

Dale Care Limited

Parkside Court

Inspection report

Cumberland Way
Thornaby
Stockton-on-Tees
TS17 9FB

Tel: 01388 768271

Website: www.dalecare.co.uk

Date of inspection visit: 31 July 2014

Date of publication: 09/03/2015

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 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We last inspected 25 October 2013 and found the service was not in breach of any regulations at that time.

Parkside Court is registered to provide personal care to people within an extra care scheme and to people who live in their own homes. An extra care scheme is social or private housing that has been modified to suit people with long-term conditions or disabilities that make living in their own home difficult, but who don't want to move into a residential care home.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares

Summary of findings

the legal responsibility for meeting the requirements of the law with the provider. The inspection visit took place over one inspection day on 31 July 2014, for which we gave short term notice.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS). The registered manager and staff had completed training and knew the procedures to follow. People who used the service told us they felt safe with the care they were provided with by the service. We found that the registered manager had appropriate systems in place to protect people from risk of harm.

We found that people were provided with support and care by staff who had the appropriate knowledge and training to effectively meet their needs. The skill mix and staffing arrangements were also sufficient. Robust recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service. This included obtaining references from the person's previous employer as well as checks to show that staff were safe to work with vulnerable adults.

Staff had opportunities for ongoing development and the manager ensured that they received induction, supervision, yearly appraisal and training relevant to their job roles. From our observations it was clear that staff had developed good relationships with people. We saw kind and caring interactions and people were offered choices and had their dignity and privacy.

Appropriate systems were in place for the management of complaints.

People were assisted with the preparation of their meals. People had food and drinks of their choice.

The service had involved or worked with other health or social care professionals to ensure that people's needs were met.

There were effective systems in place to monitor and improve the quality of the service provided.

Summary of findings

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.

People who used the service told us they felt safe and protected. Staff had received training in respect of abuse and were clear about the action to take should they need to. Individual risks had been assessed and identified as part of the support and care planning process.

The Registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS). The manager understood their responsibilities under the Act.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed.

Good



Is the service effective?

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant they had the skills and knowledge to meet people's needs.

People had meals and beverages of their choice.

The service worked in corroboration with other health and social care professionals for the benefit of people who used the service.

Good



Is the service caring?

The service was caring.

People were happy with the care and support provided to them. They spoke positively about the way in which staff helped them. Staff were kind and friendly and had developed good relationships with people.

People's independence was promoted and their privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive

People had their health, care and support needs assessed. Individual preferences were discussed with people who used the service. People's care records had been regularly updated and provided staff with the information they needed to meet individual's needs.

People were given the information about how to make a complaint and we saw that complaints had been responded to appropriately.

Good



Is the service well-led?

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

Good



Summary of findings

Accidents and incidents were monitored by the registered manager and the providers to ensure any trends were identified and lesson's leant.

Parkside Court

Detailed findings

Background to this inspection

The inspection visit took place on the 31 July 2014. The inspection team consisted of one adult social care inspector and one inspection manager. Telephone interviews were also conducted by another 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 service.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and reviewed any information received from the local authority who commissioned the service. We also spoke with one of the commissioning team about the service and also with Healthwatch.

We were provided with the provider information return (PIR) prior to the site visit. 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. This information was reviewed and used to assist with our inspection.

Prior to the inspection visit we conducted telephone interviews with 15 people who used the service and also

with 10 staff who provide care to people in Parkside Court or in the community. During the visit we spoke with the registered manager and office based staff and we also visited three people in their own homes as well as one relative. At the time of the inspection 21 people living in Parkside Court and 26 people who lived in their own homes in the community were receiving care or support.

We spent time looking at a range of records, which included the care records of five people who used the service. We also looked at staff records and records relating to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the care and support they were provided with. People's comments included, "I would not put up with any abuse. I feel very safe. I know about it because I have seen it on the TV where old people have been badly treated." "There is nothing to worry about on that score. I know I am safe with the girls who come to help me." They also said, "Yes thank you. I feel and know I can trust my carers to keep me safe. I cannot imagine any one of them being abusive."

