

Dale Care Limited

TEC House

Inspection report

Training & Enterprise House
Hanson Square
Hartlepool
TS24 7BY

Tel: 01429225700

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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

TEC House is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of inspection, 265 people were receiving a regulated service.

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

People told us they felt safe. Staff knew how to safeguard people from abuse. Where concerns had been raised, these had been dealt with appropriately. Medicines were managed effectively. Risks to people had been assessed and actions identified to reduce risk. Recruitment practices mostly reduced the risk of unsuitable staff being employed, although could be improved further; the provider had already identified this.

People were supported by suitably trained staff. People's needs were assessed before care was provided and were reviewed regularly. Staff received regular supervisions and said they felt supported by the management team.

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. Staff supported people to access health services if needed. Dietary needs were assessed and, where required, people received support with their meals.

People told us staff were kind and caring. Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

People's care plans were up to date about their individual needs and preferences. People received appropriate support. Complaints were managed appropriately.

The registered manager had a clear vision about the quality of care they wanted to provide. People's feedback was sought and acted upon. Staff were aware of their roles and responsibilities. There were a number of quality assurance systems in place to monitor the quality and safety of the service. There was a focus on continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection of this agency which registered with CQC on 3 August 2018.

Why we inspected

This was a planned inspection based on the date the agency first registered with CQC.

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 ●

TEC House

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 August 2019 and ended on 7 August 2019. We visited the office location on 1 and 7 August 2019. The Expert by Experience spoke with people and relatives on the telephone on 2 and 5 August 2019.

What we did before the inspection

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

During the inspection

We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, provider's head of operations, operations manager, head of recruitment and HR, marketing and communications manager, training manager, compliance manager, medicines auditor, recruitment officer, two area supervisors, head co-ordinator 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 reviewed a range of records which included seven people's care records and four staff files, in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We asked care workers to complete a questionnaire and received 26 responses.

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 for 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; staffing and recruitment

- People said they felt safe and well-cared for when they were supported by staff they knew well. One person said, "I definitely feel safe with Dale Care." Some people felt less safe with staff they were less familiar with, for example if their regular care staff were on holiday.
- One relative we spoke with said they were not happy with the lack of consistent care staff for their family member. We noted this person had reported their concerns to the registered manager who was addressing this.
- The registered manager said people were allocated a team of regular care staff and people were informed if there were any changes, wherever possible. The registered manager acknowledged it was not always possible to inform people of changes, for example if a change was made at short notice. Staff rotas were done in groups according to location to try and keep staff in the same area and reduce travelling time.
- Staff understood how to keep people protected from risks. They knew when and how to report any concerns and were confident these would be addressed by the management team.
- The service had policies and procedures to ensure staff understood about abuse. This was backed up with regular training and discussions.
- Safe recruitment procedures were followed although we did find gaps in some staff members' employment histories. We noted the nominated individual had already identified this was an area for improvement and was addressing this.
- There were enough staff employed. People and their relatives told us staff mostly arrived on time and stayed for the right amount of time. Electronic call monitoring records we viewed confirmed this.

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Measures to minimise the risks identified were clearly set out for staff to refer to.
- Assessments of specific risks within people's homes had been completed and staff were provided with guidance on how to manage these risks.

Using medicines safely

- People told us they received their medicines at the right times.
- Staff who had completed the relevant safe handling of medicines training were deemed as competent to undertake the task safely.
- Medicines were managed safely. Medicine administration records (MARs) were completed as required and signed to show people had received their prescribed medicines 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.

- We spoke to the medicines auditor who was knowledgeable about their role and how to support staff in this area.

Preventing and controlling infection

- Staff received training in infection control and understood the importance of ensuring this was followed in their everyday practice. People confirmed staff wore protective clothing and washed their hands.
- Staff had access to gloves and aprons to use when out on visits to people.

Learning lessons when things go wrong

- Accidents and incidents were recorded, investigated and analysed appropriately.
- Systems were in place to learn lessons when things went wrong. The management constantly reflected on the performance of the service and lessons learnt were shared with staff.

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

- Before people started to use the service a full assessment was conducted to ensure the service could meet the person's needs.
- Information gathered during the assessment was used to create people's care and support plans. These clearly set out people's needs and how they wished to be supported.
- People's needs were planned and reviewed regularly to ensure they received support that met their changing needs.

Staff support: induction, training, skills and experience

- Most people and relatives we spoke with said they felt staff had the right skills to provide the care and support needed. One relative said, "The carers are hands on and have the right knowledge." Staff training in key areas was up to date.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisal meetings.
- Staff who were new to care were expected to complete the Care Certificate, which is considered best practice induction training. Alongside this staff also completed an in-house induction and were able to shadow experienced care workers before going on visits alone.
- Staff practice was assessed through regular spot checks or direct observations of the care provided.
- Most of the staff team had previously worked for another care provider and transferred to Dale Care, the provider of this service, around a year ago. One staff member commented, "The takeover by Dale Care was really smooth. It's more organised now and the structure is fantastic. We get enough support and plenty of training."

