Derbyshire County Council

DCC Dales Home Care

Inspection report

Shand House
Dale Road South
Matlock
DE4 3RY

Date of inspection visit:
18 January 2022

Date of publication:
03 March 2022

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?	Requires Improvement

Summary of findings

Overall summary

About the service
DCC Dales Home Care is a domiciliary care agency. It provides care to people living in their own houses and flats in the Dales area of Derbyshire. The service supports younger adults, older people, people living with dementia and people with physical disabilities living in their own homes. Most people received a short-term reablement service following a period of hospitalisation or illness. At the time of the inspection, there were 15 people using 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
There was not always a positive culture within the service. Staff advised of concerns relating to out of hours support and access and support with training and use of the providers systems. The provider understood that staff required mandatory training, and this was made available to staff. The provider told us recruitment processes were ongoing to increase staffing.

People received safe care and support. Staff had received training on safeguarding adults and were aware of their responsibilities to protect people from avoidable harm. Risks associated with people's individual needs had been assessed and planned for. Up to date guidance was available for staff to follow. Learning from mistakes took place to reduce the risk of recurrence.

People told us they were happy with their care and felt involved in care planning and delivery. People told us they received their calls from staff who they felt were suitably qualified. Care plans were personalised and contained person-centred information. People received support in line with national best practice guidance, in the administration of their medicines. Safe recruitment procedures were used, to support in making recruitment decisions.

People consistently gave good reports about the staff providing their care. People received kind and compassionate care and were supported to maintain their dignity, independence and privacy. People told us they were involved in decisions about the care and support they received. People received care and support that respected their individual preferences and lifestyle choices.

People's care and support reflected their individual assessed needs. Where people received support with reablement needs, choice and independence were promoted. Information was shared with external healthcare professionals, to support people with their ongoing healthcare needs.

Roles, responsibility and accountability arrangements were made clear. Regular reviews of care plans and oversight of daily logs and medicine records were completed. A complaints procedure enabled people to

raise any complaints and any received were fully investigated. Quality assurance systems and processes were used to monitor quality and safety. The registered manager was aware of their registration regulatory responsibilities.

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.

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

Rating at last inspection and update
This service was registered with us on 30 October 2020 and this is the first inspection.
The last rating for the service under the previous name of DCC Dales and North West Derbyshire Home Care was Requires Improvement, published on 14 May 2020.

Why we inspected
This inspection was carried out in part, to follow up on action we told the provider to take at the last inspection under Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DCC Dales and North West Derbyshire Home Care on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective. Details are in our effective findings below.	**Good**
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**

DCC Dales Home 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. 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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out 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

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 service had a manager registered with the Care Quality Commission. This means that 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
This inspection was announced. We gave 24 hours' notice as we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 14 January 2022 and ended on 04 February 2022. We visited the location's office/service on 18 January 2022.

What we did before the inspection
We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people using the service and five family members about their experience of using the

service. We reviewed two medicine records and five care records. We spoke with nine members of staff including the registered manager, Domiciliary Service Organiser (DSO) and care staff.

We reviewed a range of records. This included five people's care records. We looked at four 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.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● A call monitoring and scheduling system was in place to monitor call times and provide an alert to any late/missed calls. Due to the nature of the service, call times were varied and not set at a specific time. A number of people we spoke with expressed their expectations had not been met with regard to visiting times. One family told us, "Their time keeping is good, though we would like the visit to be later, but have been told they can't do later which is a shame." Another said. "Some calls are far too early, but it seems that is all they can do."

● Risks associated with people's individual needs had been assessed and planned for prior to their calls beginning. Arrangements were in place to visit and ensure the service could meet people's needs within 72 hours of commencing support. We saw evidence assessments were updated and any changes made to care plans as required.

● Environmental risk assessments were carried out in people's homes, to ensure people and staff were safe. This included any hazards in the home environment which may have posed a risk to staff working there, as well as any issues with access to properties, or poor street lighting.

● Care plans were personalised and contained person-centred information and people told us they felt involved in their care. One relative told us, "We were involved from the first instance in setting up the care."

