

## Dial A Carer Group Limited

# DAC Essex

### Inspection report

Unit 4, Whitbreads Business Centre  
Whitbreads Farm Lane, Little Waltham  
Chelmsford  
Essex  
CM3 3FE

Tel: 01245410560

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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

What life is like for people using this service:

People received a service which was personalised and met their needs. They told us the service enabled them to remain as independent as possible and to live in their own homes.

People were cared for by a consistent team of staff who were skilled and competent in providing care and support. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

Support was planned and delivered in a structured way to ensure people's safety and wellbeing. Staff had access to up to date information about how to support people and communication with health and social care professionals was effective in ensuring people received joined up care.

Systems were in place to audit the quality and delivery of care to people. The service was well led by an experienced and established management team.

More information is in the detailed findings below.

This was the service's first inspection.

About the service: DAC Essex is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, 94 people were using the service.

Why we inspected: This was a comprehensive inspection as the service had not been rated before. The overall rating is Good.

Follow up: We will continue to monitor the service through the information we receive.

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our Well led findings below.

# DAC Essex

## 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.

**Inspection team:** The inspection consisted of two inspectors and two experts 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. Our experts by experience had personal experience of using a domiciliary care agency.

**Service and service type:** DAC Essex is a domiciliary care service and is registered to provide personal care to people in their own homes.

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:** We gave the service six days' notice of the inspection because we needed to send letters to people letting them know that an expert by experience may be calling to speak to them about their views of the service.

Inspection site visit activity started on 6 December 2018 and ended on 13 December 2018. It included making telephone calls to people who used the service and contact with staff and professionals via telephone and email to gather their feedback. We visited the office location on 6 December 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We also met with a person who used the service at the office.

What we did:

We reviewed information we had received about the service since they were registered with us in October 2017 such as notifications required by law. As this was the service's first inspection, we had very limited information about the service.

We spoke with 20 people receiving the service and 16 of their relatives. We also spoke with three care staff, a manager, a community manager, the registered manager, the provider and a social care professional.

We reviewed a range of records including six people's care plans, their medicine charts and daily notes. We looked at five staff member's recruitment files and records relating to the management of the service and complaints and compliments that the service had received.

The registered manager sent us information we requested after the inspection and this included the staff training programme, information about the lessons they had learnt and survey results.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

- People told us they felt safe. One person said, "DAC is superb. They allow me to feel safe in this confined space called my life." Another told us, "There's never been a time where I am unsafe."

Systems and processes:

- People were safe and protected from avoidable harm. Legal requirements were met by the service and people received safe care. One person said, "I feel safe and secure in these foundations, morning and evenings, with the staff."
- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.
- Policies and procedures were in place which provided up to date guidance to staff. One staff member told us, "Management tell us all about the whistleblowing policy. I know all about it and would definitely use it if necessary."
- The registered manager followed a recruitment process for the employment of staff. All relevant information about applicants had been obtained and checked. However, there were some gaps in the employment history of the staff they employed. The registered manager agreed to improve this area and confirmed shortly after the inspection that this had been completed.

Assessing risk, safety monitoring and management:

- People's care plans contained risk assessments linked to people's needs and wishes. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. However, some information was confusing and not very well maintained as staff were using two different assessment forms to record information. The registered manager gave us explanations about people's individual circumstances which assured us that staff were managing and monitoring people's needs through information sharing and the daily notes.

We recommend the provider review their risk assessment process to ensure all information in people's care plans was clear and fit for purpose.

- Where people could become upset or anxious, staff knew how to respond to help reduce any distress or risk of injury to the person or others. Guidelines were in place which detailed an appropriate person-centred response including the person's preferences for support in these circumstances and the strategies to use.
- Environmental risks in the person's home were assessed and support from professionals was obtained for the safety of people and the staff.

Staffing levels:

- People told us that staff chatted to them as they went about their work and people did not feel rushed or hurried. Staff did not leave earlier than the agreed time unless there was a reason for this.
- There were enough staff to support people safely. Recruitment for new staff was an ongoing progress to ensure sufficient staff were always available.
- The registered manager considered the skills and experience that each staff member had when planning the rota to ensure that people were supported by competent staff.

#### Using medicines safely:

- The service had systems in place to manage people's medicines and people were supported to take them safely.
- Staff completed training in medicine administration and records showed that medicines had been administered as prescribed.
- Staff liaised with and followed the guidelines provided by health practitioners where medicines were needed to be given in a different way such as crushed in food and in patch form.
- People told us that they were well supported with their medicine's. Comments included, "The staff help me to use my cream", "The staff put in eye drops for me and also give me my tablets" and "I have help and it is on time."

#### Preventing and controlling infection:

- Staff completed training in infection control and food hygiene to keep people safe from harm.
- Protective clothing such as aprons and gloves were readily available for staff.
- People told us staff were very good at washing their hands and were very hygienic. One person said, "All hygiene supplies are here: hand gel, gloves, aprons and napkins."

