

Dale Care and Support Ltd

# Dale Care and Support Ltd

## 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

Dale Care & Support Ltd is a domiciliary care service providing personal care and support to people in their own homes. The office is based in Rochdale town centre. At the time of our inspection care was being provided to five people.

The Service was registered 17 March 2017. This was their first rated inspection.

A registered manager was in post. 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Checks were carried out on staff to assess their suitability to support vulnerable people.

The service was responsive and people received individualised care and support. People were encouraged to make their views known and the service responded by making changes. The registered manager welcomed comments and complaints and saw them as an opportunity to improve the care provided.

Staff received regular supervision and the training needed to meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and worked to ensure people's rights were respected.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

People needed minimal support and prompting with their medicines and support was managed safely. Any risks to people were identified and managed in order to keep people safe.

People and relatives knew how to complain and raise any concerns. People and their relatives did not raise any concerns with us.

People were cared for by staff who knew them well. Staff treated people with dignity and respect. Care was taken to ensure care staff were able to communicate with people using their preferred language. The manager and staff had a good understanding of equality, diversity and human rights.

The culture within the service was personalised and open. There was a clear management structure and staff felt well supported and listened to.

The vision and values of the service were clearly communicated to and understood by staff. A quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

Dale Care and Support Limited had a comprehensive business continuity plan in place to prepare the service in case of unforeseen circumstances and emergencies.

## 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

Staff had been trained in safeguarding themes and were aware of their responsibilities to report any possible abuse.

Staff had been trained in medicines administration and managers audited the system and checked staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

### Is the service effective?

Good ●

The service was effective

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and could recognise what a deprivation of liberty was and how they must protect people's rights.

People were supported to take a nutritious diet in a way that met their needs.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

### Is the service caring?

Good ●

The service was caring.

Relatives told us staff were helpful and kind.

We saw that people were offered choice in many aspects of their lives.

We saw people were treated with kindness, care and dignity and had a relaxed and easy relationship with the staff members who clearly knew them well.

### Is the service responsive?

Good ●

The service was responsive

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were supported to engage in community and individual activities as they preferred.

Care plans were regularly reviewed and contained sufficient details for staff to deliver their care.

### Is the service well-led?

Good ●

The service was well-led

There were systems in place to monitor the quality of care and service provision.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Relatives and staff we spoke with told us they felt supported and could approach managers when they wished.

# Dale Care and Support Ltd

## 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.

This inspection took place on 20 March 2018 and was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, this tells us what the service does well and the improvements they plan to make. This ensured we were addressing any areas of concern. We also spoke to the local authority and the local Healthwatch, they had no negative comments about the service.

We spoke with four people who used the service, two relatives, three care staff, the registered manager and the managing director. We also spoke to a health and social care professional for their view of the service. We looked at three people's care records, three staff files and one medicine administration record. We reviewed a range of records relating to the management of the service. We looked at a variety of policies and procedures including safeguarding, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

# Is the service safe?

## Our findings

We found that Dale Care and Support Limited provided safe care. People told us they felt safe. One person we spoke with told us, "I feel very safe knowing someone will always be coming to help me."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken seriously if they raised any concerns relating to potential abuse. One member of staff said, "I know how to report an incident and what to look out for, the safeguarding training is very thorough."

Staff were also aware of the provider's whistle blowing policy. When asked about this, one staff member told us, "I know how to access the guidance we have on Whistleblowing, I wouldn't hesitate to report anything I was concerned about." Another told us, "I know that our managers are so open and approachable that I would not worry about reporting anything at all." A whistle blowing policy shows a commitment by the service to encourage staff to report genuine concerns with no recriminations.

People told us that there was enough staff to provide safe and effective care. People said they always had familiar staff sent to support them. One person told us, "I have been so impressed with the service, I have had a steady team of people coming in that I have come to know well." Another person told us, "I always have someone I know come out and I've never had a call missed."

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure area care, falls and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of falls. This person's care record contained a 'moving and handling' plan which gave guidance to staff on reducing the risk associated with each care task. Staff were aware of this guidance and told us they followed it.

