

# Mrs Elizabeth Forbes-Stobbe







## Dial-A-Carer Service

### 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?	Requires improvement	

### Overall summary

We carried out an announced inspection on 30 November 2015.

Dial-A-Carer Service provides a domiciliary care service and is registered to deliver personal care and treatment of disease, disorder or injury to people in their own homes. On the day of our inspection, there were 10 people using the service and nine staff supporting them.

A registered manager was not in place as one was not required under the registration requirements with the Commission.

The service had appropriate systems in place to protect people from harm and uphold their rights. Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

# Summary of findings

People's medicines were given to them safely and in a timely way.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs.

There were sufficient numbers of staff available to meet people's needs. A recruitment process was in place to protect people and staff had been recruited safely. Staff had the right skills and knowledge to provide care and support to people.

Staff told us that they felt well supported in their role and received regular supervision and support.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs. People were treated with kindness and respect by staff and their dignity was maintained.

Staff understood people's needs and provided care and support accordingly. Caring relationships had been developed and people were fully involved in their care arrangements.

Overall, quality assurance arrangements were in place but the recording of audits required some improvement. There was a system for responding to complaints and concerns. The visible leadership of the service showed that person centred care was being delivered to people who used the service.

# 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.

Staff knew how to protect people from harm or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

People received their medicines safely and as prescribed.

Good



### Is the service effective?

The service was effective.

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support.

Consent from people or their relatives was obtained before support and care was provided.

People were supported to access healthcare professionals when needed.

Good



### Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received.

Good



### Is the service responsive?

The service was responsive.

People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

People's choices were respected and their preferences were taken into account by staff providing care and support.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good



# Summary of findings

## Is the service well-led?

The service was not well led.

Quality assurance systems were in place but some audits required improvement

The management of the service was open and effective. The manager and staff demonstrated a commitment to providing a service that put people first.

Staff were valued and they received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

**Requires improvement**



# Dial-A-Carer Service

## 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 was planned to check 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.

We undertook an announced inspection on 30 November 2015. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by two inspectors.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we spoke with the manager at their office location. We reviewed five people's care records, four staff recruitment and training files and looked at quality audit records. After the inspection, we undertook phone calls to two people who used the service, three relatives and three members of staff. We also spoke with a health professional.

# Is the service safe?

## Our findings

People told us that they felt safe with the staff who visited their homes. One family member said, “There was a time when [relative] called 999 as they were worried thinking people were in the house. The police came and notified us and we rang the agency. They sent someone round immediately to sit with [relative], who reassured them and kept them safe until they felt more settled.”

Staff were able to demonstrate a good knowledge and understanding of their role and responsibilities around safeguarding people and protecting them from harm. They told us they knew who and where to report any concerns and that as the service was small this meant that they were familiar with the people they supported and knew them well. One staff member said, “We would be very good at spotting any signs and reporting them, such as if people became withdrawn, appeared anxious or fearful, or we observed unexplained bruising or a personality change.” Staff showed that they could put their knowledge and understanding into practice.

Staff were confident that the manager would deal with any safeguarding issues quickly in order to keep people safe. We saw that the manager recorded and dealt with incidents and safeguarding concerns and sent notifications to the relevant authorities and the Commission in a timely way.

People's care records included risk assessments and guidance for staff on how these risks could be minimised. The risk assessments were comprehensive and included aspects such as mobility, personal care, domestic activities, medicines, mental health, mobility equipment and external and internal hazards. Regular reviews of care plans were undertaken to ensure that risk assessments were up to date and reflected current needs. One relative told us, “We work together with the agency. Good communication, it's lovely to know we can trust them and they genuinely seem to care.”

There were sufficient staff employed to keep people safe. The manager told us that whilst they were always recruiting for new staff, they had enough staff with the right skills and experience to meet people's needs. They purposely kept the service small so that a consistent team were available to provide continuity to the people who used the service.

The manager had the necessary skills and experience to provide care and support to people as and when required and was available should additional care be needed in an emergency.

Recruitment processes were in place for the safe employment of staff. The relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. This included obtaining satisfactory references and a Disclosure and Barring Service (DBS) check to ensure that staff were not prohibited from working with people who required care and support.