Staff who we spoke with were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. We looked at training information which showed that 100% of the staff had completed training in regards to these topics and this training was current and up to date. This showed us staff had received the appropriate training, understood the procedures to follow and had confidence to keep people safe.

The manager confirmed that they had completed training in respect of the Mental Capacity Act 2005 and Deprivation of Liberties (DoLS), as had 81% of the staff team. We saw training information that confirmed this. The manager was aware of their responsibilities under the Act and the process to follow should this be needed.

We looked at the care records for four people who used the service. We saw a range of risk assessments had been completed. These included risks associated with, for example mobility. We saw that these had been regularly reviewed and updated. Where risks had been identified clear plans were in place and where necessary, appropriate equipment was used to minimise potential risk. This included moving and handling equipment, such as hoists.

We saw that health and safety checks had been completed by way of an environmental risk assessment which were completed in relation to people's homes and equipment used. This ensured the health and safety of the people who used the service as well as the staff.

We looked at the recruitment records of four members of staff. We did this to ensure the recruitment procedure was effective and safe. We found all staff went through a comprehensive recruitment process. This included completed application forms, interviews and a Disclosure and Barring Scheme (DBS) check before the person started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults. We saw processes in place and we saw that the registered manager used an interview scoring system to help determine whether to employ people or not. The staff files we looked at demonstrated thorough recruitment processes had been completed. There was evidence of completed application forms, references and CRB/DBS clearance before starting work. Staff competencies were recorded so that they could match to the needs of people who used the service

We spoke with 15 people who used the service about the staffing levels and skill mix within the service. No one had any concerns about staffing or continuity of staff to effectively meet people's needs. One person we spoke with said, "I have had new carers come with my usual ones and they are there shadowing my carers and learning the job." We spoke with the registered manager and staff about staffing levels and skill mix as well as looked at the staff rota information. We were told that extra staff were available to support in the event of unforeseen circumstances, as there was flexibility within the staff team. Staff said, "I am not rushed, if I was I would ring the on-call and assistance would be given," and "Extra time is given when needed." This meant that there were flexible arrangements in place to meet people's needs and keep them safe.

Is the service effective?

Our findings

People we spoke with about whether they received effective care said, “Yes, indeed I am, you would have to go a long way before you would find nicer girls than these.” They also said, “Yes. my carer has been doing some training quite recently. I am very happy with the help I get,” and “I am sure my carers know what they are doing. They go for some sort of training from time to time so they are obviously learning all the time. I get all the support I need.”

We saw that staff completed a full week of induction followed by supervised visits to people’s homes where their practice and interactions with people were observed, which ensured they were appropriate for the job role. We saw practice and practical assessments were recorded in individual staff recruitment records and also in staff training records. Staff were up to date with mandatory training and had also had some client specific training such as dementia care, safeguarding, medication and diabetes. When new staff were employed by the service there was a system for completing shadowing reviews and then six supervisions per year and annual appraisals. Staff we spoke with were highly complementary about the induction process. Comments included, “I did a one week induction and spent time shadowing. This was a really good process.” “The induction is fantastic. I have worked in care for 28 years and have never done a full week induction before. I thought it was really good practice.”

We looked at training information and found staff had completed training relevant to their job roles, which was up to date. The training information we looked at also showed staff had completed other training which enabled them to work safely. This included fire, first aid, moving and handling training, food hygiene and health and safety, which were regularly updated. One member of staff said, “We get plenty of training. It’s thorough. It’s face to face which is what I like.” I have asked to do medication training and I have been put on that, I have also asked to do dementia training and I am doing that in September.” Staff we spoke with told us they received regular supervision and annual appraisal.

Where there were concerns about staff performance we saw systems in place to manage this. There was evidence of fact finding meetings and on-going monitoring. Issues raised included staff absence, missed calls and medication errors. We saw records for staff who had gone through stages of disciplinary procedures for various issues, such as attendance and medication administration records not being completed properly. There was evidence of a meeting and then a review after three months. This was followed up with a fact finding meeting if no improvement.

