "I feel safe with the care I am receiving because I have a good rapport with the carers". Another explained "I feel safe, I have a hoist and sling. The carers know what they are doing". Another said "when I am walking, the carer follows me with a wheelchair. If I need it, it is there". We observed staff supporting people safely. One person was being supported to move and the staff member talked them through what they needed to do and spoke reassuringly to the person.

There were enough staff to support people. Staff did not feel pressured to pick up additional work and said

that when they were asked about covering visits by the office, there was no pressure involved in the request. People and relatives told us that they did not have any missed calls and there were generally enough staff for them to receive regular staff whom they had got to know.

Staff understood about the possible signs of abuse and how to report any concerns. One staff member explained some of the changes they would look out for as possible signs of abuse including changes to people's attitude as well as physical signs. Another staff member told us that they would be aware of subtle changes to a persons' mood or facial expression and would be confident to report concerns if they needed to. Another staff member said that if they needed to whistle blow, they would do so and felt that the registered manager would take action. The service had policies in place for protecting people from abuse and whistleblowing which gave guidance for staff about what actions they needed to take if they had concerns about a person.

Recruitment at the service was safe. Staff files included references from previous employers, applications forms and interview records. Checks with the Disclosure and Barring Service(DBS) were in place before staff started. The registered manager told us that they had recruitment incentives in place for staff who recommended someone to work for the service and that they had successfully recruited several staff through this.

People were supported by staff who were familiar to them. Staff told us that they had regular people whom they visited and this meant that they got to know the people they were supporting. One relative explained that their loved one had regular staff who visited and we observed that another person knew the staff member who visited them and chatted with them during the visit. One person explained that they "prefer having the same people" to support them and were happy with the staff that currently supported them.

Accidents and injuries were recorded and included details about who had been affected and any causes if these could be identified. We saw that each report was seen by a manager who identified whether any changes to people's assessments of risk were required or whether referrals to outside organisations were necessary. There was also a chronological record of accidents to enable patterns and trends to be identified. One record indicated that a person had hit a member of staff. We asked the provider about what actions had been taken and they evidenced that the risks had been assessed and the information about the incident communicated with staff to provide clear guidance about how to support the person.

People received their medicines as prescribed. The service had assessments in place which identified whether people needed support to manage their medicines and MAR (Medicine Administration Record) for people included instructions about where creams should be applied if these were prescribed. We looked at the MAR for five people and saw that they were completed correctly and where there were some gaps in recording found, the registered manager gave clear explanations about why these were present. We observed a staff member supporting someone to take their medicines as prescribed and recording this correctly in the MAR. Staff were able to tell us what support people needed with their medicines and how they ensured that medicines were taken safely.

Requires Improvement

Is the service effective?

Our findings

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.

The service did not have capacity assessments in place for people in line with legislation and did not have paperwork available to assess a person's capacity or make a decision in a person's best interest where this might be required. For example, one person was identified in their care plan as lacking capacity. There were no capacity assessments in place to consider the decisions which were relevant to the support they received from the service and consent for the provision of support had been signed by a family member but there was no-one with a legal power to make decisions on the person's behalf. This meant that the service had not acted in accordance with the Mental Capacity Act 2005. Another person had a diagnosed dementia and was unable to remember to take their medicines. Their relative explained that without support they would not manage this. Staff who supported the person agreed that the person would not remember to take their medicines and were not aware what medicines they had or what they were prescribed for. This person did not have a MCA in place to establish whether they were able to make decisions about their medicines. The service's care manager explained that they provided support for several people who had dementia but did not have any MCA paperwork in place. We advised the nominated individual to seek guidance and ensure that they had paperwork in line with MCA. We saw that they promptly sought and produced MCA and best interests paperwork in line with legislation during the inspection. At the time of inspection, the service was not providing support to people in line with the MCA and without consideration about people's capacity, it was not clear whether support was provided in peoples best interests.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around seeking consent and for care and treatment and acting in accordance with the Mental Capacity Act 2005 where people lack capacity to consent to support.

