Dial A Carer Group Limited

DAC Suffolk

Inspection report

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16 January 2019
24 January 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection of the DAC Suffolk service location on 14 and 16 January 2019. We spoke with people using the service, relatives and staff on those visits. We spoke with further service users, relatives and staff the following week by telephone. DAC Suffolk is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

At the time of our inspection, the service provided personal care to 17 people in their own homes. DAC Suffolk commenced operation in January 2018 and this was the first inspection of the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

We met the current manager who was applying to the CQC to become the registered manager of the service. This was the third manager the service had since commencing operation.

Risks to people had not always been robustly managed. This had resulted in the Local Authority suspending the service from providing a service to new people. The service agreed to stop providing a service to some people while it reviewed its capabilities to provide a sustainable and safe service. The current manager had reviewed with each person using the service their care needs and arranged for sufficient staff to attend their care visits.

We found people's care plans did contain suitable and sufficient risk assessments to inform staff how to effectively manage risks.

Staff had been trained in how to safeguard people.

Full pre-employment checks had been carried out to ensure staff were suitable and of good character to support people in a safe way.

People using the service and their relatives informed us they were encouraged by the care reviews and thorough assessments carried out by the new manager. They were confident the service could meet their needs as sufficient time had been taken to assess people properly.

Staff had been trained to manage medicines safely. There were no gaps in the people's medicine records we saw which had been checked for accuracy by the manager.

Regular staff supervisions had not been carried out but staff informed us that the new manager was

approachable and supportive. Supervision and appraisal sessions were being planned. Training was provided to the staff to inform them how to meet people's individual needs.

Spot checks of staff supporting people had not been carried out to observe staff performance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The care plans had been reviewed by the manager and recorded the support people required. Daily notes had been written to confirm people had received person centred care.

People's privacy and dignity were respected by staff. People and relatives told us that staff were caring and they had a good relationship with them.

A complaints policy was in place to manage complaints. Staff were aware of how to support people with complaints.

Effective quality assurance systems had not been in place throughout the time the service had been in operation. Audits had not identified the shortfalls in the service and hence action not being taken to resolve matters. The new manager had introduced additional auditing of the service which had begun to take effect in improving the service.

A new monitoring system was being introduced so that the manager could be assured that staff were attending call visits. The service did not provide time specific calls unless required due to their assessed needs. However, people had given their consent to staff coming for visits at breakfast, lunch, tea or bed time while the actual time of the visit had not been set. People we spoke with would like more specific call times in line with their preferences.

We received feedback from staff, relatives and people that the service had not always been reliable but had improved in the past few months. The service at the time of the inspection was providing support to 17 people, which was much less than in the past. The manager planned to develop the service carefully ensuring there were sufficient members of staff to support the people with their assessed needs.

Verbal feedback had been sought by the new manager about the service and people informed us that the manager responded to their requests. The manager informed us that surveys were planned of people's experiences in the future and these would be analysed to ascertain what the service was doing well and what areas required improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments had been recorded.

Medicines were managed safely.

There was a robust recruitment process in operation.

Appropriate infection control arrangements were in place.

Is the service effective?

Good

The service was effective.

Staff had not always received planned and regular supervisions.

Consent had been sought from people to provide support to them.

People had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people and were caring.

People and their relatives were involved in decision making on the support people received.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service had not recorded complaints although we were aware of concerns people had with regard to raising issues with the local authority.

The current care plans had been reviewed to clearly identify the

individual's needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service has not had consistent management or oversight which led to poor outcomes for people using the service. The local authority put a suspension in place until identified improvements were made and the suspension has since been lifted.

The service had appointed a manager who was seeking registration with the Care Quality Commission.

DAC Suffolk

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.

The inspection was carried out on 14 and 16 January 2019 and was announced. We gave the service notice because we wanted to be certain that someone would be available and we wished to visit people in their own homes. We also spoke with people using the service, relatives and staff on 24 January 2019 by telephone. The inspection was undertaken by one inspector.

Before the inspection, we reviewed relevant information that we had about the provider and any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We also sought feedback from two social care professionals at the local authority.

