

Daily Care 4 U (Telford) Ltd

Dailycare4U Telford Ltd

Inspection report

15 Church Street
Wellington
Telford
TF1 1DD

Tel: 01952872210
Website: www.dailycare4U.co.uk

Date of inspection visit:
17 January 2020
22 January 2020

Date of publication:
27 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

About the service

Dailycare4U is a domiciliary care agency providing personal care to 35 people at the time of the inspection.

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.

The registered office was located on the high street of a small market town.

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

At our last inspection we found that Dailycare4U had made significant improvements. However these improvements had not been fully embedded. At this inspection we found the service had continued to improve and many of the systems and processes they had introduced, were now embedded.

We identified two areas at this inspection which required some additional improvement, and discussed these with the provider. We did not find that anyone was at risk of harm.

People and staff were generally complimentary about the training staff had received. However, we were unable to fully assess the level of training new staff received before being able to lone work. The provider maintained two different systems for recording training data, which when combined did not provide a clear picture of what training new staff had received.

Risks to people safety had been considered but records relating to the maintenance of equipment were minimal. The provider immediately made the necessary improvements. However, the governance systems in place had not highlighted the need for more robust oversight.

People were protected from abuse by staff who understood safeguarding procedures. People were supported by sufficient numbers of staff and call times were actively monitored. People received their medicine as prescribed and were protected from the risk of infection.

The provider could evidence that lessons had been learnt when things went wrong and were aware of their duty of candour.

People's care needs were assessed, and detailed care plans were developed. These provided staff with the information they needed to offer support, although, one person did tell us they had to request a review after their needs had changed. People were supported to maintain healthy lives and encouraged to eat and drink a balanced diet, as agreed in their care plan.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well and involved in decisions about their care. Staff knew how to respect people's privacy and dignity. Staff supported people's independence by only completing the tasks people needed assistance with.

Care plans were personalised to each person's needs and information was made accessible for people when required. Staff supported people to maintain relationships and supported social activities when requested.

People had access to a complaint's procedure, but any concerns had been resolved before they became a formal complaint. The provider was not supporting anyone with end of life care at the time of inspection.

People were complimentary about the care received and staff felt well supported by the provider. People were engaged with the service and we saw evidence of continuous learning and improvement.

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 requires improvement (published 14 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Dailycare4U Telford Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The provider of the service was registered with the Care Quality Commission. The provider was also the registered manager. This means that they 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. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 17 January 2020 and ended on 24 January 2020. We visited the office location on 17 January 2020 and 22 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care worker, administrator and recruitment lead. We also emailed 19 staff who we had not spoken to as part of the site visit to request their feedback. We received six responses.

We reviewed a range of records. These included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and any additional intelligence we received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by the staff team. One person said, "I always feel safe with the staff."
- People were supported by staff who understood how to recognise and report abuse. Staff had access to safeguarding policy and procedures and told us they were confident speaking up. One staff member told us, "I would report any safeguarding concerns to the manager or CQC."
- All concerns which had arisen since the last inspection had been shared with the relevant authorities.

Assessing risk, safety monitoring and management

- Risks to people's safety were considered. People's presenting needs and their environment were assessed, and strategies were in place to mitigate the risk of harm. For example, the risk of falls.
- Guidance on how to support people when they became distressed had been developed. This ensured staff knew how to calmly de-escalate a situation and settle a person's mood.
- We discussed with the provider the systems they had in place to ensure the safe management of equipment. We did not find that anyone was at risk of harm, but we could not see evidence of regular checks being made to some of the equipment people used. For example, bedrails and hoists. The provider took immediate action to review best practice and updated their records to ensure they included instructions on how to check the equipment remained safe to use.