We saw that within people’s care records there was a section in respect of nutrition and any associated risk with nutrition. It was clear that people had been consulted about their mealtime preferences. In the care record of one person, it was detailed, “Carers make my lunch asking me what I would like and a drink of my choice. Once lunch is prepared they refill my glass of water.” A person who we visited said, “I have ready-made meals and they always check that I do eat my meals, they always ask what I fancy.” “For breakfast I just tell them what I want.” The registered manager said in respect of monitoring people’s weight this was not an aspect of the care they provided to anyone. However, staff would discuss if they had concerns about the weight and wellbeing of individuals and action would be taken to contact the relevant person, such as GP or next of kin, with the individuals consent. People who lived at Parkside Court also had access to a daily lunch club, which we saw people attending during the inspection.

Within people’s care records we saw that the staff recorded information about people’s current health and wellbeing. Also recorded was information about other professionals involved in people’s care such as their GP and social workers. In all, we saw evidence that showed the service had involved or worked in collaboration with other health of social care professionals.

People we spoke with said, “Tremendous carer, I hope she never leaves me, she is more like one of the family, will do anything, just anything for me.” “Very happy, can’t fault the girls who come here, I would miss them now if they had to stop, they keep me young.” “Yes, I am very happy with my carers, they are excellent, very friendly and helpful. I have never had a bad one sent here.”

Is the service caring?

Our findings

People we spoke with told us, “If you can find a better carer than the one that helps me I would like to meet her. There is nothing she would not do to help. She is so very kind.” Also, “Yes very kind and helpful. They are more like friends than workers. I enjoy their company when they come.” Another said, “Lovely girls. I would not be here able to walk the way I do without their encouragement. I would never want to be without them, all very pleasant with their chit-a-chat and laughter. A good set of girls,” and “It is nice to have someone who helps you, who is as friendly as my carer is towards me. She is more like a good friend than a worker. That is the way I see her.”

A relative we spoke with said, “They know exactly what his needs are and how to meet them. It is a trusting relationship.” A ‘thank you’ card contained the following message, “The care that was administered by your carers meant X was maintained in a comfortable and pain free condition and subsequently allowed a dignified end to his life for which my family are very grateful.”

We spoke with staff about the care and support they provided to people. All had a very good understanding of people’s individual needs and their lifestyle preferences. People we spoke or their relatives said they were aware of their ‘care plans’ that they had been involved with them and that reviews had taken place. We saw evidence of this in the records looked at.

We saw that people had a copy of their care records within their homes, which were reflective of the records, kept in the provider’s office. We found that people’s needs were

assessed and care and support was planned and delivered in line with their individual care plan. The registered manager also said that the people’s assessments and care records were also logged on the service’s computer system. Daily care log information was also updated on the system. This gave the management of the service and staff access to up to date information about the people who they support.

People we spoke with about whether they were treated with dignity and respect said, “Without doubt, they certainly do. I cannot bath myself so the girls do it for me three times a week. It is important to me to retain my dignity, I wash my personal parts and dry myself, but they are so good, I no longer feel embarrassed when they attend to me. It seems I am bathed and dressed in a whisker of time.” Another person said, “I have never experienced anything else from my carer but respect. Yes she calls me by my Christian name, that is what I asked her to do and I call her by hers. It is nicer to be friendly.” A further person said, “Yes always. I think the carers are really very good, I could not have found better if I had chosen them myself.”

We spoke with staff about promoting dignity and respect for people who used the service. All staff were really knowledgeable about this and were able to give lots of examples about how people were treated with dignity and respect. All staff spoke positively about the work they did and the people whom they cared for. Staff we spoke with gave the following examples, “I address people appropriately. I get to know them and cover up when needed. I treat people like I would my mother” and “Knock on the door; ask people how they want things doing. Talk to people on their level.”

Is the service responsive?

Our findings

We saw that people received care that was responsive and in line with their assessed needs. During the inspection we heard a telephone conversation about a person's changing needs, resulting in staff contacting the person's social worker with a view to reviewing the care package they received.