During the inspection we reviewed documents and records that related to people's care and the management of the service. We reviewed three people's care plans, which included risk assessments and three staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and supervision records. We spoke with three people using the service and three relatives. We also spoke with the provider, new operational manager (they commenced with the service the week prior to our inspection), the manager, training co-ordinator and two members of staff.

Good

Is the service safe?

Our findings

Staff told us that they had received training in how to recognise the different types of abuse and how to safeguard people. A member of staff told us, "I have only been with the service for a few months so the induction training is fresh to mind and we were taught about and discussed safeguarding." The people using the service and their relatives we spoke with informed us that they had every confidence in the staff and felt safe with them.

The staff we spoke with knew the people they cared for and were aware of their assessed needs and how to support people to achieve those needs. A member of staff told us, "I have enough time to travel between each call visit and I have the time to read the care plan and talk with the person." A relative commented that there had been difficulties in the past with the number of different staff visiting and questioned how the staff could get to know their relative. However, that was in the past and for the past few months the person had been supported by the same small group of staff. They told us, "If they carry on like this we shall all be fine."

We understood there had been concerns raised with the local authority that office phones were not answered. We did see the manager frequently answer their mobile phone during the inspection to support staff and answer queries. It is positive that the manager is available to support staff. However, this is not ideal at present as the manager does provide some call visits themselves.

The service did not use an online call monitoring system to monitor staff timekeeping and attendance. A new system was planned and the manager thought this would be in operation in February 2019 and we saw the equipment being installed in the office. A member of staff informed us that they had attended the training for the new system the previous week and were encouraged by the new system. Each member of staff would have their own mobile phone. Staff had been trained to use the phone in conjunction with the care plan which would automatically inform the manager overseeing the service when staff arrived and left the persons home.

Currently the manager was reliant upon some staff using their own mobile phones to inform them if the staff member was delayed or had arrived to provide care for the person. Some staff did not like using their own phones for business purposes.

The new system would mean that staff logged in and out of care visits electronically by using their phone. This would show when they had attended and left their visit after carrying out personal care. This would then generate a report, which showed the times staff logged in and out of a care visit that was monitored by senior staff. At present there was no 'real time' system in place to alert senior staff when a staff member was running late or had not attended a call.

Since coming into post the new manager had reviewed and updated each care plan and this included the risk assessment for each person. The risk assessments had been written in relation to people's health conditions. For example, one risk assessment considered the persons mobility needs and the risk of falling. The assessment also informed staff how to reduce the risk when supporting the person to move from one

area to another.

We checked staff records to see if pre-employment checks had been completed. Pre-employment checks such as DBS and immigration checks, employment history and proof of the person's identity had been carried out as part of the recruitment process. This ensured staff were suitable and of good character before supporting people. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Each file had a minimum of two references and one of which must be from their current or last employer. Staff we spoke to told us that pre-employment checks had been carried out before they had been employed.

Care plans included the medicine people were prescribed and reasons why they were prescribed. The service supported some people with medicines and for those people the service was time specific. This meant that the staff knew that it was important that the person had their medicine at a certain time and their visit was planned for that time. We looked at Medicine Administration Records (MAR) for some of the people the service supported with medicines and information had been recorded accurately. Staff had received medicines training and told us that they were confident with managing medicines and had their competency assessed to check their understanding of medicines. Staff were also aware of what to do if an error was made such as missing a medicine.

As well as reassessing the people receiving the service the manager had prioritised knowing peoples prescribed medicines and had undertaken audits to check that medicines were being administered correctly.

Staff had received infection control training and had access to gloves and aprons when supporting people with personal care. Records showed staff had been trained on infection control. Staff told us they were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE separately when completing personal care.

The manager informed that they were delighted the local authority had lifted the suspension on the service the week prior to our inspection. This meant the service could increase the hours of care it provided each week in agreement with the local authority. The lessons learnt with the provider was to ensure the staffing structure had the capacity to deliver the assessed care to the people using the service. The service at present only intended to work in areas where it was established to keep staff travelling to a minimum while also ensuring staff were available in that area for additional work.

Good

Is the service effective?

Our findings

The manager informed us that prior to taking on any additional care packages they would want to have full details from the local authority of the persons needs and then to visit the person to determine that the service could meet the needs of the person.