The provider had safe recruitment and selection processes in place. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

Some people required assistance to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medicines administration records were maintained to record that people received their medicines as prescribed. Staff administering medicines had been trained to do so. The provider had a clear system in place to respond to any errors with the administration of medicines, no errors had occurred since the service began to operate. The registered manager told us, "We take medicine management very seriously from the assessment process onwards in terms of liaising with the GP's [general practitioners] to make sure we offer a safe service for people. Staff have their competency to administer medicines checked every three months." The systems in place showed people were kept safe from the risks associated with the management of medicines.

The provider had a procedure in place for investigating accidents and incidents. This detailed the steps involved and included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. This meant the registered manager and staff had clear guidance on how to investigate accidents and incidents and learn and make improvements.

We saw that the office base was a pleasant space where health and safety checks included asbestos, fire drill records, evacuation plan, fire alarm check, floor plan, emergency lighting, boiler check, legionella and the portable appliance testing (PAT) of electrical items. We saw a clear disaster plan that identified steps the service would take should there be an emergency situation, for example, if there was a missing person or a flood.

We saw that checks were carried out at the homes of people that used the service in order to keep people and staff safe. Water temperatures were recorded each time someone was supported with bathing and an individualised environmental risk assessment was in place for each home.

All staff had been trained in infection control procedures and people told us that they wore gloves and aprons when providing personal care. We saw that personal protective equipment (PPE) was available and staff explained to us about when they needed to use it. Staff had completed food hygiene training to equip them with the knowledge to prepare food and drinks safely for people.



# Is the service effective?

## Our findings

We found that Dale Care and Support Limited were effective. People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Initial assessments were thorough and fed into detailed support plans that were regularly updated.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. We saw that people had signed a 'consent to their care' document which was located in each of their care files. People told us that the staff recognised changes in their health and sought prompt care. One person told us, "My staff keep an eye on me and assist me to attend my medical appointments, this gives me peace of mind that someone is looking out for me."

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "I always assume that people have capacity to make decisions, if I was worried that they were making an unwise decision I would pass this on to [name of manager] and seek guidance." An assessment was in place in each file to determine capacity and consent in various areas, for example; administration of medicines, personal care needs, health decisions and life choices.

People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme from an external provider before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: health and safety, moving and handling, safeguarding, food hygiene and the Mental Capacity Act. A staff member told us, "The induction programme was well structured and really thorough, I felt well prepared to start work as I shadowed an experienced member of staff for a few weeks." Another staff member said, "We aren't expected to go and support people independently until we feel confident. We work closely with people who can guide us at first." Staff training would be refreshed regularly to provide an effective service, the registered manager told us "We plan to refresh staff's training periodically in line with good practice, for example, staff will complete their first aid training and moving and handling training annually."

Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager). Unannounced spot checks were also completed to check whether staff continued to work with people safely. The staff told us the registered manager checked their knowledge, whether they supported people in the way they wanted to be supported, used protective equipment to maintain infection control standards, arrived at the correct time and whether they were suitably dressed. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

People's care records documented how their needs were met. This included when and how care was provided. Individual plans were in place and specialist input from other professionals had been obtained when required. One person told us, "If the carers hadn't supported me like they have I wouldn't have recovered so quickly, they have worked hard to support me following specialist advice."

When we looked at care records we saw these contained an eating and drinking care plan which accompanied a risk assessment so people could be supported with their nutritional requirements safely. Staff told us that if they had concerns about a person's dietary intake that they would report this to the manager and seek advice.

One care worker explained that any equipment that was required in order to provide effective care for people who used the service was provided. Equipment required for moving and handling procedures was supplied following an assessment by an occupational therapist who trained the registered manager and staff how to use it.

The registered manager told us, "We currently don't support anyone who requires us to communicate in a different way, but we review these needs as part of the assessment process. We can develop easy read information or communication aids if they are required."

People told us that the service communicated well with them and kept them informed of any changes. A relative told us, "The office always let us know if they are going to be late, [named manager] is very flexible as we have had to make changes at short notice, they are always at the end of the phone and we have no trouble getting through to the office."