We did see that there were gaps in the employment history of staff which had not been recorded. The manager was able to demonstrate that they had explored reasons for the gaps in the applicant's previous work history. However, a written record was not kept of these discussions, which providers were required to do. The manager gave assurances that the written records would be updated and later confirmed, within the timeframe we had given them, that these had been completed for all staff.

We saw that there were emergency arrangements in place within the files and who to contact. Any safety concerns within the home environment were recorded such as ‘hot water’ or ‘high risk of falls’ in order that staff were aware of the potential risks to people and themselves whilst being in their homes. Accidents and incidents were recorded in people's files and changes made to the risk assessments as appropriate to reduce these events from happening again.

The manager told us that they had a medicine policy which had been updated in July 2015 by a company who specialises in compliance with the Health and Social Care Act 2008 Regulations. They said that copies had been given to all of the staff.

The staff confirmed that they had completed medicine administration training. Spot checks on their competency to administer medicines safely were completed by the manager. We saw these were recorded in their staff files. These included looking at how the medicine was stored, cleanliness, that they checked details and instructions on labels and that they recorded any side effects after giving the medicines.

In people's care plans we saw that people self-administered their medicine, were prompted or were assisted by staff. The medicine administration records (MAR) charts we saw confirmed that staff administered

## Is the service safe?

medicine for people correctly and records were completed. Where there were gaps found on the MAR chart, the manager had checked to ensure that people had received their medicine appropriately. They were aware of the reason for the lack of staff signatures on the two gaps in the MAR chart we identified.

People and their relatives told us they received or were supported to take their medicine in the right way and at the right time.

# Is the service effective?

## Our findings

People were very positive about the service they or their family member received. One person told us, “Everything that needs to be done is done.” A relative said, “They [the service] are very flexible; they have never been late or missed an appointment.” Another relative said, “Generally they are very good. They come on time and we have no problems.”

We found that staff had the necessary knowledge and skills to carry out their roles and responsibilities. We observed records kept in staff files which confirmed that induction, training, supervision and appraisals were completed.

All staff had undertaken an induction programme. This consisted of the completion of the Skills for Care Common Standards, three days of shadow training and continuous assessment of their practice and performance. After the induction, regular unannounced spot checks were completed by the manager to monitor and assess their competency.

Staff told us that they were provided with the training that they needed to meet people’s needs. A programme of face to face sessions and online learning were completed on a regular basis. One member of staff said, “We get lots of training all the time and it’s really good.” We saw that all mandatory training for staff was up to date which included manual handling, safeguarding adults from abuse, medicine administration, Mental Capacity Act (MCA) 2005, infection control, food hygiene, health and safety, fire safety, dignity and dementia awareness.

A staff training log evidenced ongoing training opportunities scheduled throughout the year and staff were supported to study and gain qualifications whilst employed at the service. One staff member told us that the manager had secured funding for herself and another staff member to complete their level three Qualifications and Credit Framework (QCF) in social care.

Staff told us that they had regular supervision which might be one to one or in a group. Staff meetings were recorded and gave an opportunity for staff to come together to share information and learn new skills.

Staff told us that they felt supported in their role and there was good communication with the manager and other staff. One staff member said about the meetings, “Everyone

says how they feel, and people feel confident to speak up and know that they will be listened to.” Another staff member said, “I enjoy the job a lot. I can go to the manager, they are all right, they do listen, and you wouldn’t be scared to talk to them.”

We saw that people’s needs were assessed, recorded and communicated to staff effectively. The care plans and daily logs reflected that the staff followed specific instructions to meet individual needs and people told us this was the case.

People told us that their consent was sought before any care and support was provided and that staff acted upon their wishes. People’s records included information regarding their capacity to make particular decisions and they or a representative, where required, had signed their records to show that they had consented to their planned care.

Staff had received guidance and training on their responsibilities of the Mental Capacity Act (MCA) 2005 and what this meant in the ways that they cared for people. They were able to give examples of how they applied the principles of the MCA in practice to involve and support people in making choices and decisions about their lives. One example given was the importance of communication with people with dementia and using reassurance to validate their emotional experience, not contradicting or belittling them. The other was about a person who used to manage their own medicine but was now struggling due to advancing dementia. They said, “I will stand back and let them be in control, doing as little as possible so that the person can still maintain control over their medicine and I will only step in if they are about to take the wrong medicine.”

