Dial A Carer Group Limited

DAC Cornwall

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this announced inspection on 16 and 17 April 2018. We gave the service 24 hours notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that staff would be at the office. This was the first inspection for the service, previously known as Ansom Home Care, since it changed ownership in July 2017 and registered as a new provider in March 2018.

DAC Cornwall provides personal care to mostly older people living in their own homes in the community. It provides a service to older adults in the St Austell, Bodmin and Wadebridge areas of Cornwall. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. At the time of our inspection 54 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. Staff treated people respectfully and asked people how they wanted their care and support to be provided. People and their relatives commented, "No complaints at all", "I am quite happy with the service", "I'm in good hands" and "They are fantastic and I can stay in my own home."

The management team employed enough staff to ensure the service was run safely and effectively. New packages of care were only accepted if there were enough suitably qualified staff available. Staff rotas were planned in advance and people received a reliable service from staff who could respond to people's needs. A number of staff had left in recent months and new staff had been recruited to the vacancies. Some people told us there had been, "A high turnover of staff" and "We have had lots of new staff." However, we found the impact on service provision, of the high staff turnover, had been minimised and well-managed.

People told us they received a reliable service, had agreed the times of their visits and were kept informed of any changes. No one reported that any of their visits had been missed. People told us, "Staff always arrive on time, if not they phone to let me know", "Timings of visits are fine" and "Staff always stay for the full time."

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. People who needed help taking their medicines were appropriately supported by staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

People's rights were protected by staff who under stood the Mental Capacity Act 2005 and how this applied to their role. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

The service had robust recruitment practices to help ensure staff had the skills and knowledge to meet people's needs and were safe to work in a care environment. New staff completed a thorough induction programme prior to providing people's care. The induction was effective and fully complied with the requirements of the Care Certificate. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us, "Training is really good" and they found the training to be beneficial to their role. Staff said they were encouraged to attend training to develop their skills, and their career.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The management were clearly committed to providing a good service for people. Comments from staff included, "The office staff are really helpful" and "Our rotas are well organised."

There were robust systems in place to monitor the quality of the service provided and to seek people's views about the service. The management welcomed feedback and used the results of surveys and any complaints to drive improvement. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

There were robust recruitment practices in place to ensure staff were suitable to work with vulnerable people.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. People received care from staff who had the knowledge and skills to meet their needs.

Staff received regular training to help ensure they had up to date information to undertake their roles and responsibilities.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good

The service was well-led. The management provided staff with appropriate leadership and support. The impact on service provision, of recent high staff turnover, had been minimised and well-managed.

There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were approachable and they were regularly asked for their views on the service provided.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

DAC Cornwall

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 DAC Cornwall took place on 16 and 17 April 2018. We gave the service 24 hours notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that staff would be at the office. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the service's office and spoke with the registered manager, the care manager, the administrator and one care worker. We looked at five records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited three people in their own homes, meeting a relative and two care staff. Following the visit to the service's office we had telephone conversations with three people, two relatives and three care staff.

Good

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. People and their relatives commented, "No complaints at all", "I am quite happy with the service", "I'm in good hands" and "They are fantastic and I can stay in my own home."

Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. There was a safeguarding policy in place. Staff were aware of the policy and knew how to access it if they needed to. Safeguarding was covered during the induction process for new staff, and was refreshed regularly. The registered manager and was aware of their responsibilities and prepared to raise safeguarding concerns if they felt it necessary.

The management team ensured sufficient staff were employed to safely meet people's needs by monitoring the care packages being delivered. New packages were only accepted if enough suitably qualified staff were available. Staff had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This enabled the service to know the area and times where new packages could be accepted.

A high number of staff had left in recent months. The registered manager told us staff had left for a variety of reasons, including moving into health care positions and enrolling on nursing training. At the time of the inspection all the care staff vacancies had been filled. Some people told us there had been, "A high turnover of staff" and "We have had lots of new staff." Although, they all confirmed that despite the staff turnover the service had remained reliable.

Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. If staff were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary. People told us they received a reliable service, had agreed the times of their visits and were kept informed of any changes. No one reported that any of their visits had been missed. People told us, "Staff always arrive on time, if not they phone to let me know" and "Timings of visits are fine."

There were suitable arrangements in place for people and staff to contact the service when the office was closed. There was a team of 'on call' staff, consisting of management and some experienced care staff, who were rostered to answer calls at evenings and weekends. They had details of the rota and telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us telephones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting

them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff told us they were informed of any potential risks, directions of how to find people's homes and entry instructions before they completed their first visit to people. Staff used an electronic care monitoring system to record when they had arrived and left people's homes. The system alerted managers if staff did not log in and this meant managers could check if staff were safe.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

People were safely supported with their medicines if required. The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept of when people took their medicines. We saw these were completed appropriately and regularly audited. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Good

Is the service effective?

Our findings

People's needs and choices were assessed by the service before, or very shortly after, starting to use the service. These assessments, together with any information supplied from the local authority or the health care commissioners, was used to help ensure people's needs and expectations could be met by DAC Cornwall.

We found people received effective care because they were supported by a staff team who received regular training. People and their relatives told us staff had the skills to meet their needs. One person told us, "No complaints about the care, all the staff we have know what they are doing." Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to make sure staff received appropriate training and refresher training was kept up to date.

There were systems and processes in place to support staff working at DAC Cornwall. This included regular support through one-to-one supervision, work based observations and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs.

The induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own. Newly recruited staff told us, "The induction was really good" and "As I was new to care I was given as much time as I needed to shadow before I started to work on my own."

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

Management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Care records recorded whether or not people had the capacity to make decisions about their care. Staff

applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support.

