Daley Home Care Limited

Daley Home Care

Inspection report

Pineapple Cottage
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Bridport
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Tel: 01308898345

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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

The inspection took place on the 25 and 26 April 2018 and was announced.

At our last comprehensive inspection on 9 and 10 February 2017 we found that the provider had not completed assessments or best interests decisions in line with the Mental Capacity Act 2005. We also found that the service did not always maintain accurate records about people or the risks they faced and that the provider did not have systems that effectively monitored the quality and safety of people using the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take steps to improve and ensure that they were compliant. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Effective and Well Led to at least good. At this inspection we found that improvements had been made.

The service is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 49 people.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, younger adults, people with dementia or mental health diagnoses, physical disability or sensory impairment. Not everyone using Daley Home Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Daley Home Care office is situated in Salwayash which is on the outskirts of Bridport. It provides support to people living in Bridport and the surrounding area.

There was a registered manager in post. 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.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of the risks that people faced and understood their role in managing these to ensure people received safe care.

People were supported by enough staff to provide effective, person centred support. Staff were recruited safely with appropriate pre-employment checks and received training and support to ensure that they had the necessary skills and knowledge to meet people's needs.

People received their medicines as prescribed and staff recorded these accurately. People were supported to access healthcare professionals when required and the service worked with a number of external agencies to ensure that people received joined up, consistent care.

People were supported from the spread of infection by staff who understood their role in infection control and used appropriate Personal Protective Equipment (PPE).

People were supported to make choices about all areas of their support and staff understood the principles of mental capacity.

People were supported to have enough to eat and drink. People's preferences for meals were well known and staff offered people choices about what they ate and drank.

People and those important to them were involved in planning the support they would receive and were asked for their views about the support and any changes to people's needs. Reviews identified where people's needs had changed and reflected changes to the support provided in response to this.

People were supported by staff who respected their individuality and protected their privacy. Staff understood how to advocate and support people to ensure that their views were heard and told us that they would ensure that people's religious or other beliefs were supported and protected. Staff had undertaken training in equality and diversity and understood how to use this learning in practice.

People and relatives spoke positively about staff and we observed that interactions with people were kind and compassionate.

Staff were confident in their roles and felt supported by the office team. Feedback from people and relatives indicated that the office was approachable, helpful and took actions where necessary.

Some office staff had resigned at the time of inspection. The registered manager and provider were in the process of recruiting and gave assurances about how staff and people would be supported with the planned changes in office staff.

Quality assurance measures were used to highlight whether any changes to policy, processes or improvements in practice were required.

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

Risks people faced were understood and managed by staff and reflected in people's care plans.

Medicines were managed safely and correctly recorded.

People were supported by staff who had been recruited with safe

pre-employment checks.

Sufficient numbers of staff were deployed to meet people's needs.

People were protected from the risks of abuse by staff who understood the potential signs and were confident to report.

People were protected from the spread of infection by staff who understood the principles of infection control.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective.

People were asked to consent to their support and assessments of capacity and decisions were made in people's best interests where needed.

Staff received training and supervision to give them the skills they needed to carry out their roles.

The service worked with other healthcare services to deliver effective care.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

People were supported to eat and drink enough and were

offered choices about their meals where staff supported with this.

Is the service caring?

Good

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People and their relatives were listened to and felt involved in making decisions about their care. Where changes were required, these were acted on and reflected in care plans.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Good

The service was well led.

People, relatives and staff spoke positively about the management of the service and told us that they were able to speak with the office when they needed to.

Staff felt supported and were confident and clear about their roles and responsibilities. Some office staff had resigned and there were plans in place to recruit to these posts.

Feedback was used to plan actions and make improvements.

Quality assurance measures were used to identify patterns or trends.

Daley Home Care

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.

The inspection took place on 25 and 26 April 2018 and was announced.

The inspection was carried out by one inspector and an expert by experience on the first day and one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in dementia and community based services.

Before the inspection we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to the inspection.

During the inspection we spoke with 11 people who used the service and four relatives. We also spoke with seven members of staff, the registered manager and the provider.

We looked at a range of records during the inspection, these included eight care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments, meeting minutes and staff training records. We looked at three staff files, the recruitment process, complaints, training and supervision records.

Following our inspection visit, we requested assurances about the governance of the service due to planned

changes in the office staff. This information was provided by email.

Good

Is the service safe?

Our findings

People felt safe with the support they received from Daley Home Care. Comments from people included "their (staff) whole demeanour gives me total confidence in the way they perform." and "I couldn't live without them". A relative gave an example of why they felt the care was safe. They explained that when their loved one had started to develop a pressure sore, staff had identified this quickly and involved district nurses. We observed staff supporting people safely, examples included warning a person when staff provided a drink that it could be very hot, staff finding a person's walking stick and reminding them to use it, staff noticing that an areas of a person's skin was dry and asking whether they wanted cream applied.