We saw that staff wore smart uniforms bearing the logo of the service and were provided with all the equipment they needed to fulfil their roles.

# Is the service caring?

## Our findings

We found that Dale Care and Support were caring. People benefited from caring relationships with staff. People's comments included; "I cannot praise the staff enough, they are not only carers but have become friends;" "I have absolutely no complaints about the girls, they are brilliant and I would be lost without them;" and, "You can see the sense of commitment from the staff, they really do care and go above and beyond in their role."

Staff we spoke with described how the caring culture of the service was supported by the provider and the registered manager. One staff member said, "The caring culture really does come from the roots up, I have never known such dedicated managers, the director not only cares for every one we support but for the staff too, it is a lovely place to work." Another staff member said, "Our [registered] manager takes a personal interest in each and every person that we support and stays up to date with everything that is going on."

Throughout our inspection we were struck by the caring and compassionate approach of staff. Staff morale was positive and they were enthusiastic about the service they provided. Staff we spoke with told us they would be happy for someone they loved to be cared for by Dale Care and Support Limited. A professional told us, "I am pleased to report that I am able to give positive feedback. I had one service user who had to change provider to due to family not being happy with their past provider. Since being with Dale care and Support the family reported that the person was well cared for and they were really happy with the quality of care."

The service recruited staff based on their values rather than their experience. The practical elements of the support worker role were covered during the induction period and staff were assessed as to their suitability during a probationary period to ensure that they were able to meet the high expectations of the service. This meant that the staff were driven to provide a service by their caring natures which was evident to us during the inspection.

We found that people's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered up with a towel. One person said, "The staff that come really consider my privacy and how that might affect me, it's not so bad because I have the same people all the time and I have got to know them." Staff had undertaken mandatory training in 'dignity' during their induction period to help them understand how to support people in a respectful way.

It was clear from our discussions that staff knew people, their needs and preferences well and provided care accordingly. One person said, "They asked about my family background so we have things to talk about, it's so nice that people show an interest in my life."

We saw numerous examples in care records of staff actively promoting people's independence. For example, one care record explained how the person needed, 'Support to get back to the lifestyle [person] used to have.' Staff understood the need to help people to maintain and improve their levels of independence. People were encouraged and supported to be as independent as they wanted to be. One

person told us, "They [staff] know if I am having a bad day or a good day and encourage me to do what I can, I don't want to lose the skills I have."

Information about people was kept securely. The registered manager ensured that confidential paperwork was collected regularly from people's homes and stored securely at the registered office.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff.

The provider had a policy on equality and diversity. The care planning system in place included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Staff understood the values of the service, recognised the importance of ensuring equality and diversity and human rights were actively promoted. The service told us about their involvement at a community centre where they had promoted a 'well women's health day' to support local women and their wellbeing. The service had also developed some brochures for the service in Urdu to meet the needs of the diverse population of the area.

## Is the service responsive?

### Our findings

We found Dale Care and Support Limited were responsive. People's care records contained details of people's likes, dislikes and preferences. Staff were knowledgeable about people's needs and reviews were carried out to ensure the records matched how people wanted to be supported. The staff completed records of each visit which provided a brief overview of the care provided and any changes to their wellbeing.

One person told us that the service was working with them to increase their range of social activities and had recently been supporting them to go out into the community, they told us, "The service have helped me sort out a wheelchair so I can get out and about more, I am going shopping so I can choose my own food and it means I will be able to get out in the better weather and catch some sunshine, I can get fed up being stuck indoors all the time, it is good to get out and see people."

People's care plans were person centred. For example, people's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs. These clearly documented people's needs and what support they required with day-to-day living tasks such as eating meals or with personal care. A professional told us, "I visited a couple of weeks after the service had started and not only did the service user appear well, more alert and engaging but the home environment was very clean, clutter free and tidy. Care staff had structure and routine and fed back any concerns to myself and relatives."