We saw in people's care plans that their needs had been assessed and recorded by the new manager and how the staff were to support the person to meet those needs.

Staff told us that they found training well-presented and helpful. A member of staff told us, "The induction training has been good. Records showed that new staff members that had started employment with the service had received an induction. This information was within the staff individual files but the training matrix was not up to date. The manager explained that the priority was to ensure people received care and staff were trained. They planned as more management staff were employed they could update the training matrix.

Staff told us they had enjoyed the various training that had been provided. One member of staff said, "I like the trainer they take time to explain things." The service although providing a range of training was not at this time arranging for staff to study for the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that must be covered if you are 'new to care' and should form part of a robust induction programme.

Only one staff meeting has been arranged shortly after the service came into operation. Staff also had not been supported by regular planned supervision or an appraisal system.

Currently the manager was supporting staff on a needs basis. This included being available by telephone and also attending care visits with a member of staff to support. The manager told us that they planned to have regular planned supervision in the future and also carry out staff appraisals as per the service policy. This would be arranged as quickly as possible and they looked forward to the additional management staff that would support them to achieve a stable supervision system. The service was also not currently supporting staff with spot checks. A spot check is when a senior person unbeknown the staff member will visit them to check upon punctuality and how the staff member is providing care. They will then give the staff member feedback on their observations and this form of support is another form of supervision.

The service supported people with meals, which included preparing meals of the persons choice. Care plans included the support people would require with food and drink and their likes and dislikes. People were given choices by staff when supporting them with meals. A staff member told us, "I ask the person what they want so they have a choice each time." The people we spoke with were all content that the service staff supported them appropriately with meals but this was not the main reason for the call visit. People told us that they needed the staff mostly for personal care and they could manage themselves with meals or were supported by relatives. One person told us, "I need them to help me get started in the morning and then I

am alright." A staff member we spoke with was knowledgeable about checking upon if the person was eating and would if they were concerned speak with the manager.

Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health, they informed us they would call for a health professional to support the person. Staff were able to tell us the signs people would display if they did not feel well. A relative told us that the current manager had helped with accessing a GP and having the persons medicines reviewed. This meant the service supported people to access health services to ensure people were in the best of health.

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.

The service had provided staff with MCA training and staff know the principles of the MCA when we spoke to them. People had signed a consent to care form agreeing to receive support and care from the service. Staff we spoke with told us that they always requested people's consent before providing. A staff member told us, "You must always ask for consent before helping the person."

Good

Is the service caring?

Our findings

People using the service and their relatives told us that staff were caring. One person told us, "They are all kind." Another person told us, "Lovely people there are no faults to find." Staff told us how they built positive relationships with people since they now had the time they needed to care for people. A relative told us, "I have never had a problem with the staff, I cannot fault them on caring."

A person using the service told us, "The manager came and spoke with us about how they could provide the care and was the care plan accurate?" The person further explained the care plan was accurate and they wanted the service to continue to care for them as they liked the staff very much. They informed us they were very pleased that the manager had spoken with them and the local authority and all was agreed for the service to continue to care for them.

There was a section in the care plan where people and relatives could sign to evidence that they agreed with the contents of the plan. People's independence was promoted by the staff and clear records for the staff to follow. People's care plans included information on how people could support themselves and areas they would need support with. On one person's care plan, information included information about their choices and favourite things.

Staff ensured people's privacy and dignity were respected. They told us that when providing particular support, it was done in private with curtains and doors closed. One person told us, "I have had problems with the service but now since the new manager has come all is fine, "He is polite and inspires confidence and the way he cares is that he will not let you down." Another person told, "I like the new manager he is very experienced you gather that from the detailed questions he asks you and the best thing is you can have a joke with him."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy, when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely in the service office.

Requires Improvement

Is the service responsive?

Our findings

At the time of our inspection seventeen people were being supported by the service. Those we spoke with were content with the service and considered that it had improved over the past few months. Previously the service had struggled to support a larger number of people in a timely, responsive way, with insufficient staff. This resulted in at least one missed call.

We were aware that a person had not received a visit from the service and as a result the local authority had been required to send members of their own care staff to provide care to the person. We could not see a record of this occurrence but were aware that this had been discussed with the service provider by the local authority.

