

Dale Care Limited

Dale Care - Complex

Inspection report

9 Fusion Court
Aberford Road, Garforth
Leeds
LS25 2GH

Date of inspection visit:
25 August 2020
27 August 2020
01 September 2020
02 September 2020
03 September 2020
21 September 2020
22 September 2020

Date of publication:
14 October 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dale Care – Complex is a domiciliary care agency providing personal care and support to people in their own homes. At the time of inspection, the service was providing personal care to 43 people.

People's experience of using this service and what we found

Overall, people received their medicines as prescribed. Staff had their competence to administer medicines safely checked. The provider had systems in place to minimise and prevent infections. Staff received training on infection prevention and control and how to use personal protective equipment (PPE) safely.

Staff undertook training in safeguarding and knew how to report any concerns. People told us they felt safe using the service and found staff to be kind and caring. People had risk management plans in place in response to identified risks. These were reviewed regularly and in response to any changes to people's need.

The provider recruited staff safely making sure they carried out the necessary pre-employment checks. Staff had opportunities for meetings and welfare supervisions where they could discuss any concerns or worries.

People, relatives and staff knew who to approach with any concerns and were confident these were addressed. The registered manager and staff promoted and encouraged person centred care to ensure people were treated as individuals. The provider and registered manager monitored the quality of the service by checking all areas of service provision. Any identified improvements were made. People's views were sought, and action taken as a result of any feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 June 2019, and this is the first inspection.

Why we inspected

This was a planned inspection in line with our inspection programme. We have made changes to the way we work due to COVID-19. This is to avoid putting pressure on services that are caring for people. We completed a focussed inspection. During this inspection we looked at two key areas safe and well-led. We do not look at all the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Dale Care - Complex

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

Inspection team

The inspection was carried out by one 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 August 2020 and ended on 22 September 2020. We visited the office location on 27 August 2020.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke by telephone with five people who used the service and seven relatives about their experience of the care provided. We spoke by telephone with three care workers. We spoke face to face with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall, medicines were managed in a safe way. There was one 'as required' (PRN) cream that did not have a protocol in place to guide staff on its administration. There was also a cream that was prescribed PRN but was administered regularly. The provider acted to remedy these issues during the inspection.
- People told us they received the support they needed with their medicines. One person said, "They [staff] remind me to take my tablets as I have become a bit forgetful." Another person said, "I do my own tablets, but the girls always ask if I have taken them."
- There was a comprehensive medicines policy in place. This reflected all current guidance for managing medicines for adults receiving social care in the community.
- Staff received training to administer medicines safely and competently.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and managed. Staff were aware of the risks involved in care provision and could describe what they did to keep people safe. Staff understood the needs of the people they supported and could describe them well.
- People told us their care needs were met well. One person said, "I have been very happy, the carers are all so caring, nothing is a trouble to any of them." Another person said, "I don't feel as if I have ever been discriminated against at all nothing but kindness is shown to me."
- A range of risk assessments were in place which covered areas such as moving and handling, dehydration, and falls prevention. These were clear and gave staff specific instructions on how to support people safely.
- Accident and incidents were monitored. Learning from incidents and accidents was shared with the staff team to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe using the service and we received several positive comments regarding this. One person said, "I never feel rushed and during the pandemic I have felt very safe in my home. I have missed visitors, but the carers have become more like friends."
- Safeguarding procedures were in place. Staff received training in safeguarding adults. They understood different types of abuse and how to report concerns to protect people from harm.
- Safeguarding concerns were appropriately reported to the required agencies such as the local authority to help keep people safe.

Staffing and recruitment

- Staffing numbers were enough to meet people's needs and rotas were well managed. People received

consistent support, from small teams of staff. People and relatives confirmed this. One person said, "I get the same girls [care workers] nearly all the time; it means we have really got to know each other." Another person told us, "I have a group of carers who always come."

- People told us staff were punctual and stayed the agreed length of time on their visits. One person said, "I have two carers four times a day and they are all very kind. I have never had any problems with them being late or not coming I think they have only been late once since they started, and I was rung up to tell me this was the case. "
- People received care that was unhurried and met their needs. They told us staff had plenty of time for them and supported them with dignity. One person said, "One of the carers is extra caring. [carer] is a ray of sunshine; always smiling and is genuinely interested in me and what I need."
- Safe recruitment procedures were in place. These included checks with the Disclosure and Barring Service (criminal records check) to ensure staff were suitable to work with vulnerable adults.

Preventing and controlling infection

- The service followed the latest national guidelines relating to the prevention and control of infection. This included staff training in infection control in relation to COVID-19 and the appropriate use of PPE, including donning and doffing of PPE. The provider had developed a specialist role of infection prevention and control officer to ensure best practice was followed.
- Most people and relatives told us they felt protected as staff wore the correct PPE. However, one relative said some care workers did not wear a mask. They told us, "I am happy we are both safe as the carers all wear gloves and aprons; not all of them wear a mask but this is no problem to us." We reported this to the registered manager, who said they would address this.
- The provider had comprehensive and detailed policies and procedures related to infection control and COVID-19. There were good systems in place to ensure staff were updated regularly. Staff spoke highly of the training they received for COVID-19 and PPE.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There was a programme of audits and checks focused on different aspects of the service. This included care records, medicines, recruitment and training. This meant the provider and management team continually monitored the standard of service and acted where improvements could be made. For example, meetings took place with staff to help raise performance.
- The registered manager was aware of the duty of candour and their legal responsibility to be open and honest. They sent us notifications in relation to significant events that had occurred in the service.
- People and their relatives told us they thought the service was well run. It was clear people were very happy that the management team were available if required; even just for reassurance. A relative told us, "I am not near to my [family member] so knowing that I could ring the office any time during lockdown settled my mind."
- Staff spoke about their work with enthusiasm. They told us how much they enjoyed their job and loved providing support to people. One staff member said, "I really love my job and having time to spend with people."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear leadership structure and staff pathway which aided in the smooth running of the service. Staff knew their roles and responsibilities and took pride in their work. They were provided with training opportunities to aid their personal development or to provide specific support to people.
- Staff were complimentary of the support they received from the registered manager and provider and felt the service was open and honest.
- People received care and support at the times they needed it, and this was consistently delivered with a good level of continuity. People spoke of the person-centred care and support they received. One relative told us, "The carers have been just as concerned about my well-being as my [family member's]; if I have needed anything, they have brought it for me. "

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to record feedback received about the service. These included telephone

reviews, regular contact with people who use the service and surveys. Feedback showed there was a high degree of satisfaction with the service. A person told us, "I have had a phone call each week to check I am ok."

- Staff views were frequently sought through supervisions and regular informal contact. All staff said the level of communication and support was good from the management team. Staff told us they felt confident to make any suggestions or raise new ideas.
- The provider encouraged people to be involved in planning and reviewing their care and support.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers and health professionals. They also worked with family members and ensured good systems were in place to share information on people's care and support.
- Coronavirus (COVID- 19) contingency plans had been put in place and we saw the registered manager had been in communication with the local authorities, the wider provider organisation and staff had been briefed and kept updated.