

Dale Care Limited

Dale Care - Stockton Home Care

Inspection report

Concorde House
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Industrial Estate
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TS18 3RB

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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

About the service

Dale Care - Stockton Home Care is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 71 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

Staff helped people to live as independently as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Risks were assessed. People were supported to take medicines safely. Staff were recruited safely. The provider had faced challenges recruiting staff but was taking steps to improve this. There were enough staff, but we received mixed feedback about the timing and consistency of care and support visits. Some people told us they were not clear when staff should arrive, or they did not arrive when they were expecting them. The registered manager was reviewing how visits were scheduled.

We have made a recommendation about the provider reviewing the deployment of staff to ensure timely, consistent care and ensuring people have clear information about their support visits.

Right Care:

People using the service were able to express their own views. When things went wrong, actions were put into place and lessons learned were shared with staff to improve the standard of care delivered. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People's medicines were managed safely, and staff worked with health professionals where they had concerns about people's health.

Right Culture:

Staff understood and spoke positively about the importance of person-centred care and helping people to live as independently as they wished. The management team understood their roles and responsibilities. The management team sought feedback from people using the service, their relatives, and staff. They were receptive to this input to develop and improve the service. Some people, relatives and staff told us communication could be improved, for example they had difficulty contacting the office. Improvement was being made to the telephone systems to make it easier for people to speak with office staff. The registered manager told us they had good support from the wider organisation and well-being and mental health assistance was offered to staff. The registered manager had links with other agencies and networks to share good practice.

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 6 January 2022, and this is the first inspection.

Why we inspected

This inspection took place as this is a newly registered service which we had not yet rated.

Recommendations

We have made a recommendation about the provider reviewing the deployment of staff to ensure timely, consistent care and ensuring people have clear information about their support visits.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

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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. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 15 March 2023 and ended on 27 March 2023. We visited the location's office on 16 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 staff including the registered manager, operations manager, infection control co-ordinator and field supervisor. After our visit to the office, we spoke with 3 care staff by telephone and received e-mail feedback from another member of care staff.

In addition to this we spoke with 5 people who used the service and 6 family members. We looked at policies and documents relating to staff and the management of the service.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place. Staff understood how to raise concerns and had received safeguarding training.
- People told us they felt safe. For example, one person told us, "Yes safe, the care ladies are perfectly charming."

Assessing risk, safety monitoring and management

- Risks were holistically assessed, and plans developed to reduce risks. Risk assessments were reviewed regularly and if people's needs changed.
- There were also environmental risk assessments for people's homes, which included fire risk assessments.
- Risk assessments and care plans included step by step guidance for staff to keep people as safe as possible while promoting their independence.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety. There was ongoing recruitment, but the provider had faced challenges attracting new staff. Various incentives were being adopted to recruit and retain staff.
- There were enough staff and contingencies were in place to ensure people received care and support visits. Very few visits were recorded as missed, however, we received mixed feedback about the timing of visits and consistency of staff. Some people told us staff did not arrive when they were expecting them or were hurried. One person told us, "They tell me they haven't got the staff to be able to send the same carers." Another said, "They are late sometimes. If they are going to be late they do tell me."
- Staff told us they sometimes worked across different areas, without travel time, which made them feel rushed or made them late for visits.
- The registered manager told us it was communicated to people verbally that staff would arrive within a set timeframe rather than at a set time. There were some exceptions to this when people needed time specific visits, such as for medicines. They were reviewing how visits were planned and how travel could be reduced between visits.

We recommend the provider continues to review the deployment of staff to ensure timely, consistent care and reviews communication around agreed visit times so people have clear information.

Using medicines safely

- People were supported to have their medicines safely. Staff were trained, and checks were carried out on

staff competence in administering medicines safely.

Preventing and controlling infection

- Staff followed guidance to limit the risk of the spread of infections.
- Staff used PPE effectively and safely. The service had an infection prevention and control co-ordinator responsible for checks on staff and audits in this area.

Learning lessons when things go wrong

- The service had processes to learn from incidents and accidents.
- Learning was shared with staff to improve practices.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs and choices holistically assessed and regularly reviewed in line with best practice guidance.
- People were the decision makers around their care. People and relatives told us they were involved in care reviews and daily decisions about care.