Using medicines safely

● People who could manage their own medicines retained independence in this area. Care plans recorded who was responsible for administering medicines as a number of people were able to self-administer or had family support. Where people need support to apply creams, the medicine records included a body map which showed staff where people's creams needed to be applied.

● When people needed prompting to take their medicines, information about the prescribed medicines and support was recorded. This meant best practice guidance regarding administration and recording of medicines was followed.

● Medicine administration records were completed by staff for each administration. Processes were in place to monitor and review people's medicine administration record (MAR). Appropriate actions were taken in the case of any medicine error.

● Staff received medicines training and competency checks were carried out by managers to ensure staff understood how to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

● People received safe care and support. The provider had a safeguarding policy in place and staff were aware of their responsibilities to protect people from avoidable harm.

● Safeguarding referrals were made appropriately. When this happened investigations were completed and outcomes to prevent recurrence were recorded and fed-back to those involved.

Staffing and recruitment

● People, their relatives and staff felt there were enough staff available to meet people's needs. Where people received a long-term care package, they told us they currently received their care from a team of staff who they knew well and with whom they had developed a 'good rapport'.

● The registered manager explained a number of staff had left positions in care and this had impacted on the number of packages they were able to support. Recruitment was ongoing.

● The provider followed safe recruitment practices. Appropriate checks were carried out to make sure staff were suitable and had the right experience for their roles. Induction plans were available for new staff, but these had not always been completed fully.

Preventing and controlling infection

● Staff had access to and followed clear, up to date policies in relation to preventing and controlling infection.

● Staff were up to date with training in this area. People and staff told us there was a regular supply of Personal Protective Equipment (PPE) and staff wore this appropriately when supporting people.

Learning lessons when things go wrong

● Staff knew how to record and report accidents or incidents. Learning from mistakes took place to reduce the risk of recurrence. All accidents and incidents were reviewed and any themes or trends fed-back to senior staff, so this could be shared within the team.

● Contingency plans were in place to ensure that the service continued to run in adverse weather conditions, or during any staff shortages. People whose care needs were identified as being time critical had been identified, in order that these were prioritised in such events.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People said staff know how to provide them with the support they required.
- Staff received ongoing training for their roles, overseen by the provider's governance system. This prompted when further refresher training was required. The staff approaching their renewal date were booked onto the next training available. We saw in staff bulletins where any outstanding training was to be completed by an agreed deadline.
- Staff received regular supervision and completed a personal development plan to identify any goals they wanted to achieve or highlight additional support needs. One staff told us of their disappointment that they did not feel they had been supported in their training. Others expressed concern over their individual requirements for training and development which were not met, we have reflected on this in the well led domain.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had choice and flexibility about the meals they ate and were responsible for providing their own food for staff to prepare, if this was a part of their agreed care plan.
- One relative told us the carers had contacted family to update them regarding the lack of provisions, they said, "It is reassuring to be told, as then we can rectify things."
- Goals were set for people with involved healthcare professionals. Staff were able to record people's progress against their goals. These were reviewed and any adjustments to the level of support made.

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

- Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This is important information to ensure people do not experience any discrimination.
- People's needs were assessed, and a care plan was drawn up before people received a service. People told us they were able to discuss how they wanted to be supported and a care plan was completed and available in their home. Some staff told us there had been improvements in information available to them.

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 MCA 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People felt consent was gained before the received any care and they were consulted about how they wanted their care and support. People felt they were not subject to any restrictions regarding their care.
- When people started using the service, they were involved in developing their care plan and people felt these reflected how they wanted to be supported. The staff had received training to understand how to act when people no longer had capacity and decisions would be made in their best interests.
- Where people lacked capacity, staff understood how to act to ensure decisions were made in their best interests. Assessments about capacity decisions were available to complete; but were not always seen to be completed when indicated. Staff told us they understood these would be decision specific and would involve relevant people to ensure they were made in people's interests.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 felt the staff were respectful and polite. One person commented, "They seem fairly well managed and some will go over and above what is required. I know times when they have worked their day off when there is no one else available."
- Where people needed help to understand or communicate, this was identified in the assessment and any additional support or information could be provided in different formats.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to make decisions regarding their day to day routines and express their views about their personal preferences. However, as this is a short-term service, families advised they often had to instruct new staff, how they preferred their care being done. This didn't affect the quality of care, just the way it might be delivered.
- Staff were aware of the importance of supporting people in making their own decisions.