People we spoke with confirmed they received responsive care. They said, "I get personal care but I like to do as much as I can for myself. My carers understand that and have helped me to walk again instead of using a wheelchair." Another person said, "I think everyone likes to be independent, I do and I am 84 years old. The girls know this and respect the fact I want to carry on doing what I can whilst I am still able." "There is nothing like keeping your independence. I will carry on while ever I can, I won't give in unless I have to."

We spoke with the registered manager about the referral process for people who want to start using the service. For people who live at Parkside Court, their needs were assessed prior to them moving into the service by a full multi-disciplinary team that also included the registered manager of the service. A decision was then made by a local authority panel as to the suitability of the person in respect of their needs to move into the service. For people who used the outreach service, their social worker provided the service with a full assessment. The registered manager said that where possible, pre-commencement visits took place where the service completes their own assessments. People we spoke with confirmed they had their needs assessed by staff from the service.

We saw from the care records of four people we looked at that people had their needs assessed and relevant care plans were in place. We did note that the care records could be more person centred (aims to see people as an individual with unique qualities, abilities, interests, preferences and needs). We discussed this with the registered manager and member of the care staff, they showed us a further care plan for a person using the service. We saw that this contained much more information about the person and their lifestyle, life history and preferences. They confirmed that they planned to include this level of information within all of the care records for

people who used the service. People we spoke with confirmed that an assessment had been carried out by a member of staff from the service and they had agreed with the plans in place to support them.

Care records contained up to date information which reflected the people's individual care needs. There was evidence that people had been consulted and involved with their assessment and plans of care. We also saw evidence of reviews that had taken place involving people who used the service, staff from the service and the person's social worker. The reviews ensured that the care and support that was in place continued to be appropriate or was adjusted as required. People told us that they had been involved with discussing and agreeing the care and support that they wanted.

Staff we spoke with said all information relating to people's care plans was kept electronically and they had access to the records of people they care for, both within Parkside Court and in the community. They all told us that they read these care plans before carrying out care for people. Some staff told us that information was also given from one staff member to another during handover. They said, "We have a nice system. Everything is on line. We read this first. Care plans state what people need and what we are expected to do." Staff said they had the information to effectively meet people's needs and hard copy information was available within people's homes.

Staff we spoke with said, "It's the little things, giving people choice and not taking over and just assist. People tell me what they want me to do and I involve them every step of the way." Another said, "I understand the needs of the people I care for. I allow them to be independent by encouraging them and not taking over."

We saw a schedule of allocated work, which the staff planned three weeks in advance. This gave information about which staff would be supporting individual people who used the service. People were provided with a rota if they wanted it, which detailed this information. This helped in providing people with consistency of staff, who had prior knowledge of people and their needs. We were told that if there were problems with any call there was a surplus of staff in the area who they could call on at short notice and send out as soon as possible. Staff were able to see the rotas on their smartphones, which were provided by the service.

Is the service responsive?

We saw the system that was used for rotas and call monitoring and this was a tele-confirmation system. This was used by office based staff who had an electronic visual display. This displayed information to show if staff members had not telephoned in to confirm their arrival at a planned visit. The provider expected their staff to call a Freephone number on arrival at the home of people who used the service to confirm their arrival using their smartphone, so this was logged on the system. If the care staff did not arrive this would flag up as red on the system in the office and the office staff would then take action to find out what had happened (telephone the care staff) and get another person out to cover the call as soon as possible. This ensured that calls were not missed. There were also daily visit sheets where care staff had to log time in and out.

We saw the complaints policy which had been updated in July 2014 which said when a complaint was received an acknowledgement would be sent in five days, would be investigated in 14 days and a written response to the complainant in 28 days. We saw the last complaint the service received and this was in June 2014. We saw that the appropriate procedure had been followed. A fact finding was carried out and the matter referred to HR as there were issues with a staff member. There was evidence of staff meetings and monitoring and then a final outcome letter within the timescale.

The compliments policy had also been updated in July 2014. We looked at the compliments file, which contained 'thank you' cards. There were several cards from people to say thank you for looking after their relatives for example, "Thank you for looking after mam during her last weeks, appreciated your help and care," and "Thank you just isn't enough." Also, "Thank you for all the love and care you gave X during the last years also the support you gave to us especially during the challenging times."