People told us the staff had the skills and knowledge they needed to do their jobs. One person told us that they felt staff had the right skills because they "know how I need my food prepared". Another explained "I feel confident that the carers can deal with my conditions, they know what to do in an emergency". A relative said "staff are very good, I can't fault them". Staff told us that their induction into the role had been positive and they had shadowed other staff for lots of visits before starting any lone working. A person told us "If a new carer is coming, they always come with an experienced carer to show them the ropes". This was consistent with other people we spoke with. We saw that induction files included records about the shadowing staff had undertaken and a staff member told us that they had been asked about whether they felt confident to undertake lone visits following their induction. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. We saw that this had been implemented for staff who met the criteria.

Staff undertook training in a number of areas which the service considered essential. Topics included dementia, first aid, moving and assisting and infection control. Refresher training was arranged for staff and when other training opportunities arose, these were offered to staff also. Some additional areas of development had included Stroke awareness, Dysphagia and Epilepsy awareness. Staff told us that they had sufficient training to support people and discussed any training or development as part of their supervision. One staff member said that they were prompted by the office if any training was due and were kept updated about new topics for learning as these arose. Another staff member said that they had undertaken diabetes training and pressure area training and had been able to use their learning in their role. Staff said that they had regular supervision and an appraisal each year and we saw that these were scheduled in for people.

Staff communicated well with people and understood that people had different communication needs. For example, we saw that staff held relaxed, informal conversations with people and chatted with them about areas of interest to them. Where we visited people who lived with their loved ones, we saw that they were also comfortable with the staff in their home and involved in communication about their loved one. Where someone had limited sight and hearing, staff ensured that they communicated clearly and in ways which the person was able to understand. For example, using a board to record important information and verbally updating the person about who was next due to visit.

People were supported to have enough to eat and drink by staff who understood what support they required. One person required food and drinks to be prepared in a particular way to enable them to eat and drink safely. Staff offered them choices about what they had and prepared their food in the way required. Another member of staff offered a person choice about what they had for breakfast and prepared and presented their food in a way the person liked. One person explained "They come at lunch time, one carers gets my lunch. I have a variety, sometimes frozen, mostly fresh. All very good cooks".

People had access to healthcare services when required. We observed a member of the office team contacting a local hospital to check on a person and find out whether there were discharge plans in place so that they could plan support for the person to return home if required. One person had been experiencing sore areas of skin and the service had contacted health professionals to seek guidance. The information received had been included in a regular staff memo to ensure that all staff were aware about how to best support the person and to follow the guidance given by the health professional. One health professional we spoke with explained the specific support someone required and what information they expected to be available to staff in the persons home. We saw that the information was included in the persons care plan and that the person was supported by staff in the way described. Another health professional told us that the support from staff had assisted in healing a pressure area a person had. We saw that there were records of this in the person's home and that staff had monitored and followed guidance from the health professional.

Good

Is the service caring?

Our findings

The service was caring. People all told us that staff who supported them were kind and helpful. One person told us "They make me laugh, this is important to me and they consider my feelings". Another said "They are all very kind and they help me". A relative said staff were "very helpful and kind" and that they had peace of mind with the support their loved ones received. Another relative said that staff were "caring, chatty and tactile" with their loved one. We observed that staff had a clear rapport with people and there was a relaxed atmosphere with appropriate banter. Staff were tactile and reassuring with people and interactions were kind and caring.

People told us that staff knew what their preferences were and how they liked to be supported. We observed that staff knew the details of how people liked to take their drinks and knew what was important to them. People didn't have to explain what support they needed because staff already knew how to provide this. A relative explained that staff knew their loved one and how they preferred to be supported. Staff were able to confidently talk with us about some of the people they visited and knew what support they needed and what approach was most appropriate. For example, one person had a dementia and staff used an approach to encourage the person to have a shower. The person's relative told us that this worked well and the approach was important to their loved one. A staff member explained "I ask people how they would like and prefer to be supported".

