

Dale Care Limited

Dale Care - Durham and Gateshead Homecare

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?	Good ●

Summary of findings

Overall summary

About the service

Dale Care - Durham and Gateshead Homecare is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were approximately 1,000 people using the service. The service supports older people, younger people and people with learning disabilities.

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.

Right Support: Staff aided 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.

Whilst the provider had met challenges in recruiting and retaining staff, the management team had taken steps to offer incentives to improve this and provide sufficient staffing to meet people's needs. Risks were assessed and a culture was in place where staff felt comfortable in raising concerns if they had them. People were supported to take medicines safely.

Staff were given appropriate training to do their roles. People were supported to eat and drink balanced diets. Staff supported people in accessing health services when required and people were involved in making choices about their care.

Right Care: Staff had the correct values, skills and experience to support the people who used the service. People's support plans recognised their differences and people were treated with dignity and respect by staff. People using the service were able to express their own views either by themselves or with the help of their support workers.

The communication needs of people who used the service were assessed and considered. This information was shared with other healthcare providers when necessary. When things went wrong, actions were put into place and lessons learned were shared with staff to improve the standard of care delivered.

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.

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 5 November 2021 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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Dale Care - Durham and Gateshead Homecare

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 inspection manager, and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 12 January 2023 and ended on 10 February 2023. We visited the location's office on 18 January 2023.

What we did before inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authorities who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) in relation to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the management team, including the registered manager, deputy manager and regional operations director. We also spoke with 4 support workers, a supervisor and the communications manager. In addition to this we also spoke with 12 people who used the service and 16 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 including an up to date safeguarding policy.
- Staff understood how to raise concerns and had received safeguarding training. A support worker told us, "I have received lots of training on this and have a good knowledge of what is considered as a concern and what is not. I would always raise any issues."
- The registered manager encouraged a culture whereby safeguarding was viewed as paramount and was spoken about at every opportunity.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people's needs so they could be managed safely.
- The registered manager spoke about positive risk taking and how this helped people to access the community. A vulnerable person who used the service had their risks assessed to go out into their local area whilst support staff drove in the area for safety to maximise independence.

Staffing and recruitment

- There was a sufficient number of staff available to meet people's needs.
- The provider had acted proactively to address staff recruitment challenges, such as campaigning for better pay for support workers and purchasing pool cars to make transport easier and more cost effective for staff.
- Staff were safely recruited, and checks were carried out as part of the recruitment process to assess new staff's suitability for their role. This included requesting references, checking employment gaps and checks from the Disclosure and Barring Service (DBS).

Using medicines safely

- Staff supported people to take their medicines safely.
- Checks were carried out on staff competence in administering medicines safely.
- The provider had an electronic system in place to highlight medication errors if they occurred. The system guided support workers through tasks so medications would not be missed.

Preventing and controlling infection

- Staff used PPE effectively and safely.
- The provider's infection prevention and control policy was up to date.
- Staff responded effectively to risks and signs of infection and relevant guidance was continuously shared.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the management team and monitored for emerging themes, to ensure actions were taken to reduce risk.
- Actions plans were put in place when things went wrong to stop accidents or incidents from reoccurring.
- Lessons learned were shared across the organisation to help identify new learnings.

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 were assessed to ensure the service could meet their needs before delivering care.
- Review meetings were held to assess when people's needs changed. Care plans were updated appropriately when people's needs changed.
- People and their relatives were involved in decisions about their care.

Staff support: induction, training, skills and experience

- The registered manager ensured staff were trained and supported in their roles. Staff training was up to date.
- New staff were given an induction when they first started working for the provider. This was followed by regular supervisions sessions and an appraisal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff took part in multi-disciplinary team meetings to help seek positive outcomes for people they supported.
- Staff helped people to access to health services and knew how to contact their GP. A relative told us, "I'm sure they would ring the doctors if needed."
- People's individual nutritional needs were recorded as part of their support plan.
- Specific risk assessments such as those from the speech and language team were recorded and care plans updated where actions were identified.

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.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

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

- The provider was working within the principles of the MCA. The registered manager ensured consent was given for care and this was recorded in people's support plans.
- Staff had completed MCA training relevant to their roles.
- There was an up to date mental capacity policy in place for staff.

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

- Staff promoted inclusion, equality and diversity.
- Support plans included specific guidance about people's faith needs.
- People with protected characteristics were supported with accessing the community. One relative told us the care their relative received was, "Like family care by professionals."

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

- People and their relatives took part in decisions about their care. Feedback from people and their relatives was used in care reviews.
- A "This is me" document was in place to help people to express their views on the care they received.
- Good relationships with support workers were in place to help people communicate decisions and choices about their care. The registered manager told us, "The carers build relationships, people trust the care staff. Their relationships are with their carers, not the office."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Consideration was given to people's privacy when delivering personal care.
- Staff were often observed by managers when providing care. Feedback was given to help identify improvements which promoted people's dignity and respect.
- Relatives spoke positively about staff. One relative told us, "The care is exceptional, what more can I say."

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 and their relatives took part in creating their support plans alongside the staff.
- People's individual preferences and choices were recorded in their support plans.
- People and their relatives were invited to take part in support plan reviews. One person told us, "I am happy with my level of involvement."

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.

- People's communication needs were supported by staff.
- Documents were available in alternative formats for people who required them. This included easy-read versions for people with learning disabilities.
- People's communication needs were recorded clearly as part of their support plans.

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

- Staff supported people to maintain important relationships to avoid social isolation.
- Details of people's personal interests were reflected in their support plans and "This is me" document.
- People were supported to take part in a variety of social activities and to access the community. Staff supported this to happen from a safe distance to maximise independence.

Improving care quality in response to complaints or concerns

- Investigations took place for all concerns and complaints when they were received.
- Action plans for service improvement were shared with relevant staff after a complaint or concern had been investigated.

End of life care and support

- Person-centred end of life care decisions were assessed and recorded in support plans.
- People's emergency health support plans and resuscitation choices were recorded.
- End of life care was discussed during initial conversations for people new to the service.

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 staff promoted a positive person-centred culture.
- Staff were positive about the people they supported. Staff told us the importance of ensuring people received person-centred care which met their needs and helped them to live as independently as possible. This was reflected in people's support plans.

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.
- An up to date duty of candour policy was in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and responsibilities.
- Appropriate audits and quality assurance checks were carried out by the management team. There was also a designated compliance manager in place.
- Managers were aware of challenges facing them surrounding recruitment and had taken action to mitigate risk.
- Staff told us the office staff and managers were approachable. A support worker told us, "I have a great relationship with my managers, and they are always human. I feel I can contact any of them and they really care about me as an individual – I am not a number in the company. I am a person who they know and respect."

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

- The management team took steps to gather feedback from people and their relatives.
- Surveys were sent to both people who used the service and staff to gather feedback so that action could be taken in response.
- Relatives were invited to attend and take part in care review meetings where appropriate.

Continuous learning and improving care

- Lessons learned were shared with staff in team meetings.
- The provider carried out mock inspections throughout their organisation to ensure they were meeting standards and to help drive service improvement.
- Managers had an open door policy and were receptive of feedback. A support worker told us, "The door is always open and I feel I can speak to my manager at any time."

Working in partnership with others

- Staff worked with the local authority and in multi-disciplinary teams to improve the service and meet people's needs.
- Staff had attended provider forums to share best practise and lessons learned with other similar organisations.