

Day to Day Care Limited

Day to Day Care Limited

Inspection report

First Floor Offices
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Orpington
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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

This announced inspection took place on 22 November 2017. This was the first inspection of this service which was registered with the Care Quality Commission in September 2016.

Day to Day Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults. At the time of our inspection approximately 67 people were receiving personal care and support from this service.

The service had 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.

The service had appropriate safeguarding procedures and whistleblowing procedures in place. Staff were aware of the procedures and knew how to safeguard the people they supported. Risks to people were assessed and identified, there was clear guidance for staff on how to support people and minimise potential risks. Medicines were managed safely and records showed that people were receiving their medicines as prescribed by health care professionals. People were protected from risk of infection as staff had been trained in infection control and food hygiene. Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's care and support needs.

Pre-assessments of people's needs were carried out prior to them joining the service to ensure the service could meet their care needs. Staff completed an induction when they started work and they had completed training that was relevant to peoples' needs. Staff received regular supervisions and appraisals. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA) and acted according to legislation. The provider had effective systems in place to regularly assess and monitor the quality of service that people received.

Staff asked for people's consent before providing care and support. People were supported to have a balanced diet. People had access to a range of healthcare professionals when required. People were treated in a kind and caring way. People had been consulted about the care and support requirements. Staff respected people's privacy and dignity and they encouraged people to be as independent as possible. People were provided with information about the service in the form of a service user guide.

People were involved in their planning their care needs and received person-centred care. Care plans were well organised and provided clear guidance for staff on how to support people in meeting their individual needs. People were aware of the complaints procedure and knew how to make a complaint. Complaints were managed and dealt with in a timely manner. Staff had received training on equality and diversity. The registered manager said that the service would support people according to their diverse needs if and when required. There was a live electronic monitoring (ECM) system in place for the service to monitor missed and

late call visits.

The service had effective processes in place to monitor the quality and safety of the service. The provider carried out regular spot and competency checks to make sure people were being supported in line with their care plans. There was an out of hours on call system in place to support staff when they needed it. Feedback was sought from people about the service, through telephone surveys. Staff were complimentary about the service and said that they enjoyed working for the service.

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 had safeguarding and whistle-blowing procedures in place and staff had an understanding of these procedures.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed safely.

People were protected from the risk of infections.

Appropriate recruitment checks took place before staff started work.

There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Pre-assessments of people's needs were carried out prior to them joining the service to ensure the service could meet people's care needs.

Staff completed an induction when they started work and received appropriate training in line with people's needs.

Staff received regular supervisions and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA).

Staff asked people for their consent before they provided care.

People were supported to have a balanced diet.

People had access to a range of healthcare professionals when required in order to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated kindly and felt cared for.

People had been consulted about their care and support needs.

People's privacy and dignity was respected. People were encouraged to be as independent as possible.

People were provided with information about the service.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning the care and support needs. Care plans were clear and staff knew how to support people in line with their individual needs.

People were aware of the complaints procedure and complaints were managed appropriately and in a timely manner.

Staff had received training on equality and diversity. Staff said they would support people according to their needs.

The service had a live electronic monitoring (ECM) system in place for the service to monitor missed and late call visits.

Is the service well-led?

Good ●

The service had a registered manager in post.

There were effective processes in place to monitor the quality of the service.

The provider carried out regular spot and competency checks to make sure people were being supported in line with their care plans.

There was an out of hours on call system in place to support staff when they needed it.

Feedback was sought from people about the service, through telephone surveys.

Staff were complimentary about the service and said that they enjoyed working for the service.

Day to Day Care Limited

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 checked 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 site visit activity started on 22 November 2017. The inspection was carried out by one inspector. We gave the provider 48 hours' notice, to ensure that the registered manager would be available to assist with the inspection.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider 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 improvements they plan to make. We also asked the local authority commissioning the service for their views of the service.

We spoke with 12 people using the service and two relatives and asked them for their views about the service. We also spoke with the registered manager, the provider and five staff members. We reviewed records, including the care records of four people using the service, four staff members' recruitment files and training records. We also looked at records related to the management of the service such as surveys, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel it's a safe service, its excellent care." Another person, said, "It's because of the way [staff] are I trust them, they make me feel comfortable".

The service had appropriate safeguarding and whistleblowing procedures in place. The registered manager and staff understood the types of abuse that could occur, the signs they would look for and action they would take to protect people and who they would contact should they have any concerns. Staff were aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if they needed to. Staff told us, "If I had any concerns I would report this without a doubt, we are here to protect people." We saw that the registered manager submitted safeguarding notifications to the CQC as required.

The service carried out risk assessments in relation to moving and handling, medicines, skin integrity, falls, environment and nutrition. Risk assessments were available in care plans so that staff had access to them. They clearly identified potential risks and included clear information and guidance for staff on how to support people to reduce the likelihood of these risks. For example, one person was at risk of falls, there was guidance for staff informing them to how to reduce the risk of falls by ensuring the person used their walking aid and wore their life pendant so that they could contact a 24 hour monitoring centre in the event they had a fall or in an emergency. Risk assessments were up to date and reviewed regularly. We also saw that environmental risk assessments recorded that people had smoke detectors in their homes and that they were in working order.

