Dial House Care Limited

Dial House Home Care

Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was announced and took place on the 30 March and 21 & 26 April 2016.

Dial House Home Care provides personal care and support to people living in their own homes. At the time of our inspection the service was providing care and support to 73 people. Visits ranged from 15 minutes up to two hours. The frequency of visits consisted of one visit per week to four visits per day, depending on people's individual needs.

The service did not have a registered manager, but a manager was in place who was going through the registration process. 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 and associated Regulations about how the service is run.

An improvement was needed to ensure that people's agreed timings were better organised. Some care rounds did not always include travelling times. This did not ensure consistency with the agreed care times.

An improvement was needed for all staff to receive formalised training in the Mental Capacity Act 2005. This would ensure that all staff were familiar with the principles of the Act and know how to apply them appropriately.

Notifications in relation to concerning information were not always submitted to the Care Quality Commission (CQC). You can see what action we told the provider to take at the back of the full version of the report.

Staff had been provided with safeguarding training to protect people from abuse and avoidable harm. There were risk management plans in place to protect and promote people's safety. Safe recruitment practices were being followed to ensure staff were suitable to work with people.
People's medicines were managed safely, in line with best practice guidelines; and staff had been trained in the safe handling of medicines.

Staff had been provided with induction training when joining the service, as well as regular ongoing training. This enabled them to carry out their roles and responsibilities effectively.
If needed, people were supported by staff to have a balanced diet and to access healthcare services.

People had established positive and caring relationships with staff. They were able to express their views and to be involved in making decisions about their care and support needs. Staff ensured that people's privacy and dignity were promoted.

People's needs were assessed prior to them being provided with care and support. Care plans were updated

on a regular basis, or as and when people's care needs changed. A copy of the service's complaints procedure was issued to people when they started to receive care. This ensured they would be aware of how to raise a complaint if the need arose.

The culture at the service was open and inclusive. There were quality monitoring systems in place. These were used to good effect and to drive continuous improvements.

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 always safe

Care calls needed to be better organised to ensure consistency with people's agreed times.

Staff were aware of the safeguarding reporting process if they witnessed or suspected incidents of abuse.

There were risk managements plans in place to promote people's safety.

Systems were in place to ensure medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective

Staff's knowledge on the Mental Capacity Act 2015 was limited.

Training was provided to staff to enable them to carry out their roles and responsibilities.

If required, staff supported people to eat and drink and to maintain a balanced diet.

If needed, staff supported people to access healthcare services.

Is the service caring?

Good

The service was caring

Positive and caring relationships had been developed between people and staff.

People were enabled to express their views about their care and support needs.

Staff ensured people's privacy and dignity were promoted.

Is the service responsive?

Good

The service was responsive

People's needs were assessed prior to them receiving care and support.

Information on how to raise a concern or complaint was provided to people.

Is the service well-led?

Requires Improvement

The service was not always well-led

The Care Quality Commission (CQC) was not made aware of notifiable incidents in relation to safeguarding alerts.

The culture at the service was open, inclusive and transparent.

There were effective quality assurance systems at the service.

Dial House 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 of Dial House Homecare took place on 30 March and 21 and 25 April 2016 and was announced. The manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the manager or someone would be in the office on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was undertaken 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 care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including data about safeguarding and statutory notifications submitted to the Care Quality Commission (CQC). Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

During our inspection we undertook telephone calls to seven people who used the service and five relatives. We visited a person in their home and observed how staff supported them with their care. We spoke with two team leaders, two care workers, one care coordinator, the reviewing officer, the administrator, the deputy manager, the manager, the extra care manager and the provider of the service.

We reviewed a range of records about people's care and how the service was managed. These included care records for seven people who used the service to ensure they were reflective of their needs; four staff's files and 13 Medication Administration Record (MAR) sheets. We also looked at quality monitoring audits.

Requires Improvement

Is the service safe?

Our findings

Comments made from people and their relatives in relation to sufficient numbers of suitable staff to keep them safe and meet their needs were variable. A person who used the service said, "Due to staff sickness I occasionally receive a phone call from the agency to find out if I can sort myself out." The person commented further and said, "If my [name of family member] is around I can, but if they are not I have to refuse, as I am not able to shower and dress myself without help." The person concluded and said, "They do not have enough staff; however, over recent months, there has been an improvement." Another person said, "The managers don't support the carers with the rotas. They are sent from one village to another and back again." A third person said, "They are usually on time and they always stay for the time they are supposed to. I have never missed a call." A relative commented and said, "One carer did not turn up on one occasion for the double up call. The other carer phoned the office and they quickly sent somebody else." A second relative said, "The organising of their route plans could be better. It would help if they gave them more travelling time as these villages are spread apart."