People's preferences were listened to by the service. One person said "I asked for female carers only for personal care and they do respect this". The care co-ordinator told us that if people did not get on with any staff for any reason, this was recorded on the system and meant that the staff member could not be booked to visit that person. People told us that where they had requested not to have a staff member, this was respected as the care co-ordinator had explained. A relative told us that they had asked not to have certain staff and said the office "had a chat and listened". They said that the staff member had not been sent back. This demonstrated that the service listened to the preferences of people and acted upon their requests.

We observed staff treating people with dignity and respect. We observed a staff member supporting someone to access the bathroom and then providing them with privacy and knocking before entering the room. Staff were respectful of people's homes and used entry methods which had been requested by people. For example, a staff member called out when they arrived at a persons home as this was the persons preference. A person told us "Doors are shut, they always let me know who it is coming up the stairs and I have not had to ask them". Another person said "when I have a shower, they use gloves and an apron. They are very good at respecting my privacy and dignity". A relative explained "when they are giving a bed wash, they make sure they are covered up".

People were supported to be as independent as possible. One person found it difficult to walk but was quite variable. We observed that staff checked whether they wanted to try to walk and their care records showed that staff encouraged them to walk where they felt able to do so. A person told us that a health professional had recommended exercises for them to do and said that staff "have accommodated this into the call". Another person told us that staff encouraged them to be independent and said "The carers don't put

restrictions on me, they are fantastic".

Good

Is the service responsive?

Our findings

People had care plans which include clear details about how they wished to be supported, but were task focussed and did not include individual information about what was important to the person or their histories. For example, care plans included routines for each visit which provided information for staff about what support people needed. Staff told us care plans gave sufficient information about how to support the person and we observed that staff knew people and had gathered information about them over time. However care plans gave no details about the person's previous life experiences or histories. This information was important for staff to form relationships with people and as a basis for provision of personalised care.

People told us that they received a rota each week letting them know what staff were due to visit at what times. Rotas were hand delivered to people by staff to ensure that people knew who would be visiting them and when. They told us that the rota's were accurate and generally the times reflected people's preferences. People told us that they were informed of changes to their visits. Where people needed to change calls, they said that the office were helpful and accommodating. For example, one person explained that their evening visit had been too early for them. They asked the service to change the times to later and they had done so. Another person said that they had told the office that their morning calls were too early and they were working with them to make them later. If there were changes to people's rotas, they told us that they were generally informed. For example. One person said the service "sometimes but not always" let them know about a change. Another said "mostly they let me know". Another person said "yes, I get a call from the office if there are changes, which is not often".

Reviews were regular and people and relatives told us that they were involved in decisions and changes to their support. For example, one person said "yes I have a care plan review, they come from the office to talk to us". Another told us that their care plan had been "adapted to meet my needs". A relative said "the care plan has been reviewed several times. Myself and my loved one were involved in the changes to it". We saw that care plans had review dates included and that the most up to date information about people's needs were in the home that we visited. One care plan in a person's home did not reflect their current needs and their relative explained that they had deteriorated and required more support. Staff understood the changes and knew how to support the person and when we raised this with the registered manager, an updated care plan was promptly provided for the person's home. Care plans were kept on a computerised system and where reviews had been held, it was clear what changes had been made as a result of the review. For example, a review for someone had included a health professional and the guidance about how to move and assist the person as a result of the review was clearly documented.

People and relatives told us that they would be confident to complain if they needed to. One person said "If I needed to complain I'd speak to (name)" who worked in the office. Another person said "I was always very nervous about bringing concerns up. The lady in the office reassured me if there are any issues to get in touch." They went on to explain that when they had raised a concern, it had been dealt with very well. We saw that information about how to complain was included in paperwork in people's homes. Where complaints had been received, these were clearly documented and included details about who had been

involved, what actions were taken and any findings to take forwards from the issue that was raised. This told us that the service was responsive to complains received and identified any learning from this to further improve the service.

