

Dial House Care Limited

Dial House Home Care

Inspection report

7 Dynevor Road
Bedford
Bedfordshire
MK40 2DB

Tel: 01234402444
Website: www.dialhousecare.com

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03 August 2017
04 August 2017
08 August 2017
09 August 2017

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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

This inspection took place on 03 August 2017 and telephone calls to people who used the service and staff were made on 04, 08 and 09 August 2017. The inspection was announced.

The inspection was carried out by one inspector.

Dial House Homecare is a domiciliary care service that is registered to provide personal care. This domiciliary care service enables people to continue living independently in their own home. Care is also provided at an independent living scheme, where carers are based on site during the day to provide extra care. At the time of the inspection 63 people were using the service.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report them, protecting people from avoidable harm and abuse.

People had risk assessments in place to enable them to be as independent as they could be whilst being kept safe.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service to ensure staff employed were suitable for the role.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions and annual appraisals. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people and had signed consent within their care plans. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were able to make choices about the food and drink they had, and staff assisted when required.

People were supported to access a variety of additional health professionals when required. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with assistance when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew who the registered manager was.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

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 checked 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.

This announced comprehensive inspection took place on 03 August 2017 and telephone calls to people who used the service and staff were made on 04, 08 and 09 August 2017.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the registered manager would be available.

The inspection was carried out by one inspector.

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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised.

We spoke with four people who used the service and one relative of a person who used the service. We also spoke with the registered manager, the deputy manager, a team leader and two care assistants.

We reviewed five people's care records, eight medication records, five staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe when being visited by staff. One person said, "The morning carer opens the front door then the others come in the back door, I am safe that way."

People were kept safe from avoidable harm and abuse by staff who had attended safeguarding training. They were able to explain what would raise their suspicions to someone possibly being abused in any way and what they would do to report it. One staff member said, "I would report it to the manager and record it. If necessary I would report it to safeguarding."

Within the care plans we viewed, we found people had risk assessments in place. These were for a variety of risks including; moving and handling and when they were receiving support with personal care. These were used to assist staff in keeping people safe whilst promoting independence. Staff told us they were reviewed when a person's needs changed.

Accidents and incidents were reported and reviewed by the registered manager. A report was also sent to the director for their overview.

The provider had emergency contingency plans in place to ensure the service could continue to provide care to people in the event of emergencies. They also had a small office in the independent living scheme where care was provided. This could be used to access all records which were kept electronically to enable the service to continue to run effectively.

There were sufficient staff with varying skills on duty to meet people's individual needs. One person said, "I always have the same girls in the morning." The registered manager said, "We try to use the same core staff for people to assist with continuity if we can." We looked at staffing rotas and we could see people were having regular staff for their visits. The deputy manager told us, "We do not use agency staff, the staff cover each other and we (including the registered manager) will go out if necessary."

Staff had been recruited using a robust system. One member of staff told us, "I applied but could not start until they got my references." The registered manager explained the recruitment process, which included an application form, face to face interview, references and DBS checks. Staff files we viewed showed these had all taken place and were recorded. This ensured only staff suitable for the role were employed.

Staff told us some people who used the service were able to take their own medicines; others had Monitored Dosage Systems (MDS) dossett boxes which staff administered from or prompted people to use. Where staff assisted with medicine administration, there was separate information regarding the medicines and protocols for their administration. Staff completed Medication Administration Record (MAR) sheets. We sampled eight records and found they had been completed correctly.

Is the service effective?

Our findings

People who used the service received effective care and support from staff who had the knowledge and skills to do so. One person we spoke with said, "Yes, I think they are trained well."

The registered manager told us that they did not have a very large staff team. This enabled staff and people who used the service to develop a close relationship where they knew each other well.

The registered manager told us about the induction process they used for new staff. This included the provider's mandatory training and was held over a number of days. Staff files we viewed showed this had taken place and was recorded. This ensured staff had the required knowledge before providing care for people.

Staff told us they received a lot of training. One staff member said, "The training is good. We have a lot." Another said, "We have all training face to face, I like it that way." The registered manager kept a training matrix which showed when each staff member had completed each separate training course and when it was due to be renewed. The registered manager and team leaders also carried out spot checks and observations throughout the year. These were when a staff member was carrying out a particular task, for example medication administration or using moving and handling equipment and they would be observed to ensure they were following the correct procedures and the person was happy with the care or support.