#### Learning lessons when things go wrong:

- Incidents and accidents were recorded and reviewed by the registered manager to identify any areas where support could be improved to prevent re-occurrence. They told us of lessons they had learnt from previous events and how this learning had improved the service.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

- People's outcomes were consistently good, and people's feedback confirmed this. One person said, "I have built a professional staff-client relationship that has trust. One gets me out of bed and gives me help to the bathroom. A second does the later call, serves my dinner and sits with me while I eat, I don't feel rushed. We document the job and talk through the next steps."

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

- The registered manager supported staff to provide care to people in line with best practice guidance.
- People's needs were comprehensively assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation. People's gender preferences for staff support were respected.
- Staff had sound values and provided support to people in line with good person-centred care.

Staff skills, knowledge and experience:

- Staff received an induction when they first joined the service. One staff member told us, "I went out shadowing other members of staff for a week. Had observation the first 48 hours, then took the lead. Was being observed, got feedback from staff about my performance. Had one to one time and it was helpful to discuss concerns and my learning needs. There is always someone there to ask." One person told us, "I know there is good training because new staff will shadow experienced staff."
- Training was provided in subjects including food hygiene, fluids and nutrition, dementia care and first aid and in areas which were specific to people's individual needs, for example, epilepsy, catheter care and diabetes. Note cards were available to staff which contained terms and words most used when writing up the daily notes. This had been effective in improving staff spelling and in being able to read the daily notes more clearly.
- Staff felt supported and received supervision. One staff said, "We are very well supported, both face to face and from afar. All checks are done on us so we are good at what we do. Only a phone call away and we work in small teams too."

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported with shopping and meals and drinks of their choice.
- Staff supported and encouraged people to try and maintain a healthy diet. People's likes and dislikes were recorded and staff knew people's needs well. One staff told us, "The person I support says they are not hungry all the time and I encourage them to have something to eat, even if it's just a biscuit or I help. [name



of person] to have porridge every day, they like honey with it or yoghurt."

- Staff were aware of people's food allergies and, where people needed their food to be prepared in a specific way, this was catered for.

Staff providing consistent, effective, timely care:

- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and assessments.
- Records showed that referrals were made in a timely way to enable people to maintain their independence.
- People told us they were supported with their healthcare needs. One person said, "The staff have taken me for my flu jab and also helped me to see the GP."

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Assessments of people's capacity to make decisions for themselves were undertaken and recorded. However, not all care plans were robust. For example, it was unclear as to whether a person could consent to or refuse their medicines or make decisions about their personal care. Staff would not always know fully how to support or respond to a person appropriately. The registered manager agreed that there was some confusion around the assessment process. They would ask the trainer to complete further training with the staff responsible to ensure assessments completed were in accordance with legislation and people's rights.

We recommend that the provider review their current training, systems and processes for the assessment of people's mental capacity to make their own decisions.

- Where people did not have capacity, they were supported to have maximum choice and control of their lives. Details of their legal representatives were recorded.
- Staff had received training in the MCA and understood the importance of gaining consent before providing support. One staff member said, "It's so important to ask people their consent first before doing anything even though we automatically know their day to day routine. This may take longer but it is respectful."

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us that staff were kind, courteous and sensitive. One person said, "I think the staff are outstanding. The one I have comes to me four times a day, and if they are on leave, I have someone else, they are all nice to me, very respectful." Another said, "I just want to say how I appreciate [name of staff member] every time she calls, she goes that extra mile and gives extra care. A family member said, "I am 100% happy with the care that is given to my [relative], there are no problems at all."
- Staff showed a good awareness of people's individual needs and preferences. They were attentive and talked about people in a caring and respectful way. One staff member said, "We take a very person-centred approach; each person is an individual and they all have their own needs and we treat everyone as a unique person."
- The service provided a caring and proactive approach to supporting people to stay in their own home. One staff member told us, "I aim to enable not disable. If that means me spending an extra 10 minutes so they can walk themselves to the toilet then that 10 minutes is more valuable to them than anything."
- There was effective communication across the organisation with the staff and the management.

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

- People and their families were fully involved in their assessment and care arrangements. People's needs were recorded in a respectful and person-centred way. For example, "I like to have a shower twice a week please and I will need to be encouraged to do so. Check if I have messages on my phone and I need encouraging to put my hearing aid in."
- People's likes, dislikes and preferences were respected and taken into account. One person said, "I describe the staff as good because they know I like to get up early and I feel prioritised. I am introduced to new members of staff, the one this morning is like a daughter to me. I like the same ones because they know my habits."
- The staff team understood people's communication and sensory needs and how they should be met. The records showed people's individual's preferred ways of communicating and if they required information in an accessible format such as in large print. The service was meeting the Accessible Communication Standard. One family member said, "The manager, my [relative] and I communicate and exchange information over text, phone, emails and so on, unless it's a specific thing that needs to be discussed in a meeting type format. DAC are a great team."
- Rotas were arranged to ensure that staff had the time to listen to people and involved them in decisions about their care.
- The registered manager and staff listened to people's concerns and sought advice and support for them

from external agencies. One staff member said, "We wouldn't think nothing of going outside of our hours to do that little bit extra. It all helps doesn't it."

