

Dale Care Limited

# Dale Care Hartlepool

## Inspection report

Laurel Gardens  
Hartlepool  
Cleveland  
TS25 4NZ

Date of inspection visit:  
19 December 2018  
03 January 2019  
09 January 2019

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13 February 2019

### 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 Hartlepool is a domiciliary care service which provides support with personal care, shopping and domestic tasks to people living in four extra care schemes in Hartlepool (Albany Court, Bamburgh Court, Laurel Gardens and Richard Court). At the time of this inspection 80 people were using the service.

### People's experience of using this service:

People told us they received safe care. People received support to take their medicines safely and as prescribed. Risks to people's well-being and environmental safety were recorded and updated when their circumstances changed.

People's rights to make their own decisions were respected. People were supported to access health services if needed. People's dietary needs were assessed and, where required, people were supported with their meals.

People received caring and compassionate support from the staff. Staff referred to people in a respectful way. People were complimentary about staff and the positive relationships they had with them. Staff respected people's privacy and dignity and people were supported to be as independent as possible.

People received support that met their needs. Staff knew how to support people in the way they preferred. People knew how to complain.

The service was managed by a manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. The senior team had a number of quality assurance systems in place and there was a focus on further development. The service worked well with other health and social care professionals.

More information is in the detailed findings below.

### Rating at last inspection:

This is the first inspection of this service under the management of Dale Care Limited, who registered with the Care Quality Commission (CQC) to manage this service in February 2018. We last inspected this service in November 2016 when it was managed by another provider.

### Why we inspected:

This was a planned comprehensive inspection based on when the service first registered with CQC.

### Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## 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 Hartlepool

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care 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. The Expert by Experience made phone calls to people who used the service and their relatives.

#### Service and service type:

Dale Care Hartlepool is a domiciliary care agency which provides personal care to people living in their own homes. A registered manager was not in place during our visit, but the manager had applied to the Care Quality Commission to become the registered manager.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. Inspection site visit activity started on 19 December 2018 and ended on 9 January 2019. We visited the office location on all of the days of inspection to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to

make. We used all this information to plan how the inspection should be conducted.

During the inspection site visit we spoke with the manager, the provider's operations manager, the head of recruitment and HR, the marketing and communications manager, the scheme manager, five members of care staff and one of the directors who was the nominated individual. A nominated individual has overall responsibility for supervising the management of the regulated activity and ensuring the quality of the services provided. We looked at care records for seven people, medicine records for 15 people, recruitment records for two staff and other records relating to the management and quality monitoring of the service. We contacted 14 people and three relatives to gather their views about the care and support they received.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I feel safe with staff coming into my home."
- There were effective safeguarding processes in place. Staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns they had. Safeguarding records showed appropriate and prompt action had been taken.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded and updated when people's needs changed.
- People's risk assessments covered care needs areas such as mobility, bathing and other individual conditions.

Staffing and recruitment

- Safe recruitment procedures were followed. Applicants' suitability for the job was assessed thoroughly before being offered a job.
- People received care and support from the right amount of suitably skilled and experienced staff.
- People told us that the right amount of staff attended their homes at the right times and stayed for the right amount of time. Some people expressed their concern that changes had been made to staff shifts since the new provider took over the running of the service. We saw shift changes were due to how the local authority commissioned the service.

Using medicines safely

- Medicines were managed safely. Staff who had completed the relevant training were deemed as competent to undertake the task safely.
- Medicine administration records (MARs) were completed as required and signed to show people had received their prescribed medication at the right times. Where there were differences between people's MARs and their daily notes, the provider had already identified this and taken appropriate action.
- People told us staff were careful when administering medicines and they got them at the right times.

Preventing and controlling infection

- Staff had access to personal protective equipment, and knew how and when to use this.

Learning lessons when things go wrong

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence. For example, a number of previous medicine recording issues had led to the development of a

new format MAR to make it easier for staff to use.

- Accidents and incidents were recorded and investigated thoroughly, and analysed to look for trends. An electronic system to analyse accidents and incidents was due to be launched shortly after our visit.

# 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.

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

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One person said, "They know what they are doing. They are my rock."
- Staff training in key areas was mostly up to date. A training programme was in place for 2019 to ensure all staff training was up to date and staff were aware of this.
- Most staff we spoke with felt they had received enough training for their role, although some felt more training was required around the provider's policies and procedures. Staff were aware of the training plan for 2019.
- Staff practice was assessed through regular spot checks or direct observations of the care they provided
- New staff had completed an appropriate induction to the service and a probation period.
- Staff received regular supervisions and an annual appraisal.

