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# Dell Care

## 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

Dell Care provides personal care for people in their own homes. At the time of our inspection, 10 people were using the service. This was a first comprehensive ratings inspection of this service.

There was a registered manager in post, who was also the provider. 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.

The service was safe. Staff had assessed risks to individuals and mitigated them appropriately. Staff were aware of safeguarding procedures and knew how to report any concerns they had. There were enough staff and people's visits were always covered. Staff were recruited safely.

Staff supported people safely to take their medicines and the records were clear. Where needed, staff provided prompting for people to take their own medicines.

People received a high standard of care from trained staff. Staff felt supported at work. They sought consent before delivering care and were aware of individual's mental capacity to make decisions. Staff supported people to access healthcare services promptly when required.

Staff supported people with their meals when they needed, and encouraged people to drink enough. These needs were also specified in people's care plans.

People were cared for by staff who knew them well and communicated effectively with them. People were involved and consulted about their care when planning and reviewing their needs. Staff promoted their independence, and respected people's privacy and dignity.

People received individualised care according to their own needs, and when they changed, staff responded and were flexible. People were asked for their feedback on the service they received and knew how to raise a concern and who to, if they needed to.

The staff worked closely as a small team, with a positive attitude, and good leadership was in place. There were systems in place to ensure that high quality care was delivered continuously and any potential problems would be identified in a timely manner.

## 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 knew about safeguarding procedures. Risks to individuals were assessed and managed safely.

People received support with medicines safely if they required it.

There were enough staff to support people and they were recruited safely.

### Is the service effective?

Good ●

The service was effective.

Staff received effective training and were competent in delivering care to people. The induction process was robust and staff received supervision and support.

Staff supported people with their meals and drinks when required, and to access healthcare.

Staff asked people for consent and were aware of their capacity to make decisions.

### Is the service caring?

Good ●

The service was caring.

Staff delivered a high standard of compassionate care to people. They built trusting and supportive relationships with people and their families.

Staff respected people's privacy and dignity and encouraged independence where appropriate.

People were involved in making decisions about their care and their views were acted upon.

### Is the service responsive?

Good ●

The service was responsive.

Staff were flexible when people's needs changed and responded effectively. They met people's preferences when providing care.

There were clear plans for people's care with guidance for staff on how to meet people's needs.

People and their families were confident to raise any concerns should they have any, and knew who to contact.

### **Is the service well-led?**

The service was well-led.

There was good leadership in place. The registered manager was supportive to staff and there was high morale. The staff worked effectively as a team.

There were systems in place to assess, evaluate and improve the service.

**Good** ●

# Dell 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 inspection took place on 15 May and was announced. As the service operates from an office we needed to be sure that the registered manager and office staff would be available to speak with us. The inspection team consisted of one inspector. During the inspection, the inspector visited the offices, and following the visit also carried out phone calls to people and their relatives.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also 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.

During the inspection, we spoke with three people who use the service and one relative. We also spoke with three members of staff including the registered manager, who was also the provider, and two care staff. We checked two people's care records and two medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe when the staff provided them with care. There were systems in place to protect people from the risk of abuse. The staff we spoke with were also knowledgeable about keeping people safe from harm. They received safeguarding training and told us how they would report any concerns.

Risks to people's safety had been identified and the records contained guidance for staff to mitigate risks to individuals. This included risks to people's health such as the risk of developing pressure areas, and risks to do with people's mobility and contained guidance for staff on how to mitigate risks. One staff member explained how they worked with one person who was prone to urinary tract infections, and they told us about the plan they had in place to prevent these as much as possible, how they would identify a potential problem, and then what action they would take. We concluded therefore that the service managed risks effectively.

When the service took new people, they also assessed risks when delivering support to people in their own homes such as cooking were also covered in people's care plans, which contributed to keeping people safe. People's own environments had also been risk assessed with guidance in place so that staff could deliver support in people's own environments in the safest way.

People received support with their medicines when they needed it. Staff received training in medicines administration. We saw that staff recorded medicines given on the medicines administration charts (MARs). These were then audited in the main office which ensured that any gaps or errors were identified and action taken if needed. We found that medicines given 'as required' (PRN) did not have specific care plans attached to them, for example, medicines used to calm people in distress. This is advisable to minimise the risks of medicines being administered inappropriately. Staff were able to tell us when people would have their PRN medicines, and we found their feedback was consistent, and we discussed this with the manager. They promptly developed PRN protocols which were added to the care plans, providing staff with detailed guidance of exactly when these can be given.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The manager explained that they only obtained care packages that they could cover. All of the staff and people told us there were enough staff, and the manager told us that a visit had never been missed. The registered manager said that they often went out delivering care to cover any staff absence themselves, and this was confirmed by one person we spoke with.