The service had a system to manage accidents and incidents, however there had been no accidents or incidents reported. The registered manager told us that if there was an accident or incident they would follow the procedure for recording accidents and incidents, for example by recording what happened and what action was taken. There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. Records we looked at confirmed this.

Where required people were supported to take their medicines. Medicines were safely administered and recorded appropriately. Medicine Administration Records were completed in full, electronically, and were monitored in real-time by Management. This meant that people received their medicines as prescribed by health care professionals. Staff had undertaken medicines administration training and under took regular competency checks. One staff member said, "I have to have medicine competency checks. This is good because I can show that I am doing what I am supposed to be doing."

The service had an up to date infection control policy in place. Staff had completed infection control training. We saw that there was plenty of personal protective clothing (PPE) available in the office that staff collected when they visited. We saw reports from spot checks that were carried out to ensure staff were wearing PPE and observing the correct hand washing techniques when supporting people. One staff member said, "I always wear PPE, it's a must! We also have spot checks carried out by managers so they can see we are wearing PPE and making sure we don't spread infection".

Appropriate recruitment checks were carried out before staff started work. We looked at four staff files and saw they contained completed application forms, details of employment history and qualifications. References had been sought, proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

Staff rotas were planned in advance so staff knew what shifts they were working. Rotas showed that there were enough staff to meet people's needs. The registered manager told us that the service only provided a service for people living in the London Borough of Bromley and employed staff that could work in this geographical area. One person told us, "There is enough staff and they send regular staff" Another person said, "I get a rota [of staff who will visit me] somebody always comes". One staff member said, "We ensure that there are no late or missed calls, the registered manager also is available to help out if needed".

We also spoke to the local authority who had commissioned the service of 350 High Street for on people's behalf. They told us that they had no concerns at all about the services provided.

Is the service effective?

Our findings

People and relatives told us that staff were competent and well trained. One person said, "Staff have the right skills." A relative told us, "All the staff who care for my [relative] seem to have the right skills."

Staff completed an induction when they joined the service. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. All staff had completed a mandatory programme of training which included safeguarding, the principles of the Mental Capacity Act 2005, medicines, equality and diversity, moving and handling and health and safety. We saw that the provider had identified staff members that required refresher training and were actively booking courses for staff to undertake. One member of staff said, "I have completed all my training. The training here is very good and they always make sure we know any refresher training we have to do."

The registered manager told us that the service made sure that new staff shadowed more experienced staff until they were deemed competent to carry out calls unsupervised and saw records that confirmed this. One staff member said, "I shadowed a colleague, this gave me experience and confidence".

Staff were supported to provide effective care through regular supervisions and appraisals with their line manager. Areas discussed included communication, health and safety, medicines, infection control, training and job progression. One staff member told us, "I do have regular supervisions, they are really useful. I have not had any issues but it is an opportunity to speak to my manager about anything I would like to discuss or if they want to give me any feedback."

Pre-assessments of people's needs were carried out by the senior staff to ensure the service would be able to meet people's care and support needed. These included health needs, personal care, eating and drinking, mobility and medicines. The registered manager told us that prior to any person being accepted by the service an assessment of their needs was undertaken to determine if the service could meet them.

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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA.

Staff were able to demonstrate their understanding of the MCA 2005 and understood the need to gain consent when supporting people. One person said, "[Staff] always say what they are doing and ask if that's ok". A staff member said, "I always ask for people's consent. Once they have given this, I explain how I am going to help them. If they refused to give consent I would respect their choice".

Care plans showed and staff confirmed that people received support with heating up meals rather than actually having food prepared for them. One person said, "[Staff] help me get breakfast". A staff member said, "A lot of people have meals that I heat up in the microwave for them as their families cook for them."

Staff monitored people's health and if there were any changes they immediately notified the office or would refer them to the appropriate healthcare professional if needed. A staff member said "Family members arrange appointments and accompany people to appointments. But if there was an emergency I would call an ambulance and inform the office straight away."

Is the service caring?

Our findings

People and their relatives were positive about the care and support they received. One person told us, "I feel that they care about what they are doing." A relative said, "Excellent care for my mum [staff] meet [my relative's needs well]."

People and their relatives where necessary, had been consulted about their care needs. One person said, "[Staff] do listen and do [things] my way". People were treated with respect and their privacy and dignity was respected. One person said, "[Staff] respect my dignity by the way they provide my personal care when washing me and keeping me covered". Another person said, "[Staff] put a towel around me when I get out the shower". A staff member said, "I always respect people's privacy and dignity. I make sure doors and curtains are closed".

Staff knew people well. They were aware of people's life histories, choices, their likes, dislikes and preferences. This included the times people liked to get up or go to bed. One staff member said that one person they supported just enjoyed having a chat and they ensured they spent time talking to them. Another staff member said, "One person likes a cup of coffee and a croissant for lunch every day".

Staff told us that they had access to people's electronic care files through the service's electronic call monitoring and management system (ECM) which the office ensured were kept up to date. They said that if any people had a change in their needs they would record it on the ECM system and call the registered manager so that any changes could immediately be recorded. One staff member said, "I think the ECM system is very good as I log what care and support I have given to people and you can see what support has been provided on previous calls".