Staffing and recruitment

- People were supported by sufficient numbers of staff to meet their needs. Both the provider and the local authority monitored call times. This was completed via an electronic call monitoring system which showed the exact time staff arrived and departed each care call.
- People told us the staff were usually on time and they were supported by consistent staff. One person's relative said, "It's so nice to have consistent staff, too many faces would not be good for my [relative]."
- The provider had recently employed a recruitment lead to oversee the process for recruiting new staff. We found people's background, character and right to work in the UK had been checked prior to a position being offered.

Using medicines safely

- People were supported to take their medicine by staff who had been trained in the safe administration of medicine.
- The reason each medicine had been prescribed was clearly recorded in their care plan. This ensured staff understood each of the different medicines they were handling.
- Completed medicine records were checked each month to ensure staff were following the instructions and

no errors were noted.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff used personal and protective clothing when carrying out personal care which reduced the risk of cross contamination.
- Effective handwashing information had been stored within people's care plans to remind staff of best practice.

Learning lessons when things go wrong

- The provider had been through a period of necessary change. They could demonstrate lessons had been learnt and new systems had been embedded as a result of their learning.
- No accident or incident reports had been made since the last inspection. A process was in place to ensure staff could record incidents which would then be reviewed by the manager.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At our last inspection the provider had introduced a training matrix to ensure they could monitor staff training and ensure staff received regular refreshers. At this inspection we found information was being held across two different systems. When we looked at the information available we saw a number of gaps which suggested some staff were not up to date on their training.
- When we asked people about the training, they told us they thought it had improved. One person said, "The training has picked up a lot in recent months."
- Staff were generally complimentary of the training they had received. One staff member told us, "We do lots of training it's great. However, another staff member told us, "The training is good, but I don't think staff who are new to care, are trained enough. I think they should shadow longer."
- We discussed our findings with the provider who agreed to review the information and provide us with an updated matrix. We reviewed what the provider sent us after the inspection and found not all the relevant courses were included. For example, moving and handling data was absent. This meant we could not be reassured staff had completed all their allocated training or that the provider was able to effectively monitor the skill set within the team.

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

- People's care needs were assessed prior to care being delivered and a detailed care plan was developed.
- Peoples care needs were reviewed when changes were identified.
- Staff told us the care plans had improved and provided them with information about people's individual needs and the tasks they needed to complete.
- People told us they knew about their care plan and one person said, "The staff seem to know what they are doing."

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

- People's care plans provided staff with information about their health needs and how to support them. For example, in one person's care plan there was information on how a person's diabetes affected them.

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

- People were supported to eat, and drink enough as agreed in their care plan. Care plans contained specific nutritional information and ensured staff were aware of any allergies or other risk factors.
- Care plans indicated the level of support required and people's preferences. For example, leaving a drink in reach before exiting the property.

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

- The provider worked with other agencies to ensure people's care provision was meeting their needs.
- We observed a telephone discussion between a staff member and a social worker. The staff member was heard explaining the person's changing needs, the additional equipment they felt necessary and a suggested change to call times. The staff member arranged a further meeting to discuss the information, with a view to improving outcomes.

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.

- The principals of the MCA were being met.
- People's capacity to consent to their care plan had been assessed and they signed to confirm their agreement with the content.
- Specific decisions were assessed, and people's wishes were supported. For example, one person wanted their friend to support them with their medicine on a day out.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff team well treated them. One person told us, "I have one staff member come to see me and they are very lovely to me." Another person's relative said, "Staff are good with my [relative] and they are loyal to the people they visit."
- Staff had access to equality and diversity training and relevant policies.
- People's protected characteristics were recorded in their care plan. For example, their religion and gender. This is in line with the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to express their views. One person said, "Carers always listen to me."
- Staff all reported they felt people were involved in decisions about their care. One staff member told us, "DailyCare4U always make sure people are involved in decisions about their care." Another staff member said, "We get time to get to know people and build up a relationship. The more we get to know people, the more they trust us. When people trust us, they open up and let us do more for them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. For example, care plans advised staff who the person had agreed their information could be shared with.
- Solutions were in place for when dignity might be compromised. For example, one person liked to get dressed in their living room. Staff were advised to ensure their curtains were closed before commencing personal care.
- People's independence was promoted. Staff advised us that they only supported with tasks people could not do for themselves.