Where people required assistance with food and drink, they were supported to maintain a balanced diet. People’s records identified their requirements regarding support needed in maintaining a healthy diet and drinking enough. A staff member said, “When I serve up the lunch, I don’t put too much on as I have found this puts people off. I also separate all of the food into colours to make it look appetising and I present it nicely.” A family member told us, “The staff promote choice all the time. Too many choices confuse my [relative] and they support them at the right level ensuring they always have fruit and lots of drinks beside them in between visits to maintain their health.”



## Is the service effective?

There were details about the actions that staff should take if they were concerned that a person was at risk of malnutrition or dehydration. The daily notes were completed and issues or concerns were shared and dealt with appropriately. One family member told us, "Before using the agency we had concerns about [relatives] eating and drinking. This has improved significantly since their input. [Relative] chooses their own food and goes out shopping – a 100% improvement."

Referrals were made quickly when people's health needs changed. One example was given by a staff member who had noticed a change in the person's health and also their personality. They said, "I called the manager, who called the GP and the person was diagnosed with a urine infection and given antibiotics." Changes to people's care and treatment were recorded in their care plans to enable staff and other professionals to meet their needs effectively and timely.

# Is the service caring?

## Our findings

We were told that positive, warm and caring relationships had developed between the staff and people who used the service. Relatives were very happy with the support and care provided by the service and couldn't praise them enough. A family member said, "I think the staff are very caring, extremely caring. [Relative] seems very happy."

Relatives told us that the staff knew and understood their family members well. They said they genuinely valued them which came across in the kind and positive manner the manager and staff spoke about people they supported. We spoke with one healthcare professional who told us, "I find the staff very respectful. When the manager talks to me about [person] on the phone they do so in a very nice and positive way and seems to know them very well, they seem to be very fond of [person]."

Staff had gained the trust of people in order to provide personal care and support. One family member said, "My [relative] was initially reluctant to receive any kind of support. The staff have supported them to maintain their dignity and privacy and they now happily receive personal care from them."

Relatives felt listened to and able to talk through with the staff and manager any concerns they had and were respected and valued. They told us about times when they had spoken with the manager and said, "You never feel a burden or that you are a nuisance as they listen and understand." The service was proactive in getting the help and support people needed from outside agencies to support people's independence. One person's relative said, "If [family member] runs out of anything they will pop to the shops and bring them things that they need. They take the time to sit and talk to them as well."

We saw written records, which people had signed their agreement to, which showed that they and their families were involved in making decisions about the care and support they received. People told us that they felt included and consulted and that any amendments to the care arrangements and support were actioned in accordance with their views and wishes.

The written content and tone of the daily notes was written in a sensitive and person-centred way and showed a respectful familiarity and good rapport with people who were valued by the staff. We saw entries which described the person's mood, how they expressed their views and wishes, and comments on activities they had engaged in together. Compliments made by staff to people, for example, commenting on 'how nice a person's hair looked' were lovely to read. One staff member told us "Ultimately for me I've always looked at it [the job] like I try to look after people how I would like my mum and dad looked after."

In our discussions with staff, we got an understanding of their attitude and respect for the work they undertook. For example, staff told us "I let people tell me what they want, they are in charge." Another staff member said, "I always make sure the doors are closed so that people have privacy. I explain what I am doing and reassure people so they feel involved and, I always ask their permission throughout the time in their home."

Staff said they worked for a caring service where the manager allowed them enough time to spend with people so care was not hurried. One staff member told us, "Because we have more time to spend with people there is always time to have quality moments, just sitting and chatting."

# Is the service responsive?

## Our findings

People told us that they were very happy with the care and support provided by Dial-a-Carer. The service responded to their needs in an individual way and respected their preferences, likes and dislikes and views and opinions.

Information was provided to people about the service in response to an initial enquiry from an individual or a referral from a health or social care professional. Information about people and their requirements was discussed during the initial assessment period and prior to the service being agreed. Decisions about the service to be provided were made jointly so that the service provided was tailor made and person centred.

