

Dana Payne Limited

Dana Care

Inspection report

102 Sandbanks Road
Poole
Dorset
BH14 8DA

Tel: 01202730500

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dana Care is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 64 people were receiving care and support from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People and relatives told us that the service was provided by staff who were caring and supportive. Care was well planned, visits were carefully organised, and care was responsive to people's individual needs.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

Staff knew people well and understood and respected their choices and preferences. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

People felt listened to and consulted when planning and agreeing what care and support they needed. People and relatives told us they could confidently raise any concerns, and these were addressed appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People, and where appropriate their relatives, were involved in decisions about their care.

Governance systems and oversight of the service was robust. Issues were identified, and actions taken to address any shortfalls.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 August 2017).

Why we inspected

This was a planned comprehensive inspection based on the previous rating. This was changed during the inspection to a briefer, focussed inspection in response to the Covid-19 pandemic restrictions.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Dana Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of 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 care service. Their area of expertise was with older people.

Service and service type

Dana Care is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection activity started on 9 March 2020 and ended on 15 March 2020. We visited the office location on 12 March 2020.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also spoke with commissioners of the service from the local social services department to obtain their views about the

service. We used all of this information to help us plan the inspection.

During the inspection

During the inspection we spoke with eight people and three relatives or friends. We also spoke with the provider, registered manager and three staff.

We reviewed a range of records including four care plans and medicines records and information about the management of the service. This included quality assurance records and audits, meeting records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This including seeking staff opinions via email and contacting health and social care professionals to ask for their view of the service. We received feedback from two staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs and choices were assessed before the service started to provide any care or support and were then regularly reviewed.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans.
- Information about people's cultural, religious and lifestyle choices and any equipment that was needed such as key safes, storage of medicines and telephone emergency alarm systems was included in people's assessments and care plans.
- All care plans and related documentation were clear and concise. Staff confirmed the information they needed to know was always available.

Staff support: induction, training, skills and experience

- People told us their needs were met by staff with the right skills, experience and attitude for their roles. One person told us, "They know what to do. Most have been there a long time. They are well trained. They are bright and happy, and they make me feel happy."
- Staff received training that was effective and felt sufficiently skilled to carry out their roles. One member of staff said, "Dana care always give me the support I need to carry out the job to the best of my ability. They support me with training and any problems I may have. I can always pop in to the office when I have a problem and they help me with solving it if needed"
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs. A relative said, "Staff are highly skilled, empathic and dedicated and I am overwhelmed by the level of support they provide."
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident, they could do so. An ongoing programme for updates and refresher training was in place.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff who understood their food and drink needs and preferences. One person told us, "They check what I would like and how I would like it."
- Care plans reflected the support the person needed to eat and drink.
- Staff had received training in how to support people with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life. A relative said, "[they give] exceptional care from smiling and dedicated staff who work well with district nurses, occupational therapists and GP's to the advantage of all concerned."
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropractors. A relative told us, "They notice if he is a little more vague than usual or pick up if he has a cough or a urine infection and they let me know."
- People told us this was done in a timely way and records confirmed this. All of the people and relatives we spoke with confirmed that staff are quick to recognise any changes or concerns and contact professionals if this is required. One person told us, "I think they take great care of me. They observe any off colour things I mention to them."
- Records showed that instructions from healthcare professionals were carried out.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care plans recorded if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. Proof of this authority was requested by the service and held on file.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said staff provided them with the care and support they required; they told us they felt well cared for and were consulted about what they needed. One person told us, "I'm very happy with all of the carers that come. They are always polite and willing to go that extra mile to help." Another told us, "I find this company very good. It is so nice to have carers who have time for you and a laugh at bedtime is much appreciated."
- The staff team were knowledgeable about people's personal history, which enabled them to have meaningful conversations. All staff confirmed that care plans and other records contained good detail to enable them to meet people's care needs. A member of staff said, "The care plans are very helpful and informative. Dana care are always updating these care plans especially if a clients needs change."
- Care plans were personalised and detailed clearly how the person wanted their needs and preferences met. Each person's plan was regularly reviewed and updated to reflect their changing needs. A relative told us, "We were involved with the care plan and reviews. When it is revised and there are any changes the sheet is re-written. "

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital.
- The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how complain if they needed to and felt confident that they would be listened to. One person told us, "No, never had to complain. I would ring them up but I've no reason to do that."
- The complaints procedure explained how to make a complaint and set out how people could expect any

concerns or complaints to be dealt with.

- Complaints were acknowledged, investigated and resolved in line with this policy.

End of life care and support

- People had been given the opportunity to discuss their end of life wishes and these were documented where they had chosen to do so.
- The service was not supporting anyone with end of life care needs at the time of our inspection but routinely provided this if it was required. A relative had recently written to the staff and said, "My most grateful thanks to all who supported me over the three years and especially for the care during her last four weeks. Without this, she could not have remained at home. She seemed content and very peaceful throughout."
- Some staff had been trained to support people with end of life care needs. Another relative had written and said, "It has been a very long road we have travelled together which I would never have managed without your assistance."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff expressed confidence that the service was well run. A relative told us, "They're local, responsive. A good team and you don't get too many changes. I'm quite happy." Another said, "I've nothing but good things to say about it".
- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised. A member of staff told us, "Working within Dana Care is the best experience I could ever have, I love my job. All the staff works together as a team to ensure that the care we give is to the best for their individual needs".
- Staff spoke positively about their work. A member of staff said, "I get great fulfilment from my job, I know by doing the job that I do I get great appreciation from the clients I am caring for and I am proud to know by being with Dana care I am making a big difference to many people's lives and in many cases making their life that little bit easier and manageable."
- The registered provider continually monitored the quality of the service provided to people. Surveys were sent to people as well as discussions with people during reviews and unannounced spot checks on staff. This meant they were continually checking to ensure that people received the best possible care and support.
- Records of staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately, and action was taken to address any shortfalls. A member of staff told us, "Staff meetings are useful. You can raise issues and chat and make suggestions."
- Spot checks were carried out to ensure staff were following their training and meeting people's needs.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people. One person told us, "All of the staff are always kind and helpful and go out of their way to make life easier for me. Best of all, they are friends as well as helpers."
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions. A relative said, "I can't praise their dedication and flexibility highly enough. Dana Care stepped in at short notice to provide 24-hour care at first. Now, thanks to

their skill, we are down to four visits a day."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A member of staff told us, "If I needed to whistle blow, I would immediately contact the office. I would be confident that Dana care would deal with the situation professionally and retain full confidentiality."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews of their care. This information was used to improve the service and to highlight good practice or care.
- Quality assurance surveys were sent out to people annually. The most recent survey was in the process of being undertaken at the time of the inspection. An analysis of responses that had been received so far, showed high rates of satisfaction.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained and any issues were identified and learned from.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.

Working in partnership with others

- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- The service was involved in the local Proud to Care campaign which raises the profile of the social care industry.