Staff were able to explain the potential signs of abuse that they would be aware of and told us that they would be confident to report any concerns. A staff member told us they would be aware if a person was "withdrawn, quiet when normally they would be chatty, if things were missing in the home". Another member of staff told us that they would report if they "notice anything out of the usual…bruising…we report it to the office". The registered manager told us about how they had managed a previous allegation and was learning from this. This included considering at initial assessment whether they had staff with the required experience to be able to appropriately manage complex and sometimes challenging situations. They explained that learning from safeguarding and other serious incidents and accidents was shared with staff through weekly updates, meetings and supervisions.

We saw that accidents and incidents were reported by staff to the office at Daley Home Care and records were completed and reviewed to identify any trends or areas for action. During the inspection a member of staff came in to the office to complete an incident form and other staff told us how they recorded and reported any concerns or incidents.

People were supported by staff who understood their individual risks and role in managing these. Staff told us about different people and how they managed risk. Examples included monitoring someone's pressure areas and reporting any changes promptly, monitoring the catheter for one person for any signs of infection or concern and being aware of what foods a person could eat because they had a risk of choking. Records reflected individual risks and provided clear actions for staff to take if required. For example, a person had a risk of choking and their risk assessment identified actions for staff to take to try to clear any blockage if the person choked and when to seek emergency medical assistance. Another person had a known allergy and there were guidelines for staff to follow if the person had an allergic reaction.

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included identification checks, application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. The registered manager explained that they were trying to recruit staff and that they considered staffing levels when deciding whether they were able to take on new packages of support for people to ensure that they had sufficient staff to meet people's presenting care and treatment needs.

Staff told us that their visits were well planned, and there was generally enough time to travel between people's homes so that they arrived on time and did not have to rush. One staff member explained that the office updated them about road works in the local area which helped them to plan their routes to visit people. Staff and people told us that Daley Home Care policy was that visits could be up to 15 minutes early or late. If visits were delayed longer than this staff explained that they either called the office or called people direct. People were advised to ring the office if staff had not arrived within this time frame. People mostly told us that they were told if visits were running late but this was not always the case.

People received their medicines and creams as prescribed and these were recorded accurately. We looked at the Medicine Administration Records (MAR) for three people and saw that medicines had been administered and signed for correctly. Where people managed their own medicines, this was recorded and respected. Where people had prescribed creams, information included where they were to be applied and with what frequency. These were reflected in people's MAR. Care records included clear information about who was responsible for ordering and collecting medicines for people and where one person had been prescribed some medicine short term, this had been added to their MAR and signed for correctly. All staff received training in administering medicines and this was monitored through competency spot checks regularly.

Staff understood how to protect people from the spread of infection and used appropriate Personal Protective Equipment (PPE) when supporting people. We observed staff using gloves and aprons to assist people and disposing of these safely to protect people from the risks of infections being spread. Regular spot checks and competency checks of staff included monitoring that staff were wearing PPE appropriately. Staff told us that they carried gloves and aprons and that they were able to collect more from the office or supplies were dropped out to them where needed. The service had an infection control policy in place which included processes for staff to follow.

Good

Is the service effective?

Our findings

At our last comprehensive inspection on 9 and 10 February 2017 we found there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had identified that some people lacked capacity but had not completed assessments or best interest's decisions in line with the Mental Capacity Act 2005. At this inspection we found that improvements had been made.

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

Since our last inspection people had been reviewed and their capacity to make decisions considered. Where necessary, assessments of capacity had been completed and records showed that explanations for decisions about capacity had been recorded and those important to the person had been involved in this process. Staff completing capacity assessments had received further training to ensure that they had the correct skills and knowledge of the MCA. The provider told us that they would make sure that information reflected whether any legal powers were in place in relation to decisions about people's care and treatment needs.

Daley Home Care completed initial assessments with people and their families, generally before care was provided. Assessments included information about people's support needs, those important to them and their likes and dislikes. The provider explained that further information about people was gathered during the first week of care being provided and the care plan was formed using this initial and ongoing information. People told us that they had been involved in these initial assessments. Comments included "(name) discussed needs and kept us in the loop" and "I had an assessment in hospital to get an indication of the level of care I could expect from them". Although assessments indicated whether people had any religious beliefs, the provider explained that they would further develop information to ensure that people's spiritual, cultural and religious beliefs were recorded and that any support to maintain these was discussed and reflected. One person told us that it was important to them to be able to attend their local church. Daley Home Care provided support at a different time on Sundays to enable the person to be ready to go out to church at the appropriate time.