The care plans covered all aspects of a person's individual needs, circumstances and preferences. This included details of any personal care and support required, duties and tasks to be undertaken, risk assessments, how many calls and at what times in the day or evening. We observed that support plans were individual and personalised i.e. written as if the person had written it themselves and included a life history which reflected the person's individual preferences. People were supported to follow their interests. For example, the care and support provided by staff extended to supporting a person to look after their pet. Another person enjoyed and benefitted from reminiscence which enhanced the person's health and wellbeing. A staff member confirmed this by saying, "I use re-orientation gently to reassure them. I walk them around their home, showing them photographs so they realise they are at home."

We saw that people's individual assessments and care plans were reviewed every six months or sooner if a person's needs changed. In addition, daily notes recorded were held in people's homes which allowed staff to share information with each other so that the care and support people received was responsive to their daily requirements.

The service promoted people's independence and encouraged people to maintain their daily living skills. Staff demonstrated an understanding of how to enable people to do the things for themselves with support, like accessing the community, taking their own medicines, being more confident in moving around the home and looking after a

pet. One family member said, "They [staff] do the tasks that [relative] chooses." Another said, "The staff empower [relative] by supporting their independence and choices, they are sensitive in how they speak with them and will often sit and reminisce with them which they enjoy."

A health professional told us about a person the service supported, "The outcome of receiving regular support and encouragement from staff has enabled [person] to eventually build up the confidence to access the community independently."

When people had become unwell and underwent a period of hospitalisation, the manager visited them to re-assess their needs and ensure that any additional care and support was in place prior to discharge. A relative told us when their [family member] was admitted to hospital, the manager went to the hospital and secured additional funding to provide the person with 24 hour care to enable them to remain at home which was their wish. They said, "The service goes above and beyond."

People were supported to maintain good health and have access to healthcare services. The manager had good links with health and social care professionals and consent was sought from people when staff made referrals for additional support. One example was where the service made a referral on behalf of a person to the occupational therapy team and from this equipment to support the person's independence had been provided.

People told us that they knew who to contact if they had any concerns or complaints. The manager told us that they did not have any complaints outstanding but dealt with any concerns at the time of receiving them. Information and correspondence relating to the outcome of any concern was recorded in the person's care file. A person told us, "We are kept well informed, I know who to phone if I need to. I feel confident that I will be listened to and that they will action our concerns."

People's views were sought and acted upon and relatives felt listened to. They told us that when they have had to make contact with the service, their issues and concerns had always been dealt with quickly, respectfully and always with an apology. One relative told us, "The manager rings me regularly. If I have a problem I ring the office and they will deal with it."

# Is the service well-led?

## Our findings

The manager was aware of the day to day culture of the service and promoted independence and autonomy. People, their relatives and staff told us that the manager was open and transparent in their dealings with them. The manager would bring any issues to their attention and apologise for any errors made. A relative told us, “They bring things to our attention, rather than the other way round.”

The management of records we saw needed some attention in order for the service to deliver on continuous improvements. The manager agreed to audit the documents identified and amend them accordingly so that actions were clearly recorded in line with good practice. All information about people who used the service and staff was kept confidential in locked filing cabinets.

Staff told us that they felt encouraged by the manager to bring any concerns including ‘whistleblowing’ to their attention. They felt confident that any issues raised would be resolved without a culture of blame. Staff described the manager as someone who would listen to them and was ‘a good leader’. One staff member told us, “I have always found [Manager] to be very supportive. For example, if I

need to stay with someone over the time allotted they will say stay there if you need to and then they will cover my next appointment or get someone to cover it. I never feel like I’m walking away from anyone in need.”

We observed that the quality of the service was monitored through the use of annual surveys of people who used the service as well as staff members. We saw that the written responses to the surveys were positive with no complaints or concerns recorded. One person said, “The service is wonderful.”

Unannounced spot checks were undertaken on staff by the manager to review the quality of the service provided by them and ensure that staff were adhering to the service’s policies and procedures. One staff member said, “I will be at work and the doorbell will ring and it will be [manager] doing a spot check. I don’t mind, I think it’s good.” Staff told us that there were regular staff meetings which enabled them to express their views and suggest any improvements to the service.

The manager was very visible in the service. As well as managing the service, they provided care and support as required so knew people very well. They understood their role and responsibilities to the people they supported and to the staff they managed as well as the requirements of being a registered provider.