Staff were recruited with some safety checks in place, for example the Disclosure and Barring Service (DBS) check. This is a check to ascertain whether the staff member has any criminal convictions or has been barred from working within the care sector. Also, the provider had checked the identification of the staff member to make sure this was in order. These systems helped deem people suitable for working with people.

## Is the service effective?

### Our findings

All of the people and the relative we spoke with said that staff were competent in delivering their roles. One person said, "[Staff member's] the best carer I've ever had and I've had quite a few carers!" we saw that the staff received a variety of training, both delivered in classroom and online. Classroom sessions included practical manual handling and first aid, whilst online work included courses on how to understand people's specific care needs. These included dementia, stroke and record keeping. We spoke with one new member of staff who said they had received the training they needed.

Staff were supervised through spot checks carried out by the registered manager, which included supervising how the staff communicated, delivered care and managed their time. All of the staff we spoke with said they felt well supported at work and felt comfortable to ask if they needed any assistance.

We spoke with one new member of staff who had been working in the service just one month. They told us that they had begun with training and reading care plans, and going through information with the registered manager, and would be completing a care qualification. They said they had then worked alongside an experienced carer until they felt confident and comfortable to work independently. The registered manager said that they also went out with new staff themselves to work with them and supervise before they worked alone. The new staff member said they felt very well-supported and that the registered manager had checked with them they were comfortable with this. We were confident that new staff were supported appropriately to undertake their new role competently.

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.

All of the staff we spoke with demonstrated they had a good understanding of the people's varying capacity, for example regarding one person who was living with dementia and had varying levels of understanding. The staff explained how they empowered the person to make their own decisions, for example through the way in which they communicated. The staff explained how they sought consent when delivering care, and the people we spoke with also said that staff asked before delivering care.

The care records we viewed contained information about people's mental capacity and what support staff needed to give people to enable them to be involved about their own care. For example, in one person's care plan it was clearly written how staff could promote the person's understanding during personal care by passing them the things they needed, and this helped them understand.

People told us that where it was part of their care package, that staff prepared their food and drinks to their liking. We looked at records of when staff recorded fluid intake for one person, and saw that these had been filled in consistently. The staff had also monitored drinks in between their visits. One staff member told us

they did this to minimise the risks of the person not drinking enough. They said they could use the records to ascertain how much they had been drinking so that they could encourage more fluid if needed.

Most of the people we spoke with were able to access healthcare independently of the service, however some people received support from staff to do this. The staff told us that they would call any healthcare professionals when people needed them to. One staff member told us they would contact the relevant healthcare professionals if they had any concerns about people's health when they carried out a visit. We were therefore satisfied that staff supported people to maintain their health.



## Is the service caring?

### Our findings

People and staff had positive relationships and staff were compassionate towards people. One person said they had built up a good relationship with their main carer and therefore felt more comfortable with personal care. They said, "To start with it's embarrassing having someone help you but I know [staff member] well now. I like the company when they're here, we have a laugh." A relative told us, "[Staff member] gives off positive energy!" They went on to say that this had a positive effect on their relative's mood. One staff member told us how they adapted their communication to enable people to fully understand them. We ascertained through speaking to people that staff had a positive caring attitude.

People had consistent staff members visiting them which helped them build trusting relationships with them. One person said, "At the moment I've had one carer for ages now which is nice, although they're all lovely." Staff knew people and their needs well. A relative we spoke with told us "[Staff member] has a good connection if [relative's] not very well, [staff member] knows exactly what to do." A new staff member we spoke with said "I now know what they like, when I'm working with these clients, I have a good relationship with them, I feel like I've known them a long time."

The staff told us how they were thoughtful towards people, for example one staff member told us how they encouraged one person to go for a walk as they knew it had a positive effect on their wellbeing. The registered manager told us that they had obtained a doll for one person, who was living with dementia as they had loved children. They said that the person had enjoyed this. They also gave us some examples of what action staff took when they found that people felt low in mood, and these actions cheered people up. We saw that the staff had received compliments from people and families, thanking them for their care and compassion towards people, including at the end of their lives.