Staff gave us examples of how they provided support to meet people's diverse needs such as those related to disability, gender, and sexual orientation. A staff member told us, "If we support someone who has particular cultural needs then we respect this and follow the plans in place." Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at each visit for any changes. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately.

The people we spoke to received support at the time they wanted and staff arrived when expected. People told us where staff may be late, they would receive a telephone call to explain and that staff apologised for the inconvenience.

We saw that the service had received no official complaints since they began operating. The registered manager told us, "We have received no complaints but we have a complaints procedure in place. If there was a complaint then I would contact the complainant immediately to find a solution, we take great pride in the service we offer." People and relatives were confident to raise concerns and that they would be responded to effectively. One person told us, "I have not had to complain at all but I have a good relationship with the staff and managers and the numbers to call if required."

The service had invested in a technology system that monitored staff logging in and out. This meant that they could monitor service provision and also support lone working staff for health and safety purposes. The

service had an emergency code word that they could use to summon help from the manager in the case of an emergency.

The service had an end of life policy in place which detailed the end of life pathway, care planning, coordination, care in the last days and how to support the family after death. None of the people using the service was receiving specific end of life care, but staff were aware of the need to plan in this area should the need arise. The registered manager explained that training would be provided for staff and health professionals would be involved in supporting people's needs at this time to ensure appropriate arrangements were well managed.

## Is the service well-led?

### Our findings

We found Dale Care and Support Limited were very well-led. There was a registered manager in post that recently joined the service in September 2017.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Both the registered manager and the managing director were held in high esteem by people using the service and staff. The staff felt part of a supportive team and told us the registered manager was approachable and listened to them. Staff told us the service was well-led, open and honest. One staff member told us, "I have never been treated better as an employee, there are several initiatives, an employee of the month incentive and [named managing director] makes us feel really valued by catering for us at team meetings. I think the managers are fantastic."

There was a 24 hours support service to ensure that people had a point of contact in case of an emergency. People knew who the registered manager was and felt the service was well-led. The provider sought people's views on the quality of service provision during their individual review and invited people to complete an independent satisfaction survey. We saw that all the feedback received was positive, Dale Care and Support Limited scored 10/10 on [homecare.co.uk](http://homecare.co.uk). One review completed by a relative read, "The staff are punctual at times arranged. They are warm and friendly and encourage the user to converse and do not talk at them. They develop the conversation that matter to the client. Also, they advise me on any issues that they notice on their visits." Another review read, "I have only been with the service for one month and found all aspects above standard. The management is always available to talk. The carers are very caring. They will try to do what is required."

There were systems in place to monitor, analyse and improve the service. The registered manager completed regular audits which included; staff files, care plans and training. Where improvement actions were identified these were passed to the staff for action and the registered manager monitored to ensure actions were completed. Accidents and incidents were recorded and monitored to look for ways to minimise the risk of a reoccurrence. The registered manager had a good oversight of the care plans and related documentation, such as the MARs and discussed plans to improve how they manage medicines records.

The registered manager demonstrated to us that they were keen to work alongside other services such as commissioners and the local authority in order to support people's care needs and share information where needed. The managing director was involved in various community schemes to support local groups and to make links other organisations for example, working with the charity MIND to develop some support for carers. The service were linked as 'business buddies' to a hospice located in the area and supported them by holding an annual fund raising event. The positive ethos of the service was very evident to us. The registered manager told us, "[name of managing director] set up the service as a way to give something back to the

community, they are so person centred and have really invested both financially and personally in making the business work so they can help people." A professional told us, "Since dealing with the service I have found that the registered manager is very professional and the agency is well led".

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

We saw that the registered manager had developed a detailed action plan that clearly outlined outstanding work to be done and provided a timeline for actions to be completed. This action plan included plans to train the staff in the areas of nutrition and hydration and to provide staff with emergency contact cards. The action plan also included plans to move the office base to larger premises to allow for the expected expansion of the business. This shows that the provider is committed to continually improving the service.

During the inspection we found the service was managed by professionals with an obvious dedication to the people they support and the staff that work with them.