When we spoke with people there were mixed views about whether they knew how to make a complaint or not. Some people's comments included, "I don't know who I would have to speak to. I would say something to my grandson and he would deal with it." "No, I don't ever remember being told what to do." Whilst other said, "Yes I certainly do know." I would be straight into the office and let them know if something was wrong." "Yes, I think it is in the book. I have never had the need to complain because I have just had such a lot of help from the girls who help me."

The registered manager showed us the 'care pack' that was issued to people and we saw that it contained a copy of the complaints, compliments and comments procedure, which we saw in the homes of people we visited

Is the service well-led?

Our findings

The service had a registered manager in post who was registered with CQC. The management structure consisted of the registered manager, scheme manager, a development officer and two co-ordinators (staff who co-ordinated people's care and conducted assessments). The main office base had staff in-situ from Monday to Friday and there was an out of hour's on-call system. The head office for the service has staff available seven days per week and provided extra support if this was needed. There was also support from the wider organisation, such as head office staff and the finance department.

Without exception all the people we spoke with who used the service said they would recommend Parkside Court to family and friends. They all spoke very highly of the services they had received. Comments included, "I have had help from another agency in the past. It was nowhere near as good as this one." "If it was possible I would give this Company 110 out of a 100. Excellent service." When staff were asked about whether they would recommend the service to their families, 99% of them said they would. Their comments included, "Yes, I have had a relative living here. We are all 100% happy." "Definitely, and to my friends. I have done in the past." Yes and the carers. There isn't one carer I wouldn't recommend."

We saw there were systems in place for recording and monitoring accidents and incidents. This was a computerised system where information was logged and any necessary follow up action was detailed.

We also saw there were systems in place for monitoring the quality of the service. A range of audits had been completed including medication audits. We saw outcomes of audits had been completed along with action plans where deficiencies had been noted. It also detailed who was the responsible person for taking the required action and recorded when this had been addressed. We saw there was also a system for monitoring the progress of new staff. Four 'shadowing' reports were looked at for one new member of staff. They contained details of the person's performance along with information about dealing with people's privacy and dignity. We also saw there was a system for the on-going monitoring of staff, with 'spot check' visits being completed. In term of on-going development the registered manager also showed us a

copy of the new 'employee' handbook they had developed, which was going to be issued to all staff. It contained a range of information for staff which supported them in their job role.

Staff we spoke with told us they were well supported by the management team. Their comments included, Yes, everything is dealt with. The support is excellent." "They are a lovely bunch at the office." Staff said they could express their views and they were listened to. One member of staff said, "I have supervision every three months. I've got one coming up and I find them useful. It's nice that you can talk to them about your ideas. My manager has taken some of mine on board."

There were mixed views from people we spoke with in respect of whether they had been asked to complete surveys or questionnaires or give feedback about the service. Some people said they had not and comments included, "No I have not been asked or filled in any forms. If I was asked it would all be positive. I get a good service," and "Not yet but it might be early days, I have only been with this service for a few months. It is a much better service than the one I had before." Also "No I have not but I would give them ten out of ten. I am very happy with the help I get I could not manage without it." "No it is a pity because I think they run a good service and I would gladly tell them." Other people spoken with said they had and said, "Yes, by phone. I said everything was great and that my carers were very good and I was pleased with the help I got, and "Yes they rang me up and asked if I was alright and if I was happy with the help I was getting. I said I was – and I still am." During the inspection we saw that people had been issued with a questionnaire to complete, which was exploring if people were satisfied with the service provided.

The manager confirmed that once completed questionnaires had been received comments would be collated and the information used to inform any changes to the service and future developments.

We saw when people started to use the service they were issued with a 'care pack'. This pack contained a summary of the statement of purpose; information about the organisation, 'service users' charter of rights and the contact details about the organisation as well as the local authority and the Care Quality Commission. Also included was information about compliments, complaints and

Is the service well-led?

comments; information about abuse and useful information about falls prevention. This gave people a range of information about the service and other matters should they need it.