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Dale House

Inspection report

Dale House
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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 12 and 15 October 2015 and was announced. Dale House provides domiciliary care services to people who live in their own home. At the time of our inspection there were 19 people with a variety of care needs, including people with physical disabilities and people living with dementia using the service.

The service does not have a registered manager, and does not require one, as the registered provider is in sole

charge of the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were complimentary about the care and support they received. People spoke highly about the care staff and valued having care staff who enabled them to build caring relationships. People and their relatives spoke positively about the skills of the care staff and felt staff were efficient and well trained.

Summary of findings

There was a positive caring culture, promoted by the provider. Staff were passionate about providing high quality care and enjoyed supporting people. Care staff felt supported by the provider, describing them as approachable and supportive.

Staff were knowledgeable about the people they supported and had access to the training they needed to meet people's needs. Staff felt supported however they did not always receive supervision (one to one meetings with their line manager) which may limit their professional development.

People told us they received their care visits. However, the provider had not always ensured staff were of good character before they provided care to people in their own homes.

People's needs were assessed and any risks in relation to their care were identified. However, there was not always clear guidance for care staff to follow to ensure people's needs were met. People's care plans did not always reflect people's current needs.

The service was responsive to people's changing needs and made sure people had their visits when they needed. People and their relatives were involved in planning their or their relative's care. Staff were trained to identify concerns or changes with people's needs.

There were systems in place to enable the provider to gather feedback from people or their relatives. Effective quality assurance systems were not in place to enable the provider to identify areas for improvement.

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 full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The provider did not always ensure staff were of good character before assisting people with their care. Care plans identified risks to people's care, however there was not always clear guidance to staff on how to manage these risks.

People felt safe and staff had a clear understanding of their responsibilities to report concerns both within and outside the service.

People received the visits they needed to maintain their well being.

Requires improvement



Is the service effective?

The service was not always effective. Care staff did not always have access to effective professional development. Staff did not always receive an appraisal or supervision (one to one meeting with their manager).

People were cared for by staff who were supported and had access to the training they needed to meet people's needs.

People were supported with their dietary and healthcare needs. Care staff had knowledge of the Mental Capacity Act, and people's rights were being protected.

Requires improvement



Is the service caring?

The service was caring. People were complimentary about the care staff and felt they were treated with dignity and respect.

There was a caring culture. Staff spoke about people in a kind and a caring manner.

People felt involved in decisions about their care and told us they had the information they needed.

Good



Is the service responsive?

The service was not always responsive. People's care plans were not always current and accurate. Care plans did not contain guidance staff would need to meet people's needs.

Care staff responded when people's needs changed to ensure they received the care they needed.

People knew how to raise concerns with the provider.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led. The provider had informal ways to monitor the quality of the service people received. However, there were limited effective systems to enable the provider to identify risks and make improvements to the service people received.

The majority of people and their relatives spoke highly of the provider and felt they were approachable, responsive and professional. Staff felt supported by the provider and told us they had the information they needed.

Requires improvement



Dale House

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.

This inspection took place on the 12 and 15 October 2015 and it was announced. We gave the provider 48 hours' notice of our inspection. We did this because the provider or manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one inspector.

At the time of the inspection there were 19 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with local authority safeguarding and commissioning teams.

We spoke with four people who were using the service and six people's relatives. We spoke with eight care staff, the provider and an independent human resources consultant. We reviewed eight people's care files, eight staff records and records relating to the general management of the service.

Is the service safe?

Our findings

People were at risk of being cared for by unsuitable staff. Records relating to the recruitment of staff showed that sometimes not all relevant checks had been completed before staff worked unsupervised in people's homes. Where the provider was waiting for the disclosure and barring checks (criminal record checks) for new staff they ensured these staff worked with another member of staff. However, the provider had not taken measures to ensure staff were of good character. Staff files did not always contain employment references from staff's previous employers. The provider had not always ensured gaps in staff's previous employment had been identified. Additionally, staff interviews had not always been recorded.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans contained assessments of all aspects of their support needs. Assessments included moving and handling, nutrition and hydration and medicines. However, where risks had been identified there was not always guidance for care staff to protect people or themselves from these risks. For example, one person's care plan stated they required full assistance with moving and handling, however there was no guidance for care staff on how to do this while protecting the person from harm. Two people's care plans indicated they were at risk of urinary tract infections. Staff were to assist these people with their nutritional needs; however there was no guidance on how staff should meet these needs.