People's comments in relation to having regular carers to support them and the timings of calls were variable. One person said, "They may change the carer with only an hour or so notice. I haven't had a rota for a long time and I don't get a regular carer." Another person said, "I think they have improved. Over the last month I have received a rota and the timing has also improved." A relative said, "Our carers are fairly regular especially for four days of the week. They email me the rotas and keep me up to date with staff changes." It was evident that people were not always made aware of the staff members who would be supporting them; and provided with sufficient notice when changes had been made to the staffing schedule.

Staff told us that the staffing numbers were adequate, but the care rounds needed to be better organised. This was because traveling times were not always included in the rounds. One staff member said, "There is enough staff but planning of the care rounds is not good." Another staff member said, "The care rounds are disorganised. We travel several miles backwards and forwards." We looked at seven staff members allocated daily sheets and found that the rounds did not always include travelling times. Therefore, the timing for people's agreed care calls was not always consistent.

People told us they felt safe from abuse and avoidable harm. One person said, "I feel very safe with the carers supporting me I know that I am in safe hands." A relative told us, "I have no worries about [name of person] safety with them." Another relative said, "All the carers wear appropriate protective aprons and gloves." People told us that safe moving and handling procedures were in place. For example, two staff would always assist them when using the hoist.

Staff told us they had been provided with safeguarding training. They were able to describe the different types of abuse and the procedure to follow if they witnessed or suspected an incident of abuse or poor practice. One staff member said, "I would report it to the manager." We saw the service had a safeguarding and whistleblowing policy in place to guide staff. There was also a safeguarding poster displayed in the service, which included telephone numbers of external agencies who staff could contact if they did not feel able to report incidents internally. Training records seen confirmed that staff had been provided with

safeguarding training. We saw evidence that potential safeguarding incidents were raised with the local safeguarding team.

There were risk management plans in place to protect and promote people's safety. For example, risk assessments were in place in relation to the environment, safe handling of medicines and moving and handling. The manager told us that people and their family members were involved in the development of their risk assessments. They were reviewed yearly, or as and when people's needs changed. Plans seen contained detailed information on the action staff should take to promote people's safety and to minimise any potential risk of harm.

The manager told us that people and staff were able to contact the service out of hours or in an emergency. She said, "We are contactable seven days a week, 24 hours a day." We saw evidence that the service had contingency plans in place to deal with emergencies such as, adverse weather conditions and staff absenteeism.

Safe recruitment practices were followed by the service. Staff were able to describe the service's recruitment practice. They told us they had completed an application form and attended a face to face interview. As part of the recruitment process they had to provide two references one of which was from a recent employer, eligibility to work, proof of identity and a Disclosure and Barring Service (DBS) certificate. We saw evidence in the staff's files we examined that the appropriate documentation had been obtained.

People told us their medicines were administered safely. One relative said, "They always apply [name of person] cream and complete the Medication Administration Record sheet." Another relative said, "I usually do the tablets but if I am away they would administer them and have always been very good." The relative commented further and said, "There was just one occasion some time ago where a tablet was missed. The carer realised later and informed the office. A report was filed." This showed an appropriate action was taken to address the error.

Staff told us they had received training in the safe handling and administration of medicines; and their knowledge and skills were regularly updated. The manager told us that since being in post she had reviewed the medicine system. This was to minimise the risk of errors with the administration and recording of people's medicines. We saw evidence that new MAR sheets had been introduced. Handwritten entries were signed and checked by a second staff member to minimise the risk of errors when transcribing. Monthly auditing of a sample of MAR sheets were carried out by team leaders and the manager. We saw evidence that there had been a significant reduction of medicine anomalies occurring.

Requires Improvement

Is the service effective?

Our findings

The staff we spoke with told us that they had not been provided with formal training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty (DoLS). As a result, their knowledge on how the Act worked in practice was limited; however, they told us that they would always assume that a person had capacity until proven otherwise. The manager confirmed that only two staff had undertaken this training. She told us arrangements were being made for all staff to be provided with training. We saw evidence that two staff were undertaking their induction and had received MCA and DoLS training.

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. The application procedure for this in domiciliary care service is called Court of Protection.

We found that the service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The manager told us that at the time of our inspection no one using the service was being deprived of their liberty unlawfully. She told us that if she felt an individual may lack capacity or their liberty was being restricted; she would contact social services and arrange for a best interest assessment to be undertaken.

People told us that the staff were skilled and knowledgeable. One person said, "They are well trained and know what they are doing." Another person said, "The new carers are not so confident. I have to keep educating them on where I keep things." One relative said, "The care workers have a good level of knowledge and they know what is required."