This had occurred before the time of the current manager and they were aware of how to report safeguard matters and that such matters should be reported to the Care Quality Commission.

Although people using the service and their relatives considered that the service knew about the care needs the care had not always been provided to the satisfaction of the people using the service. One person explained to us they were very grateful for the support of the staff and were pleased with how they helped them with meals. They also explained that when the staff supported them with their lunch time meal the staff also helped them with a shower after they had their meal. Ideally, they informed us that they would like another visit so that the shower and the meal were separate and not together as this occurred in the middle of the day around lunch time.

People told us that the new manager had started from the beginning and spoke with them about their care needs which were accurately recorded and they promised that the care would be provided. We noted that people had begun to build trust again in the service staff. One person told us, "I do trust that they will come."

Some people considered that in the past the service had not always had enough staff to provide them with personalised care and stimulation. People informed us that things had improved recently and one person told us they were faced with the situation of staying with this service or having the local authority find a new service for them. They were disappointed to have been in this position. They liked the service in particular some staff and when it worked all was fine but on occasions in the past they were quite concerned if the staff would arrive. They also informed us that sometimes the staff had been very tired and they did not want to impose upon them to do everything they wanted. They were pleased they had stayed with the service and things were working much better now. They told us their care plan had been reviewed and staff were supporting them with their needs.

Staff recorded in people's care plans the times they visited. However, we could see no details regarding specific times that the staff were to call and instead visits were planned around times such as breakfast, lunch, tea or bed. The persons needs were clearly spelt out and how they were to be achieved. The model of the service was to increase independence and did not wish to tie people to a specific time. This meant we

could not judge if the call was late and some people did not see that being so flexible was a good idea and would have preferred for the service to be time specific for their care visit.

Until the new manager had reviewed the care plans we could not see that the care plans had been reviewed after the person begun using the service. Not reviewing care plans shortly after a person commences using the service can mean that care needs can be missed or not recorded accurately. The manager informed us that they would continue to review each new care plan a few weeks after the person commenced using the service. The also planned to review the care plans on an as needed basis going forward and also on a six-monthly basis.

Each person now had an individual care plan, which contained information about the support they needed from staff. Staff told us that they found care plans were sufficiently detailed so that they knew how to provide care for people. Care plans included the support people required and the times they required support. Daily records showed that the staff recorded what they did and how they had supported the person on each visit.

The manager told us that they intended changing the care plans format in the near future. This would further support the recording of person-centred care and how to report any issues of concern or raise a complaint. Care plans included people's ability to communicate and recorded how staff should communicate with people.

There was a complaints policy in place. The first manager of the service had recorded one complaint and they had followed the service policy to achieve a satisfactory outcome for all concerned. Since then no further complaints had been recorded. People and their relatives had raised concerns with the local authority which had led to the service being suspended from taking new work, suspension has now been lifted. The service had not used its own complaints policy to log, record and explain how it was going to resolve complaints.

People using the service and their relatives felt confident that they could raise a complaint with the current manager or staff should the need arise. Not all of the people using the service and their relatives that we spoke with could recall seeing the complaints process. The manager informed us that they would ensure with the welcome pack being devised all people would receive a copy and be informed of the complaints process via that means.

The service did provide end of life training to the staff. The staff we spoke with wanted to be able to provide care to the person with regard to their wishes in their own home. The manager planned to ensure staff would continue to receive training and would work with other professionals as they need arose to work together to support people at that time of their life. People informed us that they would like a rota of who was coming at some point in the future but they could usually work this out themselves due to their being a small number of staff. One person told us, "I do ask who is coming next and the staff member usually knows and if not, I can always contact the manager and they always know."

Requires Improvement

Is the service well-led?

Our findings

People and their relatives informed us that they had concerns about the service during the summer and autumn of 2018, this was because they could not feel confident that the staff would come to support them. However, in the past three months the service had improved. People considered this was because of the appointment of a manager focussed upon understanding their needs and arranging for staff to attend to them. Also, although the service has less staff it was also providing far less care packages and now was able to plan and manage the support of the 17 people using the service. One relative told us, "Things are really good now and it is thanks to the manager. They spoke with us, reviewed the care plan and arranged for regular staff to come, they carried out many care visits themselves."