Staff encouraged people to be as independent as possible. One person told us, "They've helped me get a bit more independent", and they said they were able to do more things with supervision from staff rather than full assistance. They said this had been largely due to their support. We saw in people's care records that staff were guided to support people to do what they could themselves. One staff member told us how they encouraged people to participate in their care, and keep their mobility as much as they could.

Staff respected people's privacy and dignity, for example by closing curtains and doors when delivering personal care to people. One staff member told us how they always checked that people were happy to have them in the room with them, and offer to cover them up when delivering personal care.

People were involved in making decisions about their care, and their families were involved if they wished. They said they were visited by a representative from the service before they started using it to discuss and agree their care needs.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. All of the people we spoke with said that staff were responsive to their needs. One person said, "They ask if there's anything I want, and they'll do it." One relative told us, "[Staff member] fits around [relative] and is very flexible." Staff also told us they were flexible around what people needed when they visited. One staff member said, "If I needed longer on a visit, I would just contact [Registered manager] and it would be okay."

Although most of the people we spoke with told us that staff arrived at the agreed times, one person did say that there were times that staff came earlier than they would prefer. They said sometimes they were not yet hungry when staff arrived for a tea time visit in the evening, however, they said that it did not impact them negatively. They said that staff could still prepare something for them to eat later. All of the people we spoke with told us that staff stayed for long enough on their visits to support them properly, and do extra bits such as washing up to help them. They also told us staff had enough time for a chat which they enjoyed. One staff member told us, "I have time with people, I'm not rushed." They therefore felt that they could deliver conscientious care according to people's individual needs.

Before commencing a package of care, the registered manager met with people to carry out a detailed pre-assessment to ensure that the service could meet their needs properly. We saw records of these and saw that they were sufficiently detailed, covering all aspects of people's care needs. People's care needs were then written up into comprehensive detailed care plans, with guidance in place for staff. They included guidance about what support people required, and how to deliver this whilst meeting people's individual preferences. The care records also contained information about people's lives, so that staff knew a bit about them and their background prior to going out to them.

As well as delivering person care to people, staff also supported people with making their meals, going out to the shops and enabling people to access the community. We looked at one person's care record, who had specified a religious preference which was incorporated into their day, and how staff should support them with this. Staff had guidance within the care plans about how to support people in all areas relevant to the individual. Care plans were reviewed as needed and the information available about people's needs was kept up to date.

People and their families were involved in developing and reviewing the care plans. One relative told us, "Care is discussed with both of us generally although there's not much change." We saw that care staff kept regular contact with some families by having a communication book in which they could both leave any notes or messages.

The people we spoke with all knew who the registered manager was and said they felt comfortable to raise any concerns if they had any. However they said they had no complaints. The service had not received any complaints. The service had recently sent out questionnaires to people so that themselves and family members could fill them out to give feedback on the service they received. We saw that there were no negative comments about the service, and all positive.

## Is the service well-led?

### Our findings

There was good leadership in place and people received a good service. One relative told us, "Relative's very happy with what [staff] are doing. There's nothing that can be improved." The people we spoke with told us staff stayed for the amount of time agreed and that they were flexible. The staff we spoke with felt well-supported and had a team approach. One staff member told us, "Everything is good, I'm really happy here."

Staff said they felt comfortable to ask for help or to stay longer at a visit if needed. One said, "If I need anything I can call [registered manager] and she always helps." We were satisfied that the team had an open culture and were well supported. The staff understood their individual roles and responsibilities. They went into the office regularly to talk with their colleagues and the registered manager, and all of them said they enjoyed their work.

There were systems in place to monitor, analyse and improve the service. The registered manager had introduced the medicines audit in December 2016 and we saw that this was an effective tool. The feedback forms sent out to people also ensured that people had the opportunity to raise any concerns should they have any. The provider also monitored staff training, and ensured they were up to date.

There was an electronic system which was used to organise care visits, and this also generated a timetable to print off so that people knew who was coming to them at what times. The staff 'clocked in' and 'clocked out' which was recorded on this system. This enabled the provider to monitor that staff had completed their visit, stayed the appropriate time and at what times they had arrived and left.

The registered manager carried out detailed spot checks on staff in order to ensure that a good standard of care was maintained. They had also put systems in place to minimise risks to staff whilst they were lone working, which included a personal alarm.

The provider was developing relationships within the community in which they worked, for example with a warden-assisted housing organisation so that they could work in conjunction with people. The registered manager was able to tell us about their responsibilities around notifiable incidents they needed to inform CQC of, and they had given us sufficient detail about their service in the PIR they submitted to us.