People told us that staff had the correct skills and knowledge to support them effectively. Some people needed equipment to move safely and staff were able to explain how they used this and told us that they were confident to do so. One person explained "staff are all confident with the hoist…new staff usually learn with someone else". Comments from people included "They (staff) are very skilled at their jobs. I often ask them how long they have worked for the company and most say years", "The carers come every morning to help me get out of bed, they help me in to the shower and then to get downstairs safely".

Staff received training in a number of areas, some of which Daley Home Care considered essential. These included fire safety awareness, first aid, dementia and moving and assisting. Other available training had been completed by staff in topics such as falls, diabetes and pressure sore prevention. Staff told us that they had access to the training they needed to support people effectively and that they were encouraged to undertake national health and social care qualifications. Daley Home Care provided a mixture of face to face and online learning and maintained a training matrix to ensure that staff received refresher training in certain topics when required. Staff also received regular supervision and told us that these were used to discuss any issues or development needs, update about people they supported and any changes in practice.

Staff received an induction before they started supporting people in the community. We saw that a national tool was used to ensure that staff learned about the different standards of care and treatment. New staff shadowed more experienced staff members and this was recorded and competence considered before staff worked in the community alone. Where more shadowing or learning was required before staff worked alone, staff told us this was provided.

People were supported to have enough to eat and drink if they required assistance with this. We observed staff offering people choices about what they ate and drank. Where people needed certain types of food to be able to eat safely, staff understood this and there were copies of assessments from speech and language therapists in people's homes which confirmed what staff had told us about how people needed to be supported. For example, one person needed to avoid foods which were a high choking risk. Staff supported the person to plan a shopping list each week and encouraged and reminded them to choose appropriate foods so that they could effectively meet their nutritional needs.

People were supported to receive effective joined up care because Daley Home Care ensured that they shared relevant information. For example, people's care plans included 'grab sheets'. These included essential information including people's GP, next of kin, any allergies and copies of any decisions about end of life care. If a person was admitted to hospital, this information was easily accessible and ensured that paramedics had information needed to support people. The provider also explained that they worked with local hospitals to provide effective, timely support for people when they were discharged from hospital.

People had access to healthcare professionals when needed. Some people referred to health professionals themselves, or preferred for family members to undertake this role. Other people needed staff support to access this and we saw that Daley Home Care staff respected these preferences. Examples included staff speaking with a person about some equipment which they had arranged with an Occupational Therapist, staff identifying when a person's skin had become sore, and spoken with the person's next of kin who had arranged a district nurse visit. People's records showed contact from a range of healthcare professionals and evidenced that staff chased up referrals and worked closely with health professionals where needed to provide effective support to people.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and compassionate in their approach and showed warmth and affection. Interactions were friendly and tactile with staff offering people verbal and physical reassurance and encouragement. We heard laughter and chatter between people and staff who had formed strong relationships because staff regularly visited the same people. We observed staff chatting with relatives as well as people and feedback from people and relatives was positive. Comments included "very safe, very caring and very patient", "very kind, (name) goes out of their way to make you feel happy" and "Kind, reassuring and caring. I couldn't ask for better".

Staff offered people choices about their care and treatment in ways which were appropriate and enabled people to have control over their support. Examples included staff offering a person choices about what they wanted to wear and staff offering a person a choice of what they wanted to drink and what mug they wanted. A staff member explained "the most important thing is that you are giving people choice…that's most important".

Staff sought consent from people before providing any support and explained what they were doing , so that people were reassured and fully involved in their care and treatment. People confirmed that staff asked them before providing any support and that staff respected their wishes. One person explained the staff member who visited them "only does what I tell them to do". We observed staff seeking consent from people about all aspects of their support. Examples included seeking consent to have a shower, consent to apply creams and go upstairs to find a person's walking stick.

Staff were respectful of people's homes and privacy. People told us that staff entered their homes in the way they wished, we observed that staff knew how people wanted them to enter their homes and these preferences were reflected in people's care plans. Comments from people and relatives includes "they respect my home" and "(staff) usually mop the shower……leave things tidy". A staff member explained "I always introduce myself so that they(people) know who I am before I come into their home".

We observed that Daley Home Care advocated for people where needed to ensure that their needs were met. For example, one person had complained of pain to a staff member. This had been communicated to the office and staff had monitored with the local GP surgery to ensure that the person received a district nurse visit. When this had not happened, office staff followed this up to ensure that the person's needs were met.

People were supported with respect and in ways which promoted their independence and protected their privacy. Comments from people and relatives included "(staff) treat (name) with dignity" and "They give me privacy when I'm in the shower. I let them know when I'm ready". Staff explained how they covered people when assisting them to respect their privacy and dignity. Another staff member explained how they promoted people's independence and said "If (a person) is able to wash themselves, I'll give them the flannel and offer the choice to do as much as they can for themselves".