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people with dignity and respect and provided compassionate support in an individualised way. One person said, "I am treated with respect during their time here." Another person told us, "The staff will do anything I ask, they are very flexible."
- People's confidentiality was respected. Guidance was in place to ensure staff knew about protecting people's information.
- People were encouraged to be as independent as possible. One person said, "They really value my independence and are so encouraging that it helps you get going and on with your day." Another said, "[Name of staff member] is a first-class worker. They come in every morning singing and laughing all the time which is nice. Our favourite song is, 'Hooray and up she rises,' and it's perfect for the occasion! Such a warm welcome, a super person."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery of care.

How people's needs are met:

- Care plans contained information about people's diverse needs. People's likes, dislikes and any preferences for the delivery of their care was recorded. For example, "I want to do things but my body won't let me. If you get the time please sit and chat with me I may not see anyone else all day," and, "I like to eat Weetabix with a banana and toast with butter and marmalade."
- Staff knew how to support people from the person-centred and descriptive way information about them was written. People's independence and dignity was promoted and respected. One staff member told us, "One person was having trouble washing their hair as they could not bend. I found some dry shampoo in the supermarket and bought it for them. They were so pleased. Little things like that make the difference." One person told us, "Staff make me feel warm and content inside, I have had a very good experience with DAC."

Personalised care:

- People contributed and consented to their care arrangements. Care was assessed, reviewed and recorded.
- Rotas were adjusted to respond to people's changing needs. One family member said, "Recently my [relative] had been discharged from hospital and the date kept changing. DAC were able to switch days around and I can't describe how helpful it was."

Improving care quality in response to complaints or concerns:

- A system was in place to deal with any concerns that were raised. The service user handbook within the person's home included the complaints process. People told us they knew how to complain and when they had, the issue had been resolved satisfactorily.
- No complaints were outstanding and all had been dealt with appropriately. The registered manager told us they dealt with issues very quickly and learnt from the outcomes to improve the service. One person said, "Once food was left out in the hot weather, the manager sent a memo to all staff and it has not happened again."
- Staff worked to resolve any issues at the time they were brought to their attention. One person told us, "I raised a concern which was dealt with by the office. They took the staff member in for a meeting and then they came to my house to apologise. I am comfortable now, they listened and we get on well."
- Compliments had been received from people and staff who were satisfied with the service. One person wrote, "Sometimes saying thank you does not seem enough to show how grateful I am so I had to put pen to paper, the staff really are brilliant." One staff member wrote, "[Name of trainer] took us through our training in a fun controlled manner. We have all really enjoyed our experience of the training."

- End of life care and support:

Systems were in place to support people who may need palliative care. No-one at the service was receiving end of life care at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently well led. Leaders and the culture they created promoted high quality, person centred care.

Leadership and management:

- The management had the skills, knowledge and experience to lead the service. The registered manager was committed, caring and people who used the service new of them. One person said, "DAC are a well-managed service, leadership is off the scale."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff.
- The vision and values of the service were displayed on the website and through the statement of purpose. The registered manager was passionate about the service they provided and were clear about their responsibilities to provide good quality and personalised care to people.
- People's paper records were in the process of being reorganised so that information was clear and up to date. A computerised system had been introduced to store and maintain all records relating to the service and this would be completed by March 2019.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager completed checks on a wide range of service provision. For example, the daily notes for one person identified issues. The registered manager provided a good level of feedback for staff on how to improve the notes in the future.
- Regular staff meetings were held and recorded. Issues and actions were progressed so that staff felt listened to and included.
- The staff were respected, supported and valued and they understood the vision and values of the service they worked for. They were positive and enthusiastic about working for the service. One staff member said, "A very supportive company to work for. Brilliant manager, couldn't ask for better. Any problems you can always contact them, they are fantastic. I needed time off and they were absolutely brilliant."

Engaging and involving people using the service, the public and staff:

- The registered manager and the staff team knew people and their families well which enabled positive relationships to develop and good outcomes for people using the service.

- People and their relatives completed a survey to provide feedback on the service they received. The feedback was very positive. Comments included, 'I feel that with my present staff, my situation has improved, they are much more efficient' and 'The staff have all been excellent, where do all these lovely staff come from? Thank you for making my [relatives] situation less stressful, we appreciate the care they receive.'

#### Continuous learning and improving care

- Information gathered from audits, reviews of incidents and accidents, complaints and surveys was used to develop the service and make improvements. The registered manager had used feedback from the survey to improve the call times.

- The registered manager demonstrated an open and positive approach to feedback and to developing the service. A development plan was in place and action taken in line with identified timescales.

#### Working in partnership with others:

- The service worked well with a range of health and social care professionals to provide joined up and consistent care for people. One social care professional told us, "The manager is always forthcoming and makes referrals to us quickly. Staff follow our advice and we have seen real improvements in people's health and wellbeing."