Care records showed that people, or their legal representative, signed to give their consent to the care and support provided. However, where a relative had signed on behalf of a person, because they lacked capacity, records did not show if the relative had a Lasting Power of Attorney (LPA) giving them the legal authority to so. We discussed this with the registered manager and we were advised the day after the inspection that systems had been changed to check and record this information. We were also assured that if a relative did not have a LPA then the care plan would be written in the person's best interest, involving key professionals and family where possible.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were caring in the way they supported them. Family members told us they were confident their relative received care and support which did not discriminate against them in any way. Comments included, "I couldn't do without my carers they are all so nice and helpful", "They are all lovely", "I look forward to my ladies coming" and "I'm in good hands."

Rotas were organised so people received care, as much as possible, from a team of regular staff. Staff told us they were given regular work and changes to their work were only made to cover for staff absences. People told us they were happy with all the staff who visited them. However, a high turnover of staff in recent months had meant that some people had experienced several changes to their staff team. One person told us, "I would prefer to have the same staff. I've had a lot of new ones lately." The registered manager explained that as vacancies had been filled and, all new staff had completed their induction, people would have more regular staff.

All the staff we spoke with were clearly motivated and passionate about making a difference to people's lives. We spoke with many new staff and they all seemed motivated and committed to their role. All staff told us they, "Worked well together as a team."

When we visited people in their homes we observed that staff provided kind and considerate support which was appropriate to each person's individual needs. People were treated respectfully and staff asked them how they wanted their care and support to be provided. Staff were friendly, patient and discreet when providing care for people. For example, one person had hearing difficulties and we saw the member of staff took the time to put their head close to theirs so they could hear. This included the member of staff explaining what they were doing throughout the personal care tasks and checking that the person had heard what was being said.

Some people needed two staff to support them with personal care. These people told us that staff always included them in conversations and did not chat to each other while they were caring for them. This showed that staff understood the importance of supporting people's wellbeing and providing respectful care.

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. People told us they knew about their care plans and a manager regularly asked them for their views on the service provided. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

People told us staff always checked if they needed any other help before they finished the visit. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home.

Good

Is the service responsive?

Our findings

The service completed assessments of people's needs and used these, together with information supplied by the person, families and commissioners, to develop care plans. Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy. Care plans also identified if people had specific communication needs and this was shared with other agencies when necessary. For example, where people had memory difficulties or impairments of sight and/or hearing. This was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. One person told us, "Staff always stay for the full time." Care records in people's homes, and electronic records, showed that staff stayed for the agreed length of the visit.

People told us they were aware of their care plans and a member of the management team reviewed their care plan with them to ensure it was up to date. Staff told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were updated in their care plans and communicated to staff by phone, text messages or through weekly memos. Staff were encouraged to update the management team as people's needs changed and they told us that management always acted on any information given.

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was flexible and responded to people's needs. People told us the service responded if they needed additional help, such as providing extra visits if they were unwell and needed more support, or responding in an emergency situation. One person told us, "When I was unwell recently the two staff stayed over an hour longer to make sure I was alright before they left."

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

There were times when staff supported people at the end of their life. At the time of this inspection the service was not supporting anyone with end of life care. However, staff talked to us about situations where

they had cared for people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. Staff were clearly passionate about enabling people to remain comfortable in their familiar, homely surroundings and with their families.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. Relatives also felt their concerns would be taken seriously.

Good

Is the service well-led?

Our findings

The service, previously known as Ansom Home Care, was purchased by Dial A Carer Ltd in July 2017. The name of this location changed to DAC Cornwall when the registration process was completed in March 2018. This service is one of three domiciliary care services owned by Dial A Carer Ltd.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had managed the service under the previous ownership for many years. They were supported, in the running of the service, by a care manager, an administrator and some experienced care staff who worked in the 'on-call' team. The registered manager reported to the operational director and we were told that they had at least weekly Skype meetings.

Since the new ownership there had been a high turnover of staff. The registered manager told us staff had left for a variety of reasons, including moving into health care positions, enrolling on nursing training and possibly some anxiety about a new owner. There had been some initial changes to staff contracts, particularly around how travel time and mileage was paid. However, after consultation with staff amendments were made and we were advised that the current contract was more favourable than prior to the change of owner. Staff confirmed that the rates of pay and terms of employment were very good.

While the office staff had remained constant there had been a change in the care manager role, in September 2017, because the previous care manager had to start maternity leave suddenly. The previous care manager had completed the staff rotas and, because they were unable to give any handover, some people experienced disruption to their service. This change coincided with the care staff vacancies and together both situations had some impact on the service provision. We saw that in September and October 2017 concerns were raised by some people about the reliability of the service, including some missed visits.

From September 2017 the registered manager and the new care manager took over the rotas and recruited to the staff vacancies. Existing staff covered the gaps in the rota until new staff were recruited. It was clear that despite the pressure of the vacancies the registered manager wanted to ensure that the right staff were employed and they were fully supported to help prevent further turnover. We found this period of instability had been well managed. Where concerns had been raised by people, about their service being unreliable during this period, these had been dealt with and resolved in an honest and open manner.

We found there was a positive culture within the staff team, with new and existing staff. New staff had clearly absorbed the philosophy and culture of the service and all staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The management were clearly committed to providing a good service for people. Comments from staff included, "The office staff are really helpful" and "Our rotas are well organised."

Staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, regular staff meetings, supervisions and when working with members of the management team. Staff said

that management listened to their feedback and acted upon it.

The management team strived to continually improve the quality of service provided. There were robust processes in place to seek people's views on the service and monitor the quality of the service. Feedback from people through surveys and complaints were used to continuously drive improvement. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The management team regularly worked alongside staff to monitor their practice. They also carried out unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. We asked for a variety of records and documents during our inspection. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.