Good

Is the service responsive?

Our findings

People and those important to them were involved in regular reviews and decisions about their care and treatment. One person explained that they had rung the office to let them know that they were improving and Daley Home Care had been responsive and reduced their support as they had requested. People's care records reflected their changing needs. For example, one person had been supported by district nursing team to trial a catheter. It had been in place for a week at the time of inspection. Their care records reflected this change and also included a risk assessment to ensure that staff monitored this and identified any issues or concerns.

Care plans reflected people's physical, mental, emotional and social needs and ensured that people were treated equally and as individuals. The provider told us that at the time of inspection they did not have anyone from the Lesbian, Gay, Black or Transgender community, but that they had previously supported people and ensured that their wishes and preferences were understood and respected by staff. Staff received training around equality and diversity and the provider told us that they staff would accommodate and support people according to their preferences.

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Communication needs were recorded and understood by staff and the provider told us that records were available in different formats if people required this. A staff member told us about one person who had limited verbal communication and explained how they looked for responses in facial expression. Another person had limited sight and the provider explained that some information was provided in large font so that they could see this.

People and relatives told us that they would be confident to raise any concerns with Daley Home Care and felt that these would be listened to and acted upon. Complaints records detailed that concerns were recorded, investigated and responded to. Details included the date and time a complaint was made, who was involved in investigating the complaint, initial actions taken, findings from the investigation, conclusion and an action plan. There was a complaints policy in place which included timescales for the process. Comments from people and relatives included "I'd ring the office if I had any problems" and "I've never had to complain but would contact the office if I had to".

Where people had medical decisions in place around resuscitation, these were recorded. The provider told us that when they supported people with end of life care, they would ensure that their preferences were discussed, recorded and respected.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection on 9 and 10 February 2017 we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not have systems which effectively and consistently monitored the quality and safety of people using the service or always maintain accurate records about people or the risks they faced. At this inspection we found that improvements had been made.

People, relatives and staff told us that the service was well managed and the office was easy to contact. Comments included "everything runs like clockwork….the office is dead simple to contact. They act on everything", "Its well managed and that's not easy to manage a service like this but they do their best" and "they always answer and are efficient". There were arrangements in place for out of hours contact and feedback about this was also positive.

In addition to the provider and registered manager, the Daley Home Care office was staffed by a care manager, care co-ordinator and an administrative assistant who also worked as a carer. At the time of inspection, these three staff had resigned and the provider and registered manager were in the process of advertising two positions. They provided assurances about how the transition would be managed and planned handover to new staff where possible. The provider and registered manager told us that they had made an agreement about working jointly to ensure a positive environment for the new office team. At the time of inspection, staff had not been made aware of the office staff resignations but the provider made assurances that staff would be advised of the changes in a timely and positive manner.

Daley Home Care had appointed three team leaders who had a lead role in visiting people regularly and monitoring recording and any changes required to people's care and treatment. Team leader responsibilities included ensuring that risk assessments and MAR were up to date and supervising and advising new staff. They also completed weekly reports which included any changes to people's needs and checks on the recording in people's homes. These roles were working effectively and records brought back to the office were audited to check for accuracy and completeness. Staff understood their roles and responsibilities and felt supported by the office team both during and outside office hours.

Quality assurance measures were in place and used to maintain oversight of the service and identify areas for improvement. For example, gaps in MAR had been identified and staff had received further training to improve accuracy in recording.

Daley Home Care held staff and management meetings which were used to update staff about different areas of practice and discuss any ideas or concerns. Minutes showed that previous meetings had included discussions about topics including infection control and duty of candour. Communication with staff was through weekly memos which staff received with their rotas. These gave updates about people, changes to their needs and any reminders about good practice. For example, confidentiality and accurate MAR recording. We saw that staff had suggested all evening staff call in after their last visit to prevent missed visits and ensure safety of staff. This had been listened to and implemented. A staff member told us that they felt

safer because they knew the office would check up if they did not call in.

Feedback was gathered informally by staff and team leaders, surveys were also sent out annually to people who used the service. The 2017 survey had been returned by 37 people and feedback was positive. Questions had included asking about whether staff used appropriate PPE, whether people were updated when visits were late and whether people understood how to complain. There was an area for additional comments and several people had completed this. Comments included 'very happy and safe with all carers', standard of care remains very good overall' and 'when needed to complain re: carer unsatisfactory, acknowledged and carer has not been sent again'. The survey was followed up by a letter to people and individual concerns were recorded and responded to.

The registered manager did not receive supervision or an appraisal but had regular support and informal supervision with the provider. The registered manager also owned another service and regularly spoke with the registered manager there to discuss practice. The provider had links with local groups to discuss good practice guidance.