Respecting and promoting people's privacy, dignity and independence
- People felt their privacy and dignity was respected and care was organised, where possible, from regular staff. This meant people had built trusting relationships with staff.
- People were encouraged to remain as independent as possible. The service had recently changed to providing mainly short term care; with the aim to support people regain their independence.
- Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. Staff described how they would ensure people's privacy was protected when undertaking personal care tasks.
- Information about people was kept securely. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care and support reflected their individual assessed needs. An assessment was carried out before a service was provided and people were involved with developing a care plan about their preferences. Where people were unable to provide information about their likes and dislikes for themselves, their relatives had been consulted.
- The care plan included information about what people expected from staff during the visit and how to provide any care. A check visit was completed within 72 hours to ensure information held was correct.
- We saw where people's support needs changed; the care plan was reviewed and updated. Staff informed us that where any changes were made to people's care they received a notification to ensure they knew about these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records demonstrated the provider identified and documented any communication impairment. Steps were implemented to ensure people were able to access relevant information in a way they could understand.

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

- If this was part of the agreed care, the provider had supported and encouraged people to access the local community to follow their interests.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns or make a complaint if required. People had a copy of the provider's complaints policy in their care plan file. This provided information on how to make a complaint.
- People felt that the management team were responsive when they had raised any concerns. We saw the registered manager had considered any concern and responded to them, identifying any outcome or improvement to be made.

End of life care and support

● End of life care was not currently being provided within the service. However, staff explained that they worked with health care teams where people needed support towards the end of their life and had received training in this area.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture within the service was not consistently positive. Staff did not always feel supported. Several staff spoke about low morale in the team.
- Staff told us there was not always sufficient information given to them before they went into people's homes. For example, one staff told us when new calls were put on the system for the following day, there was not enough information and this impacts on the delivery of care and the length of the initial call.
- Where there had been recent changes, with a move to hand-held recording systems, not all staff felt confident or competent in their use. There were also a number of concerns made about the reliability of uploading information in rural areas. Some staff felt this impacted on the care they were able to give and meant effective outcomes were not always recorded.
- Staff had completed their mandatory training, and this was overseen by the provider's governance systems to remind staff when they needed further refresher training. The staff which were approaching their renewal were booked onto the next training available. Several staff spoke about challenges in being able to access their learning in a supportive environment. Staff received competency observations by their managers.
- Management roles, responsibility and accountability arrangements were clear. Systems for identifying and managing risk were seen to be effective. A quality performance dashboard was supporting senior managers to have oversight across all areas. We saw examples of care records and MAR charts being audited and errors being highlighted and addressed.

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 worked in an open and transparent way when incidents occurred at the service, in line with their responsibilities under the duty of candour.
- The registered manager understood the regulatory responsibility to submit notifications to the Care Quality Commission as required.

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

- There were opportunities for people and relatives to share their views about the quality of the service provided through spot checks and quality visits undertaken by senior staff.

● Some staff were not positive about their individual requirements for support with learning and technology and said they lacked support in this area.
● Staff on the whole were positive about the leadership. However, some staff expressed difficulties in being able to contact managers out of hours, having to ring several numbers to obtain a response, which led to them feeling isolated.
● The provider had a system in place to monitor staff performance through supervision, appraisals and spot checks.

Working in partnership with others
● Staff knew people well and when support was required from others, this was sought without delay. Information was shared with external healthcare professionals, to support people with their ongoing healthcare needs. One visiting professional told us, "It has been really valuable being able to complete the initial assessments together, it saves the person having to repeat all the same information again." Another said, "Staff communicate with us really well, with clear descriptions of goals that are met or not."
● People's care records demonstrated how staff had worked with external professionals to support people to set realistic goals and achieve positive outcomes.