Staff told us they had been provided with training to enable them to carry out their roles and responsibilities. One staff member said, "I have had an induction and ongoing training. It has absolutely helped me to carry out my role." Another staff member said, "I worked alongside an experienced staff member for about three shifts before I was allowed to work on my own." The manager said, "Staff are not thrown in the deep end." She explained that staff would initially have an induction. This consisted of three days face to face training and a further two days observing how personal care was delivered in the provider's nursing home. Staff would then be expected to work alongside experienced staff members until they felt confident to work on their own.

The manager told us if staff had no experience in care they would be expected to complete the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers). She further stated that staff with no care experience would not be able to work single handed; until they had completed the care certificate. This ensured that staff acquired the appropriate qualification to deliver care effectively. We saw records within staff files we examined to

evidence that induction and other training had taken place. In addition a training matrix had been collated. It contained information on the training that staff had undertaken and when they were due to be updated.

There was a supervision and appraisal system in place. The manager told us that staff received quarterly face to face supervisions and spot checks and a yearly appraisal. We saw evidence in the files examined that staff had been provided with regular supervision and spot checks. The manager told us some staff had acquired a national recognised qualification at level two and three.

People told us that staff gained their consent before assisting them with their care tasks. One relative said, "They always check with [name of person] that she is happy for them to support her. For example, they would say, can I put the slings on now; and they always explain everything to her." Staff made similar comments. One staff member said, "I always explain to the clients how I am going to support them. For example, I would say, is it okay to wash your feet?" Within the care files we saw people had signed consent forms. This was to demonstrate that they had given permission for staff to carry out certain care tasks such as, assisting them with the administration of medicines.

People told us that staff supported them with eating and drinking and to maintain a balanced diet. One person said, "My carer always asks what do you fancy for your meal tomorrow?" This showed people were able to choose what they wished to eat. The manager told us that some people were supported by staff with their food shopping. We found if needed, people had access to the Speech and Language Therapist (SALT) and the dietician via their GP.

People had access to healthcare services to maintain good health. Relatives told us that they supported family members with their health checks and hospital appointments. One relative said, "The staff make me aware of any changes in [name of person] condition." Another relative said, "My [name of person] occasionally gets red marks on their sacrum. Staff would always tell me and document it." The relative commented further and said, if needed they would obtain the service of the district nurses. The care plans seen included details of people's GP and health care professionals who were involved with their care and treatment. Therefore, if staff had concerns about a person's well-being they would be able to contact the appropriate professionals for advice and support.

Good

Is the service caring?

Our findings

People told us they had developed caring and positive relationships with staff. One person said, "The carers are always kind and considerate and will make me an extra cup of tea if they have a spare five minutes. I don't see many people and so to see their cheerful faces is a joy." Another person said, "I have the same carers most of the time and they are very kind and good to me." A third person commented and said, "The way the carers are speaks volumes. They are really human if you know what I mean and will go the extra mile." A relative described staff as 'good' and 'nice'. They commented further and said, "They handle [name of person] very gently." This showed that staff provided care and support that was focussed on individuals and their needs.

Staff were able to describe people's individual needs, including their preferences, personal histories and how they wished to be supported. One staff member said, "We make sure we read the clients' care plans, and get to know them." Another staff member said, "We treat the clients the way we would like to be treated. Do as you would be done by." From observation and discussions with staff it was evident that staff had a good understanding about the needs of individuals; their culture, means of communication, likes and dislikes. When we visited a person who used the service, positive interactions were observed between them and the staff member. There was lots of laughter and the person looked at ease in the staff member's company.

People told us they were supported by staff to express their views and be involved in making decisions about their care and support. One relative said, "The staff always include my [name of person] and give her choices. For example, they would ask her what she wants to wear and give her no more than three choices, as more would be confusing. They are sensitive to her needs." This showed that staff supported people to make decisions and provided them with choices.

The manager was able to describe the processes that were in place to enable people to make decisions and to plan their care. She said, "After six weeks we review the care package. Then six-monthly. The clients are able to say if they are happy with their care or they wish for changes to be made." She commented further and said, "We respect people's rights and would always ask them if they wish for a family member to be present at the meeting." This ensured people's rights were promoted. During our inspection we observed staff enabling a person to maintain their independence. The staff member supported the individual to do some things for themself. This gave the person a sense of self-worth.