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 preferred and how they liked to eat it.

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

- People received ongoing health care support. Referrals were appropriately made to health care services when people's needs changed. People said care staff contacted health professionals with their permission when their health had declined.

- Records showed staff worked with a range of community professionals to maintain and promote people's health.

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 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.

- At the time of the inspection one person using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation. Appropriate records were in place and staff understood the principles of ensuring people were supported to have maximum choice and control in their lives.
- Staff understood the importance of gaining a person's consent before providing any care and support.

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

- Most people we spoke with were positive about the kindness and caring attitude of staff. One person said, "My carer is a very caring person. They do everything to satisfy my needs." Another person told us, "The carers have a good personality in my opinion. They talk to me and ask me how I'm doing each day."
- People's equality and diversity was respected. This was achieved through having personalised plans which people had developed with the service.
- Information about people's religious and cultural needs was included in care records for staff to refer to. People and relatives had submitted numerous compliments. Comments included, 'Dale Care is a well-run organisation. Staff were attentive, patient, reliable and gentle,' '[Staff member] is a real diamond who always goes the extra mile' and 'Thank you to all the staff who helped me gain my confidence back.'

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

- People were supported to express their views and were involved in making decisions about their care.
- People and their relatives had been given the opportunity to provide feedback about the service through the completion of an annual questionnaire, which had last been conducted in March 2019. Out of 40% of people who responded 83% said they received a high standard of care and 96% said staff were polite and respectful.
- Care plans reflected people's communication needs and guidance was in place for staff to follow. For example, where people had a sensory impairment or other disabilities which affected their ability to communicate.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. A relative told us, "Carers are always lovely to my [family member]. They sit by their bed and talk to them in a very friendly and caring way."
- Staff explained how they respected people's right to privacy and dignity. Staff understood the importance of treating people as individuals and referred to people in a respectful way.
- Staff spoke positively about their role. One staff member said, "I love my job. Staff pull together and help each other out."
- People were supported to be as independent as they were able and wished to be. One relative told us how staff encouraged their family member to be as independent as possible.

Is the service responsive?

Our findings

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

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

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

- Care plans were person-centred, up to date and reviewed regularly. They were well written and contained detailed information about people's daily routines and specific care and support needs.
- Care plans guided staff to focus on the person's wellbeing and what outcomes they wanted to achieve from their care package, such as to improve their confidence and to remain as independent as possible.
- Staff we spoke with knew people's needs and preferences well.
- Staff were responsive to people's changing needs. A relative told us, "Every time care staff see a mark on [family member] they tell me straight away."
- The provider used technology to effectively respond to people's needs. Staff had access to electronic hand-held devices which held people's details securely. Staff used these to make diary entries and handover notes, which the management team and other staff based in the office could access and respond to.
- Where people received support with social inclusion, they were supported by staff to participate in activities which were meaningful to them.

Meeting people's communication needs; end of life care and support

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the AIS standards. The registered manager told us information about the service, including the service user guide could be provided in a different format if required.
- At the time of the inspection nobody was receiving end of life care.
- People were asked about their wishes regarding end of life care and this was recorded in their care plan, where they had felt able to discuss this sensitive issue.

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 care staff or contact the office.
- 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 recorded and dealt with appropriately.

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; 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

- Most people and relatives were happy with the care provided and told us they would recommend the service.
- The management team demonstrated a commitment to providing good quality care.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.

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

- The registered manager was clear about their roles and responsibilities and led the service well. Staff described the registered manager as approachable and supportive.
- Staff were clear about their roles and responsibilities. They told us these were discussed in individual and team meetings.
- The management team completed a range of quality checks to monitor, review and improve the service. These were effective in identifying and generating improvements.
- Staff performance was monitored during spot checks and discussed at supervisions, or before if issues were identified. Where performance issues had been identified the management team had acted promptly to provide additional support and training.
- The registered manager understood and met their regulatory responsibilities. They had notified us about important events and the service's latest CQC rating was on display.

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

- Feedback from people, relatives and staff was sought through telephone calls, meetings and quality questionnaires and acted upon.
- The provider's marketing and communications manager organised charity events to recognise individuals and support national organisations. They also arranged events to raise awareness of different medical conditions such as Alzheimer's.

Working in partnership with others; continuous learning and improving care

- Managers and staff worked well with external health and social care professionals, where needed.

- The management team welcomed our inspection and said our feedback would be used to further support continuous improvement.