Another person's care plan stated they required assistance with food, drink and their medicines. Their medicines care plan stated they may be at risk of choking; however this was not reflected in their care plans. We discussed this with the provider and staff, who told us the person was not at risk of choking.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed people's needs and the risks of their care with care staff. Care staff told us how they ensured people were safe and protected from the risks associated with their care. One staff member said, "We know what assistance people need. We check equipment before we use it. If we have any concerns we let the manager know."

One relative told us staff always ensured equipment was safe before using it. They told us, "They always check my [relative's] bed and [hoist] equipment. If there is any problems, they sort it, they never cause any harm."

People told us they felt safe when care staff visited. Comments included: "They definitely make us feel safe", "They're superb, I'm certainly safe" and "I do feel safe, very much so." Relatives also told us people were safe. Comments included: "Yes, they definitely make [relative] feel safe", "make us both feel safe and comfortable" and "they're safe."

People were protected from the risk of abuse by being cared for by knowledgeable staff. Staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the provider. One staff member said, "I would report any concerns to the boss." Another staff member added that if they were unhappy with the provider's response they would speak to the local authority safeguarding team or CQC. Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

The provider worked with the local authority safeguarding team when concerns had been raised. For example, the provider had arranged moving and handling training for all staff, when concerns had been raised around the care of one person. Staff were also advised to following the guidance of healthcare professionals. Staff told us this information had been given to them, and spoke positively about the support and training they received.

Most people and their relatives told us staff were punctual and usually stayed for the required length of time. No one we spoke with had experienced missed visits recently before the inspection. Comments included: "They're mostly here on time", "They turn up when I expect them to turn up, on time or sometimes early, which suits me fine" and "Not a problem they always come on time."

Two relatives raised concerns that staff were not always reliable and sometimes did not stay for the full period of their call. One relative told us, "They're not always here very long. They're rushed some days." We discussed this concern with the provider, who informed us they asked staff to record the time they arrived at and left people's properties. However the provider did not have a system to

Is the service safe?

check this. The provider informed us they were planning to introduce an electronic call monitoring system, which would enable them to ensure all calls were carried out, and that staff spent the full time with people.

People and their relatives told us staff assisted them with their prescribed medicines. Comments included: “They remind me, and make sure I have what I need” and “I have no concerns, they know what they’re doing with my medication.” Staff told us they had the training they needed

to provide people’s medicines. One care worker told us, “I have had medicine management training, so I know how to assist people, and prompt them to ensure they have their medicines.”

The provider informed us that the staff were aware of the risks to people’s health if they did not take their medicines as prescribed. For example, one person had become confused with their medicine. Staff identified this while assisting the person with other aspects of their care. They informed the provider, who ensured action was taken to protect the person from the risk of taking too many medicines or forgetting their medicines.

Is the service effective?

Our findings

Care staff told us they felt supported by the provider and could go to them with any concern or request for development. However, not all care staff had received regular supervision (a one to one meeting with their line manager). Some supervision records did not focus on supporting staff to grow. No staff member had received an annual appraisal (a meeting with their line manager to discuss their developmental needs). We discussed this concern with the provider, who was aware of this concern and was aiming to ensure all staff received an appraisal by the end of the year.

People told us care staff were trained and knew how to meet their needs. Comments included: "The carers are very good. Some of the staff are exceptional", "The staff are wonderful and know what to do" and "I couldn't speak highly enough of them, professional, kind and caring." Relatives spoke confidently about how staff assisted their relatives. Comments include: "The staff are always polite, caring and experienced" and "Carer's are excellent."

Staff told us they had a range of training to meet people's needs and keep them safe including safeguarding adults, moving and handling and fire safety. Staff spoke positively about the training they had received. Comments included: "We have lots of training, the trainers are very good, give us support" and "There is always a lot of training, it's all useful." The provider had sought the support of an external training company, who had experience in health and nursing care. One trainer told us, "The staff are focused on training. The provider ensures they have a lot of training, we're happy working with them."

Two members of staff spoke positively about how they were supported when they joined the service. Comments included: "I went out with the provider and other staff. I shadowed them, got to know the clients and started building relationships"; "I had as much time as I needed to shadow other staff. Any questions I had were answered."

Staff were supported to develop professionally and told us they could request training. One care worker told us how they used their supervisions to request training. They said, "We can request training. I've used meetings to discuss Parkinson's training and a qualification. We've started the training."