Feedback about the service was gathered using an annual questionnaire. Some people we spoke with had completed and returned one of these and we saw that the service had collated all the responses they had received and sent people a follow up letter thanking them for feeding back and identifying that where individual concerns had been raised, these were being resolved directly with people. For example, one person had requested that staff change the way they accessed their property when they visited and this had been followed up with staff in the way the person had outlined. Feedback was positive from the responses we looked at and comments included "staff all listen to me", "found all employees to be very professional, very very caring and very friendly." This told us that information gathered was listened to and used to further improve the service for people.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance measures at the service did not consistently identify areas for improvement and therefore were not always able to drive high quality care. For example, medicine administration records(MAR) we looked at were completed correctly, but the service had no systems in place to audit these. MAR were brought back into the office regularly, but not checked for accuracy or completeness. This meant that any errors were only picked up by staff during visits and that there was no management oversight of this. It was important that there was oversight about people's medicines to ensure that they received them as prescribed. Similarly, care plans were not regularly checked for completeness and we saw that where we had identified that care plans were not individual, this had not been identified. Some care plans were missing important information for people. For example, one file had a number but no record of who it was for or their relationship to the person receiving care, another had a daughters name but no contact numbers, another had an out of date GP contact number. There were systems in place for two staff to spend regular time in the office looking at daily care records for people and highlighting important changes to ensure that these had been identified and followed up. However, management did not have oversight of the quality assurance issues we raised. The director told us that they would incorporate checks of people's care plans and MAR into the other checks to ensure that any issues were identified and actions taken.

The above is a further breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around assessing, monitoring and improving the quality and safety of the service.

People, relatives and staff spoke positively about the management of the service and said that they were able to get hold of someone in the office easily if they needed to. For example, one person said "They answer the phone promptly and are friendly.". Another said I am happy to approach the office if needed they are very approachable". Staff told us that they could get hold of someone for support if needed and that out or hours there was cover so someone could be contacted. The service kept paper copies of records for out of hours cover and then transferred the information on to the computer to ensure that any changes were recorded and updated.

Staff understood their roles and felt supported by the management of the service. One staff member explained "the office text if we need to know anything", they gave an example of a recent change to a person's support following involvement of a health professional and explained that the office had updated them about this before they visited the person. Another staff member said Daley Homecare was "the best company I've worked for" and told us that the office had been flexible with their working hours which had made them feel supported and valued in their role. Another staff member told us that the "office listen and take action" when they spoke with them and felt that the service was well managed and well organised. A health professional told us that the office knew up to date information about people when they called and they felt that the service was well led because of this.

The service had team meetings which staff attended but also communicated through weekly memo's which were given to staff with their rotas. These included any updates staff needed to be aware of and we saw that there was information about changes for people and messages from the management team. For example,

one memo reminded staff that a person had started anti-biotics. Another reminded staff about the policy about gifts to staff from people receiving a service. This demonstrated that management kept staff up dated about people's needs and their roles and responsibilities in meeting these.

The registered manager told us that they had regular support from the nominated individual and office staff. Verbal communication in the office was effective and we saw that messages taken were passed on promptly and that any issues raised were discussed and actions taken. For example, a staff member texted the office to advise that a person had been seen by a health professional who had recommended some bed rest due to sore skin. It was discussed and agreed that the information would be included in the weekly memo to staff. The registered manager explained that the office staff had clear roles and responsibilities and we observed that staff spoke with the registered manager and nominated individual frequently during the inspection about different queries. The registered manager explained they discussed practice issues and changes with another registered manager and attended local meetings with other providers. This demonstrated clear management and effective communication.

The service had development plans which included further development opportunities for short term support which would be aimed at people who were visiting/on holiday in the local area. The registered manager explained that recruitment and consideration for recruitment options would also be a continued focus for the coming year and additional training options were to be offered to staff. These included wheelchair safety awareness, pressure sores prevention and training around working in the community including managing behaviours which could challenge and travelling safely to people's homes. This demonstrated that the service had a clear focus on delivering high quality care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service had identified that some people lacked capacity but had not completed assessments or best interests decisions in line with the Mental Capacity Act 2005. Regulation 11(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have systems that effectively and consistently assessed and monitored the quality and safety of people using the service and therefore they did not have an effective system to identify areas for improvement. The service did not always maintain accurate records about people or record the risks people faced. Regulation 17 (1)(2)(a)(b)(c)