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 requires improvement. At this inspection this key question has improved to good. 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

- Care plans were personalised to each person. They contained information which enabled staff to attend to each person's individual needs. One staff member told us, "The care plans are very informative and tell us what we need to know."
- The staff developed relationships with people's families and ensured they were included in the care planning process. One staff member said, "We build relationships with the family and they get to be involved in making sure we get things right."
- Care plans gave details of how people wanted their care to be delivered and the things which were important. For example, where items were to be kept in the home, personal routines and preferred room temperature.

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 information was presented in an alternative format when needed. For example, staff used flash cards to assist someone with a significant hearing loss.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and care plans were in place to facilitate people spending time in the community with friends and family.
- Staff attended social activities with people if it had been agreed in their care plan.
- People were assisted to maintain friendships when highlighted as an area of need. One person received support to get organised for days out and to resolve occasional conflicts with their friends.

Improving care quality in response to complaints or concerns

- The provider had not received any formal complaints since the last inspection. The registered manager told us, "We try to resolve any concerns straight away, so things do not escalate to a complaint."
- The staff team supported what the registered manager told us. One staff member said, "If there is an issue I feel like it is taken on board and resolved quickly."
- People told us they knew how to make a complaint and were given a copy of the complaint's procedure.

- The provider was able to demonstrate the process they would follow if a formal complaint was received.

End of life care and support

- The provider was not currently supporting anyone with this level of care.
- The registered manager told us they were planning on delivering additional training to increase staff knowledge and skills in this area. This was to ensure the service would be able to support people with this level of need in the future.
- We reviewed several compliments from family members which commended the provider for the support received when loved ones had become unwell and subsequently passed away. Comments included, 'Thank you for the care and support during [Relatives] final months.'

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 requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our last inspection we found the provider had an increased understanding of their regulatory responsibilities and had introduced a number of governance systems to support them in their role. At the time of the last inspection the systems were yet to be embedded.
- At this inspection we found the majority of those systems were now embedded and proving effective.
- However, we remained concerned that the system for monitoring staff training is not yet effective. The provider was unable to provide an accurate picture of what training staff had completed and what courses remain outstanding.
- In addition, the guidance and governance around the use of equipment had not considered the potential risks and available best practice. The provider took immediate action to address this however they had not identified the management of equipment, such as bedrails required greater attention.
- All staff had been provided with a mini guide to policies and procedures. This ensured staff had access to vital information regarding areas such as, safeguarding, dealing with emergencies, MCA and medicine administration.

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

- People were generally positive and complimentary about the care they received. One person said, "The care is really good."
- Staff told us they would recommend Dailycare4U as both a good place to work and as a good care provider.
- Staff told us they were well supported by the registered manager who always did what they could to support them.

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 provider had an awareness of the duty of candour. However there had been no incidents where it had been necessary to apply the process.

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

characteristics

- People completed quality surveys and spot checks were carried out to ensure people were happy with the quality of the care received.
- Staff received regular supervisions where any concerns could be discussed. Team meetings were held on a regular basis and the subjects discussed included, uniform standards, best practice and general communication.

Continuous learning and improving care

- The registered manager was able to demonstrate the learning which had taken place since the last inspection. They were proactive in making adjustments to the service whenever an issue was identified.
- The team working alongside the registered manager were actively involved in service improvements. We observed positive conversations where knowledge was exchanged, and solutions identified.

Working in partnership with others

- The provider worked in partnership with a few different agencies to improve the service being delivered. They had worked extensively with the local authority who told us they had seen considerable improvement.
- The registered manager had become an active member of local provider and registered manager groups. They told us these had become invaluable for both information and ongoing peer support.