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

- People received support with eating and drinking, where people had needs in this area.
- Eating and drinking care plans were personalised and included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.
- One person told us, "They cook my meals for me and always offer to do more."

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

- Care plans noted any support people needed with their health care needs and relevant professionals' advice for staff to follow.
- Staff supported people to attend health care appointments when appropriate.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One person said, "When I fell the carer was great, they got the ambulance, let my family know and then sorted my flat out."

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of the inspection no one currently using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- Staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised and they understood the importance of gaining a person's consent before providing any care and support. One person told us, "They always ask for consent and explain what they are doing."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about staff being kind and caring.
- Staff understood the importance of treating people as individuals and referred to people in a respectful way.
- People told us staff knew their preferences well and how people wanted and needed their care to be provided.
- People's individual communication needs were assessed and recorded in their care plan. For example, care plans documented where people needed glasses or hearing aids so they could communicate effectively.
- Each person had some life history information recorded in care plans; managers and staff told us they used this to get to know people and to build positive relationships with them.

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

- People told us they were asked their views and opinions about the care provided via meetings, telephone calls and annual surveys.
- 86% of people who responded to the latest survey said they received a high standard of care and would recommend Dale Care to their family and friends.
- Comments from the annual questionnaire included, 'I see my carers as friends. We have a laugh ' and 'I can't fault anything, the girls are great.'
- Where necessary, staff sought external professional help to support people with decision-making.
- Information about advocacy services was available and staff supported people to access these services when needed.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "I'm always treated with respect. They ask me what I would like to be called."
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.
- Staff gave us examples of working well with relatives to provide care in an integrated way, for example with relatives carrying out minor tasks such as support with eating and drinking, and staff others.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff knew their needs well. One person said, "They know I like company. When they have time, they sit and listen to my stories."
- Staff were responsive when people's needs changed. For example, when staff noticed one person's mobility had declined they contacted the occupational therapist and increased staffing so this person could be supported safely.
- Care plans were person centred, up to date and reviewed regularly.
- Plans were well written and contained detailed information about people's daily routines and specific care and support needs. Plans guided staff to focus on the person's wellbeing and what outcomes they wanted to achieve from their care package.
- Where people required information in an alternative format this was available in line with the Accessible Information Standard (AIS) introduced by the government in 2016, to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff or the scheme manager. A person said, "I haven't made a complaint, I can't fault the carers. I would feel able to complain if I needed to."
- People who used the service were given a copy of the provider's complaints policy when they started using the service. This contained clear information about how to raise any concerns and how they would be managed.
- Records showed complaints had been dealt with appropriately and promptly.

End of life care and support

- Nobody using the service at the time of the inspection was receiving end of life care.
- Staff were aware of good practice and guidance in end of life care, and were compassionate in their explanations about how they would support people during this stage of their life.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team demonstrated a commitment to providing good quality care. When the provider had taken over the running of the service, managers communicated with people and staff about the changes.
- The manager and scheme manager praised the support they received from senior managers and the nominated individual.
- A business continuity plan was in place. This was detailed and included information about how to ensure provision of people's care during extreme circumstances such as cold weather.

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

- Management were clear about their roles and responsibilities and led the service well.
- Care staff previously reported to an area supervisor who covered all four extra care schemes. Staff felt this was not always effective, so the provider responded by removing the area supervisor role and creating a senior care assistant role in each of the schemes. This was due to take effect in January 2019. Staff spoke positively about how the provider had responded to their concerns in this area. One staff member said, "Having seniors will be brilliant as it will give us more support on a day to day basis."
- Staff performance was monitored during spot checks and discussed at supervisions, or before if issues were identified. Where performance issues had been identified the scheme manager had acted promptly to provide additional support and training.
- Managers and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- CQC were notified of incidents and events as required.

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

- People's feedback was sought regularly and acted upon.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.
- Staff told us there had been some 'teething problems' when the provider took over the running of the service. but that things had improved recently.

- The provider had an effective community engagement plan. This consisted of initiatives to raise awareness and mark annual events such as dignity in action day and national older person's day. Such events had been publicised in the local press and via social media.

#### Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service. All aspects of care were audited regularly.
- Actions arising from audits carried out by the provider and manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.
- People's feedback was sought regularly and acted upon. Comments gathered through the use of questionnaires were used to improve the service people received.

#### Working in partnership with others

- Managers and staff worked well with external health and social care professionals and housing providers.
- The manager attended provider forums arranged by the local authority, where best practice was shared.