People were encouraged to be as independent as possible and to do as much as they could for themselves. One staff member said, "I always encourage people to be independent. It's important that they do what they can to keep mobile." Another staff member said, "I always encourage people to do what they can for themselves, it is important for them to maintain their independence".

Care records were stored securely in locked cabinets in the office. Only authorised staff had access to people's electronic records. Staff files were stored securely locked in cabinets within the office and only authorised staff had access to them.

We saw that people were provided with appropriate information about the service in the form of a service user guide before they engaged the service. This ensured they were aware of the standard of care they should expect. This included the cost and the services offered as well as the complaints policy.

Is the service responsive?

Our findings

People's care and support needs were met by the service and they received personalised care. People told us they were involved in their care planning and their needs were regularly reviewed. One person said, "My [care plan] is reviewed annually".

Care files included individual care plans addressing a range of needs such as communication, personal hygiene and physical needs. Care files included people's life histories, choices, their likes, dislikes and preferences. For example the times people liked to have their morning call depending on when they woke up and the food they liked or disliked.

We saw staff had undertaken equality and diversity training and we saw that care records documented people's choice of faith. The registered manager told us that they did not have anyone with any diverse needs or preferences. However, should this change then the service would provide this support. Staff we spoke with were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation. A staff member said, "I don't have people with any diverse needs, but if I did, I and the office would meet their individual needs".

Care files detailed the times calls would be carried out and the tasks that would be undertaken by staff. The service was flexible, in that they accommodated a change in call times and days requested by people using the service. We saw that care plans were reviewed regularly; they included daily notes which detailed people's well-being and the tasks that had been completed for them. A staff member told us, "Care files are up to date so we always know what people's care needs are and what tasks have previously been completed".

The provider had a live ECM system in place that they could monitor and ensured people received their care on time and on the correct days. It showed if staff were running late, when they had arrived, how long they had spent with people and the duties they had carried out. Staff were equipped with mobile phones which allowed them to log into the live ECM system on a daily basis so that the service was aware of details of their daily calls. People using the service also had access to this live system so that they could monitor the care being delivered. The registered manager and staff told us that travelling time was factored into people's appointments. One staff member said, "The online system is very good because the office automatically can see I have attended a call and see what I have done." We noted that the service did not have any late or missed calls. One person told us, "They always come on time". We reviewed the ECM system during our inspection and found that there were no late or missed calls. The service had also operated an out of hours call system to ensure staff had support outside the office working hours.

We saw that people were involved and consulted about their care and support needs. People and their relatives where appropriate had signed their care plans consenting to the care and support they received. One staff member said, "People are very involved in their care planning, such as diet, one person needed to change their diet to a low sugar diet. I recorded this on the daily notes and the care plan was immediately updated."

The service had a complaints policy and complaints log in place. People had been provided with the complaints policy in the service user guide and as part of documentation kept in their homes. There had been one complaint received which had been dealt with appropriately and in a timely manner. One person said, "I've never had to make a complaint". A second person said, "If I had a complaint I would talk to the office supervisor". A relative told us, "If I had a complaint I would speak to the office or ring the CQC if things were seriously wrong".

Is the service well-led?

Our findings

People and their relative were positive about the service. One relative said, "We are really fortunate to get this sort of care."

The service had a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

There were effective systems in place to monitor the quality and safety of the service. The registered manager recognised the importance of quality monitoring. The quality of the service was checked by senior staff carrying out spot checks on staff members to determine that they were wearing name badges, were dressed appropriately, used the required protective clothing and delivered care in line with people's care and support needs. Medicine competency checks were also carried out on a regular basis to ensure that staff were competent in the administration of medicines. MAR charts were checked to ensure they were completed in full and correctly.

Field supervision checks were carried out to ensure that all care files were up to date and in order. Staff were assessed on how they communicated with people and that staff were adhering to infection control procedures. No issues were identified at the time of the inspection from these checks. One staff member said, "I think it's good that we have spot checks so that I can show the managers what I know and what I am doing. They are always there to give support and advice."

The service sought people's view about the service by carrying out regular telephone surveys. Overall feedback from people was positive and they were happy with the care and support they received. We saw that feedback received and had been analysed and an action plan put in place. For example, one person using the service wanted to change the time of their morning call. We saw that this had been actioned and the time of their morning call had been changed.

Regular staff meetings had not been taking place due to staff not being able to attend outside of working hours; however we saw that these had been resumed from November 2017 and had been minuted. Items discussed included, training, people who use the services and their needs, moving and handling, medicines and health and safety. Staff told us that they were happy that regular meetings would now be taking place. One staff member said, "I enjoy the staff meetings, we get to discuss things as a group and learn from each other." Another said, "I attend staff meetings which are good".

Staff said they enjoyed working at the service; they were complimentary about the registered manager. One staff member said, "The registered manager is very good, they are understanding and listen." Another staff member said, "The [registered manager] is a good manager and I absolutely love my job." A third member of staff said, "The management are very good and very supportive, they are a good company to work for".