Following a number of concerns raised about the quality and reliability of care delivered to people by the service and repeated concerns around the inability of people using the service and the local authority to be able to make contact with the service. The local authority suspended the service from taking new work from them on 01 November 2018 until matters could be resolved and improved. We understood from the manager that the service also agreed with the local authority to stop providing support to some people and asked the local authority to find an alternative service. This was so that the service could fully focus upon those people assigned to them and that they could provide a reliable service.

The manager since coming into post had undertook a care review of each person to identify their needs and plan that the service had sufficient skilled staff to provide care to each person. Each person and their relatives we spoke with confirmed this had been done. The week before our inspection the local authority lifted the suspension so that the service could increase the hours it was operating.

Prior to the appointment of the current manager we understood that a planned visit was not made by the service due to a member of staff's car breaking down. The service was not able to fulfil the visit and did not report the difficulty without delay to the local authority. The local authority arranged for its own service to fulfil the visit. This meant that the person received care from a service and staff not familiar to them.

The manager explained to us that they had worked upon ensuring that the staff in the service were trained to report any concerns to them. The manager was on-call and would take the necessary action to support the staff and ensure the care visit was made. People told us that they knew the manager because they had reassessed their care plan and provide some care themselves.

We were aware that the operation manager and an additional member staff commencing in February 2019 would share the on-call duties with the manager. This would be a stronger robust system. However we were concerned that the manager had been providing direct care themselves and managing the service, including being on-call for all of the people using the service and staff sometimes for seven days per week.

The service did not have a welcome pack or information that was supplied to people explaining how the service operated. The manager informed us that this was a priority and they would be compiling a brochure in the near future. This would include explaining the complaints process as people did not have a copy of

this in writing. However, people did tell us that since the current manager was in post they felt confident in them and had not needed to complain.

People and relatives had mixed responses about the performance of the service. A person told us, "It has improved in recent times." They informed us that they still did not receive a rota to know who was attending the care visit. However, they usually knew who was coming as now the service had less staff they usually knew who was coming. They told us, "In the past it was pot luck you never knew who was coming."

A person explained to us that they were content with the staff coming to support them. They would prefer the times to be clearer rather than a breakfast, lunch, tea or bedtime call as the service was not stating a time for each visit and length of the call. We could not monitor if the call visits were late and be assured that the staff did stay for the length of time designated. People did inform us that the staff did what they were required to do at each visit. The manager informed us that for people where it was necessary for their medicine to be administered at a set time the staff were aware of this and did attend at that specified time.

The provider had failed to ensure that adequate quality assurance and systems had been in place. Two managers had left the service within the first year of operating. The new manager had undertaken an audit of medicines and had reviewed the care plans of each person using the service to determine if the service could continue to support them. The manager informed us that they would continue to audit the medicine records and care plans and were planning to introduce additional quality monitoring systems and operational processes. This included spot checks of staff to support them when working, training audits and staff surveys. The manager also intended to arrange for customer and relative's surveys to be arranged and also seek feedback from other professionals about the service. This meant the quality monitoring systems in place to ensure audits would be carried out at frequent intervals were not fully established as yet.

Recording audits is important to make sure that any identified actions can be implemented and monitored for effectiveness. The service had not operated effectively at all times in the last year resulting in care visits having to be handed back to the local authority. The manager was determined to put auditing measures in place to ensure there was a culture of continuous improvement.

Staff told us that they were supported in their role and the service was well-led by the current manager. One staff member told us, "They always help you and nothing is too much trouble." Another member of staff told us, "The manager is a very nice person, hard-working and has improved things greatly by working alongside us."

Spot checks of staff supporting people had not been carried out and staff had not benefitted from planned supervision and an appraisal. The manager was in the process of arranging spot checks, supervision and appraisals but did need dedicated time from the provider to achieve these important aspects. The manager was confident with the additional staff of the operational manager and care manager this would give them the dedicated time. Staff told us that they could contact the manager at anytime and they were always helpful with answering questions and providing support. This was encouraging to learn but also reinforced the need for the manager to be able to focus upon managerial duties rather than providing direct care themselves.