Staff support: induction, training, skills and experience

- Staff were provided with regular training to make sure they had the correct skills and knowledge. People told us they felt staff had the skills they needed to support them. For example, one person told us, 'Staff have a big hoist, they definitely know exactly what to do'.
- New members of staff were provided with an in-depth induction which prepared them with the skills, qualifications, and knowledge to carry out their role.
- Staff had supervisions and appraisals and checks made on their competency when completing tasks in people's homes.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink to maintain a balanced diet when they had needs in this area.
- Staff supported people following advice from relevant professionals such as dietitians and speech and language therapists.
- People were supported with meal preparation and eating and drinking in line with their preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies, identifying and reporting changes in need or potential risk, for example contacting people's social workers or GPs.
- The service had identified where people needed signposting to other agencies, for example they had supported one person who had issues with alcoholism to seek support.

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

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA.
- At the time of the inspection nobody using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation.
- People told us they were involved in decisions about their care.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring and treated them with dignity and respect. One person told us, "They [staff] are very pleasant and they are kind."
- Support plans gave staff guidance on supporting people respectfully and with consideration to their cultural and spiritual need. A 'This is me' document gave a summary about the person and of what was important to them.

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

- People's views and preferences were incorporated into support plans and care reviews.
- People were asked about how they would like care to be delivered daily, and at reviews and spot checks made on the service.
- People's relatives and loved ones were included in decision making when this was appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity. Staff told us how they ensured people were treated with dignity, for example by closing doors and curtains when delivering personal care.
- Systems were in place to protect people's confidential information. One person told us, "They [staff] don't disclose any information about anyone, it makes me feel safe."
- Support plans gave staff guidance on supporting people respectfully and to promote their independence, for example they described how to assist people with personal care and to prompt them to do as much for themselves as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Care plans included bespoke information which supported staff to care for them in a way which met their needs and preferences.
- Care plans were reviewed on a regular basis and were updated as and when people's needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the requirements of the AIS. Care plans set out people's communication needs and preferences, and information was available in alternative formats where needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that were socially or culturally relevant to them if this was a feature of the service they received. For example, staff supported people to spend time with friends and family.
- Support plans included guidance for staff about people's histories and social preferences. Staff were prompted to spend time speaking to people about their interests.

Improving care quality in response to complaints or concerns

- The service had procedures for responding to complaints but had not received any formal complaints.
- Most people knew how to raise concerns and felt confident doing so. Some people told us issues they had raised about visit times or consistency of staff had been resolved to their satisfaction.
- There were systems to respond and react to concerns raised with the service. Actions taken were logged. The registered manager was reviewing staffing deployment and reviewed any individual concerns raised to see how these could be resolved.

End of life care and support

- No one using the service was receiving end of life care. Staff had training to support people if this care was needed.
- Planning was completed in this area if it was relevant to the person's needs, and they wished to discuss

this sensitive subject with staff.

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.

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

- The service had a positive culture that was person-centred, open and inclusive.
- The service was planned around the person's preferences and their needs. A person who used the service told us, "They [Staff] treat me like a person not an old lady."
- Most staff gave positive feedback about the support they received from senior staff. Staff had regular opportunities to meet with senior staff and told us they could raise issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The provider had systems and processes to audit and improve practices.
- The registered manager was continually reviewing recruitment, looking at the challenges around this and ways to attract and retain staff.
- Action plans for the service were detailed and progress towards meeting these monitored.

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

- The provider had systems to gather feedback from people and their relatives, such as care reviews, surveys, and spot checks. Where feedback was received, it was used to improve the service.
- Staff views were gathered, for example: in supervision and staff meetings.
- Several people and relatives told us they had difficulty contacting the office. The registered manager stated they were aware of some issues with the telephone system, and they were working to resolve these.

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

- The registered manager understood their legal responsibilities in relation to the duty of candour.

Working in partnership with others

- Staff worked with other agencies and organisations to meet people's needs.
- The registered manager was a member of several networks to share good practice and learn from others.
- The service had held charity events, and had donated to local food banks, to support the wider community.