Care staff told us how they supported people and promoted choice for people with dementia around day to day decisions. Care staff said they ensured people had the information they needed to make decisions around food, drink and the decisions they could make. Care staff said: "One person can make a choice, however they can't handle too much choice, so we provide two choices" and "Always offer choice, never assume someone can't make that choice, such as medicines. However if they keep refusing, then I'd inform [provider] as there may be a concern." Staff had received training around the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time

People's care plans contained information regarding the Mental Capacity Act 2005 and people's abilities to make decisions. Where people were able to consent to their care and treatment this was recorded in their care records. One person was unable to make decisions regarding their care; they were receiving 24 hour care in their own home. The provider was involved in a best interest meeting as this was deemed to be a deprivation of the person's liberty. It was agreed that the person needed live in care staff and additional support provided by Dale House to meet their needs.

People and their relatives told us care staff always asked for consent. Comments included: "they always ask if there is anything I want and tell me what they're doing" and "they're very careful and always ask what I want, they never just do things." Relatives told us that staff always explained to people what they were doing before assisting them. One relative told us, "One member of staff seems to take the lead, and is always engaging [relative], making sure they're happy and comfortable."

People were able to choose what they wanted to eat and drink. People spoke positively about the support staff provided them. One person said, "they help, they make things how I like them." People's care plans contained information on people's likes and dislikes. Staff told us how they supported people, including providing choice and respecting people's preferences.

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support with their mobility

Is the service effective?

were supported by occupational therapists to ensure they had the equipment they required. Where care staff had concerns about people's healthcare needs, they could access support from people's GPs and social workers.

Staff had identified one person who refused to use the moving and handling equipment which staff used to help them mobilise independently. The provider contacted occupational therapists, who agreed with staff and discussed ways the person could move safely. The person

was able to make decisions for themselves, which meant staff could encourage them to use moving and handling equipment, however must respect their decisions should they refuse.

We recommend that the provider seeks guidance on best practice concerning supporting staff , assessing their competence and encouraging professional development.

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided and the care staff supporting them. Comments included: "The care is very good", "The carers are very good", "I can't fault them, they're [staff] are very pleasant and helpful", "The care is exceptional" and "They are excellent. The two [staff] at the moment are wonderful."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's histories and what was important to them. Care staff enjoyed their job and were enthusiastic about providing good quality care. Comments included: "they're my friends. I take time to know them and care for them" and "I love this job and helping them. I also learn a lot from them too."

People and their relatives told us they were treated with dignity and respect by care staff. Comments included: "They are always polite, caring and respectful. They always say goodbye to [relative] before they finish", "I'm delighted with the care, they're always respectful and polite" and "They care for [relative] in private, they always respect their choices and spend time talking to them."

Care staff told us the importance of respecting people's dignity. One care worker told us, "We always make sure care is in private. If we assist with washing, we use towels; cover people up so they're not exposed." Another care worker said, "Always make sure the client is comfortable, make sure they are covered up, make sure doors and curtains are shut. Talk to them and make sure they're happy."

There was a culture around promoting people's independence. One care worker told us, "I ask them what they want. One person likes to be as independent as possible; I respect this and give them the support they need". People's quality of life had improved as a result of the care they had experienced. One person told us, "the carers are really good. They go beyond what is expected. Do cocktails for dinner; bring in some nice delicacies, lots of little personal touches which [relative] enjoys."

People and their relatives told us they were involved in planning their care. Comments included: "At the start they [the provider] came out and discussed what we wanted", "They involved me in [relative's] care and supported me shortly afterwards, it's what I want" and "There was lots of conversations at first, what we wanted and how we wanted it."

Care workers told us how they were given time to build relationships with people when starting their care. For example, one care worker told us they were given time to shadow other care workers providing one person's care. They said, "I went in with another carer. I was introduced to the client and got to know their preferences." People and their relatives told us care workers were introduced to them before providing their care. One relative said, "they bring new staff in. It gives time for the carer to develop and know them."

People's individuality was respected. For example, care staff told us about one person they supported. They said, "their hair is so important to them. We give them support to make sure they look good and are dressed well. They're a very proud person and we respect that." The person's care plan showed what was important to them, and this clearly reflected the person's choice.

Is the service responsive?

Our findings

People's care needs were documented in their care plans, however, there was not always clear guidance for care staff to follow to meet people's needs. This put people at risk of not receiving the care and support they need. People's care plans did not contain information on how long their visits were, or what care staff needed to do for people to meet their needs. For example, one person's care plan detailed their needs and the reasons why they needed support to be as independent as possible in their own home. There were no plans for how staff should support them at each visit, such as support with their personal hygiene, mobility or nutritional needs.