Staff we spoke with told us they were very well supported by the registered manager and the office staff. One staff member said, "We have regular supervisions but we can speak with her at any time." We saw records which confirmed staff received regular supervisions and annual appraisals. The registered manager told us they operated an open door policy and staff could call or visit the office at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. We checked whether the service was working within the principles of the MCA. Staff we spoke with showed a good understanding of MCA. One said, "We need to presume everyone can make decisions unless proven otherwise." Another said, "If I thought someone's capacity had changed I would report and record it and get it checked." This showed people would be protected by the act and staff would act accordingly.

People told us staff always gained consent before assisting them with any care or support. One person who used the service said, "Oh yes, they always ask, they are very polite." Care plans we reviewed showed people had signed to give consent to their care and support.

Staff assisted some people who used the service with their meals. This ranged from making sandwiches and drinks to heating pre prepared meals or cooking a full meal. One person said, "They cook me a lunch every day, today I have had bacon and eggs."

People we spoke with told us the staff would support them with additional healthcare appointments if needed. The registered manager told us that they had a relationship with the local district nurses who attended some people. They also said they would assist with arranging additional healthcare support if required. Documentation we viewed showed doctors and district nurses had been called when required.

Is the service caring?

Our findings

People who used the service told us the staff were very kind and caring. One person said, "The regular carers are excellent, I cannot fault them." Another said, "They are very good, wouldn't fault them at all."

People who used the service had been involved in the planning of their care. One person we spoke with said, "It's written what needs doing and they write down what they have done." Staff told us they tried to involve people with their care plans, if they were not able, then family or representatives were asked. Care plans were reviewed and updated regularly to be reflective of people's changing needs.

Staff we spoke with were able to tell us about people who used the service including their background, life history and families. It was obvious from our conversations that the staff knew people well. People told us that call times had improved and regular staff arrived on time. One person said, "It was bad but has got much better." This ensured people had the correct care and support when it was needed.

The registered manager told us that if the need arose they would assist anyone who used the service to access the services of an advocate. Information was available. An advocate is an independent person who can speak for and act on behalf of someone.

Staff we spoke with were aware of their responsibilities regarding confidentiality. One staff member said, "We must make sure we do not discuss anyone's details where they could be overheard. We must use the office." Computers in the office were password protected and documentation was stored in locked cabinets.

People we spoke with told us that staff respected their privacy and dignity. One person who lived in the independent living scheme said, "They are polite and keep my privacy." They went on to say staff spoke to them in a respectful way and always knocked on the door and let them know who it was as they entered.

Is the service responsive?

Our findings

People we spoke with told us they and their families, if appropriate, were involved in the development of their care plans. The registered manager told us they carried out pre assessments and involved the person and family where necessary.

Care plans we reviewed showed they had been written in a person centred way for each individual. They contained a copy of the call times and what needed to be completed at each call. This ensured people received the support in the way they wished. Care plans we reviewed contained plans for each area of care the person received, for example personal care, showering and moving and positioning. Daily records were kept of every visit made by a member care staff which stated exactly what had been done on that visit.

Staff told us that people's care plans were reviewed regularly or if their needs changed for any reason. One staff member said, "They are updated when needed." Records seen showed this had taken place. This ensured the care provided for people was as required and up to date.

The provider had a complaints policy and procedure in place. People we spoke with knew how to complain. One person said, "I would complain if I needed to." Records showed there had been complaints which had been dealt with according to the provider policy and to the satisfaction of the complainant. There were a large number of compliments which had been received from people who used the service and their families.

The provider gave out questionnaires to people who used the service and their relatives twice a year. These had recently been returned but not yet analysed. We saw these responses to the last survey. There were a lot of positive comments.

Is the service well-led?

Our findings

There was a registered manager in post. Staff and people who used the service knew who they were and said they saw them on a regular basis.

Staff we spoke with told us they were supported by the registered manager and could speak with them at any time. One staff member said, "We can call and speak to [name of registered manager] or anyone in the office if we need to." The registered manager told us they were supported by her deputy manager and the director. Staff were aware of their roles and responsibilities.

The registered manager was aware of the day to day culture of the service as they were in the office on a daily basis. They told us that at busy holiday times they and the deputy manager would carry out care visits to people. This also gave them an opportunity to see people and be involved in their care.

The registered manager told us they were a member of a local manager's forum who met on a regular basis. They explained they found this useful to meet other managers and be kept up to date with issues.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies had been kept for reference.

A number of quality audits had been carried out. These included care plans and medication audits. A percentage of records were audited each month. Records we viewed showed audits had been carried out effectively. Fire protection and safety audits were carried out by the landlord of the property.

Staff told us they had regular staff meetings. Separate meetings had been held for administration staff, carers and staff who only worked at the sheltered housing scheme. We saw minutes of meetings where suggestions had been acted on. The registered manager showed us a monthly staff newsletter which was sent to staff to keep them informed of anything they needed to be aware of.