People felt assured that information about them was treated confidentially and respected by staff. One person said, "My carer has never talked about any of the other clients that they visit." The manager told us that the service had a confidentiality policy, which was discussed with staff at their induction. Staff were expected to sign an agreement to adhere to the policy. We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

People told us that staff promoted their privacy and dignity and they were addressed by their preferred name. One person said, "The carers always include me in their conversation and call me by my preferred name." A relative said, "My [name of person] has a particular toileting problem. The carers know how to preserve her dignity to remove any embarrassment."

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. They told us that people were asked how they wished to be addressed. They were not rushed and they were listened to. When performing intimate tasks towels were used to preserve people's dignity. The manager told us that staff's care practices were regularly observed to ensure that they were upholding people's privacy and dignity. When we visited a person in their home we observed that the staff member ensured that their dignity and privacy were upheld.

Good

Is the service responsive?

Our findings

People told us that they and their family members were involved in their care assessment and in the development of their care plans; and how they wished to be supported. One relative said, "As a family we were included in the initial assessment, care plan and risk assessment." Another relative said, "I feel very much involved in my family member's care plan. They have been flexible with us for example, fitting around our needs at Christmas when we needed to change the times." Several people mentioned how good a particular staff member was at developing care plans. One relative said, "My [name of person] care plan is comprehensive and includes all the relevant information on how care should be delivered."

We saw evidence that prior to a service being provided to people an assessment was undertaken to identify their support needs. Information obtained at the assessment stage was used to inform the care plan and outlined how identified needs were to be met. The plans were reviewed regularly and if there were changes to the identified needs. This was to ensure that the care provided was still relevant.

Staff told us that people's care plans were personalised and contained detailed information on their level of independence, personal history and preferences. One staff member said, "If a client is admitted to hospital the care plan is reviewed when they return home as their needs may have changed." This ensured that care plans were current.

There was a complaints procedure in place and most people knew how to use it. One person said, "I have never had to complain but would feel confident to do so if needed." A relative said, "I know about the complaints procedure and would be happy to use it." The manager confirmed that people were issued with a copy of the service's complaints procedure when they started to receive care. We were told complaints made were fully investigated and used as a learning experience to improve on the quality of the care provided. We saw evidence that the service had received five complaints. These had been investigated in line with the provider's procedure and the complainants had been provided with satisfactory responses.

There were arrangements in place for people, their relatives and staff to provide feedback on the quality of the care provided. We saw comments received were analysed and were positive. For example, 90% of the people who used the service said that they were always satisfied with the care that they received. 95% said that they would recommend Dial House Homecare. 98% of the staff team said that they enjoyed working at the service.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we found that the manager had raised a number of safeguarding alerts to the safeguarding team. The commission had not been notified of the incidents that had been raised. The manager told us that as she had raised the incidents with the safeguarding team she was not aware that she also had to notify the Care Quality Commission (CQC) of these incidents but moving forward she will ensure that incidents were reported.

This was a breach of Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives told us that the culture at the service was positive, open and inclusive. One person said, "I have a lot of respect for Dial House Homecare and the way the management deal with me. They always respond if I have an issue. I would rate them 9 out of 10." Another person said, "They do let me know of any management changes. I think they sent a general letter to everybody." A relative said, "The service has improved recently, which I think maybe linked to changes in management."

Staff told us that the manager ensured that the culture at the service was open and transparent. One staff member said, "The manager is brilliant. I feel well led." Another staff member said, "The manager's door is always open. Since being in post she has introduced new systems that actually work and are there for a reason. I think she is the best manager we have had so far."

Staff told us that they were able to make suggestions that were acted on. For example, one staff member said, "I suggested that a particular care package should be a double handed call. [Name of manager] trusted my judgement and acted on what I said." Another staff member said, "I suggested that a person's care package should be increased to an extra 30 minutes in the morning as they were no longer attending the day centre. This enabled us to spend some quality time with the individual to minimise the risk of them becoming isolated."

Staff told us that they were aware of the provider's whistleblowing policy and their responsibility to report poor practice. One staff member said, "I have never had to report an incident but if I did I am confident that [name of manager] would take the appropriate action."

The manager told us that she provided feedback to staff in a constructive and motivating way. She said, "I always tell staff if they make an error, they should not be afraid to report it and use it as a learning experience." She commented further and said that if needed staff would be offered additional training to support their practice.

The manager told us that she was aware of the attitude values and behaviours of staff. These were monitored formally and informally through observing practice and staff supervision.

The manager told us that since being in post she had introduced new quality monitoring systems to

improve on the quality of the care provided. We saw evidence to confirm this. Where areas had been identified as requiring improvements these were supported by action plans.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to comply with their CQC registration requirement by ensuring notifiable incidents in relation to safeguarding incidents were reported to the Care Quality Commission (CQC). Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009.