People's care plans were not always current and often did not reflect their needs. One person was often refusing to use moving and handling equipment, while staff knew how to assist this person, there was no clear guidance in the person's care plan on how staff should assist them.

People's relatives did not always receive feedback on their relative's care needs. Comments included: "We're not always informed of some changes", "I've had no feedback, I have to contact them" and "We don't always hear from them; however we have no need to."

People and their relatives were not always asked for their views on the care provided. Comments included: "I've not been asked for my views, however the service is good", "I haven't spoken to the lady in charge. Never been asked to provide feedback, however I think the service is efficient" and "I've not been asked for our views, communication is something which could improve." This made it difficult for the provider to improve the service as they had no way of robustly collecting people's views.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the registered manager and care staff were responsive to any changes in people's needs. One relative told us the service were very responsive. They said, "The care is very flexible. They've changed on a week to week basis and have accommodated [relative's] needs at short notice." Another relative told us, "They're approachable and accommodating. Where we've had to cancel visits at short notice, they've been helpful."

A number of people's care files were person centred and provided information to care staff on what was important to the person, their life history, family and occupations. Staff told us how this information was important to them, giving them the information they needed to build relationships with people. One staff member said, "they like their care provided in a specific way, if we do something differently, they'll point it out. They've always liked routines."

People and their relatives told us they knew how to make a complaint and had a copy of the service's complaints policy and information regarding complaints. Comments included: "I'd go the provider and let them know"; "I know I can complain, and I would if I needed to" and "I can't fault them."

The provider had a complaints policy and procedure which provided clear information about how the service would acknowledge and respond to concerns. The provider told us they had not received any formal complaints in 2015. They informed us that when they received concerns they addressed this quickly, to ensure people were happy. However, no record of any concerns had been documented. The provider informed us of a time in 2015 where unexpected changes had impacted on the service. They ensured people and their relatives were aware of these concerns, and the action they had taken. Two people we spoke with told us the provider had come to see them, and they were happy with the outcome.

Is the service well-led?

Our findings

Some people's relatives felt the provider was not always approachable or available. Comments included: "We're not always informed of changes", "I've had no feedback, I have to contact them (the provider)", "We don't hear from them much, however we don't need to at the moment." One relative told us they had not raised some historic concerns as they did not feel the provider was approachable. They said, "It's difficult to get hold of them. I tended to let things go. It was okay, because overall the service we got is very good."

The provider did not have quality assurance systems in place to identify any possible trends or patterns from people's concerns or complaints that occurred within the service as concerns were not always documented. Therefore there was no process in place for the provider to use these sources of information to learn from concerns and to improve the quality of the service people received. A recent survey sent out to people and their relatives did not highlight any areas for improvement

The provider did not have monitoring systems in place to ensure people's care plans were current and reflective of their need. People's daily care and medicine records were not reviewed to ensure staff were delivering the care that was planned. The provider informed us they had recently discussed with staff the need to document the time they arrived and left people's care. However, the provider had not checked if staff were following this guidance as they did not review people's on-going care records.

We discussed these concerns with the provider. They informed us they were hoping to implement a call

monitoring system, and recruit a care manager to assist them with the management of the service. The provider told us most of their monitoring was carried out informally and had not always been documented.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While some people and their relatives had felt the provider was not always approachable, others spoke positively about the provider. Comments included: "They're utterly charming", "The provider is very approachable", "They're great, I'd recommend the service to anyone" and "They're efficient, if I call them, they always take the time to call me back."

The provider promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about the support they received from the provider. Comments included: "They're really supportive"; "I feel supported. It's a small company, we're like a little family" and "We're given support and training to provide the best possible care to people."

Staff received the information they needed at staff meetings. Staff meetings covered topics such as safeguarding, people's care and respecting people's dignity. Staff told us they could always seek support from the provider and attend the office. The office contained a range of policies and procedures for staff to read which gave them guidance around their job.

Staff told us they always received information from their colleagues when assisting people with their care. One member of staff said, "When we cover people's care, we always have current information. If they go in and out of hospital, we always have the information we need to meet their needs."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met: The provider had not fully ensured staff employed for the purposes of carrying on a regulated activity were of good character.

Regulation 19 (1)(a).

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: The provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Regulation 17(1)(2)(a).