

Night and Day Care Limited

# Night and Day Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Night and Day Care is a domiciliary care service providing personal care and support to people living in their own homes. All the people receiving support were funding their own care. At the time of the inspection the service provided support for 6 adults and older people. 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.

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

The provider did not always ensure risk management plans had been developed for identified risks to provide staff members with guidance on how to manage the risk. Medicines were not always managed appropriately to ensure people received their medicines safely. When incidents and accidents or safeguarding concerns occurred the provider did not identify any lessons which could be learned to reduce the risk of reoccurrence of the issue.

The provider did not ensure staff members had completed the training they had identified as mandatory. The provider did not have a robust quality assurance process to enable them to identify areas where improvement was required.

People's care plans were not written in a person-centred manner which identified the person's wishes as to how they wanted their care provided. The records of the care provided during each visit which staff members completed, were task focused and did not reflect the experience of the person who received support. People's wishes in relation to how they wanted their care provided towards the end of their life were not identified.

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.

The provider had a safe recruitment process. Staff had access to personal protective equipment (PPE) and relatives confirmed they wore it when providing care. Relatives were happy with the care their family members received. Staff felt supported by the provider. Staff members provided support in a kind and caring way whilst ensuring people's dignity and privacy was respected.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 9 November 2017).

### Why we inspected

We inspected this service due to the length of time since the previous inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Night and Day Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to person centred care, safe care and treatment, good governance and staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Night and Day Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the owner of the company.

#### Notice of inspection

We gave the service 7 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. When we initially contacted the provider to arrange the inspection, they were unavailable, so a date was arranged for the following week.

Inspection activity started on 21 August 2023 and ended on 31 August 2023. We visited the location's office/service on 30 August 2023.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

### During the inspection

We spoke with the relatives for 3 people using the service and we received feedback from 3 staff members via email. We met the registered manager who was also a director of the company. We looked at a range of records which included the care records for 5 people, 3 care worker's files and a range of records including medicines records and policies.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had a general risk assessment process, but this did not enable them to identify all the risks associated with providing support and how to mitigate them.
- We saw 2 people had been prescribed a medicine to help thin their blood. The general risk assessment mentions the blood thinner but does not provide any information on the possible risks which could occur when care is being provided or guidance on how to reduce them.
- The care plans for 2 people indicated that staff helped them go out into the community and assisted them to go shopping. Risk management plans had not been developed to provide staff members with guidance on how to ensure the person was safe when they were providing support outside the person's home.
- Where a person had been identified as at risk of falls the provider did not have a falls risk assessment and risk management plan in place to identify how to reduce the person's falls risk. The general risk assessment had a section on moving and handling but the only guidance on falls was for staff members to report them to the office.
- The risk assessment for 1 person indicated they used a stair lift within their home. The general risk assessment identified the only action was to observe but there was no guidance on the safe use of the equipment.

The provider did not ensure staff were provided with enough information to help them reduce possible risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a general risk assessment which identified any risks in relation to the person's home including the internal and external environment. For example, pathways, doorways and electrical hazards.

### Using medicines safely

- The provider had a medicines policy in place, which had been developed by the local authority for home care providers, but this was not always followed.
- Where people had been prescribed medicines which were to be administered as and when required (PRN), there was no information provided for staff to indicate when these should be given to the person.
- Where a person had been prescribed a cream, the medicines administration record (MAR) indicated how often it should be applied but did not provide any information, for example a body chart, about where to apply it on the person's body.
- The MAR indicated that a pain relief cream was being applied at the same time as a cream prescribed to support the condition of the skin. There was no guidance provided to ensure the pain relief cream was not

affected by the second cream. For example, by reducing its effectiveness or spreading to other areas of the body where it should not be applied.

- The MAR for this person had been completed by hand and the directions for 1 medicine had not been recorded in full. A medicine had a requirement that it should not be administered within 2 hours of taking indigestion medicine, but this had not been recorded to provide staff with the guidance information.
- Medicines risk assessment had not been completed to identify if there were any possible issues with the medicines being administered and provide staff with information on how to administer them safely and as prescribed.
- Where a care plan indicated that staff members were to prompt a person with their medicines, staff members did not always record the care provided or when this had occurred.
- A cream was recorded on a MAR and staff members had written "Dropped" and crossed through the record. The registered manager explained that the use of the cream had ended but this had not been recorded on the MAR to show why it had been crossed through.

The provider did not always ensure staff were provided with appropriate information so that medicines could be administered safely and as prescribed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The MAR included information on each medicine which were not PRN that had been prescribed with the dosage and when they should be administered.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- The provider had a process for recording incidents, accidents and safeguarding concerns, but this did not enable them to identify any lessons which could be learned to reduce future risks.
- We reviewed the record of an incident and accident which had occurred, and it included information on what had happened and any correspondence from relatives and staff members. This meant that lessons had not been identified and care plans and risk assessments were not updated to provide guidance for staff on how to mitigate possible risks.
- We saw a safeguarding concern had been raised with the local authority but there were only copies of emails with the local authority. There had been no review of the possible actions which could be taken to mitigate risks.
- There was no analysis of what had happened in relation to the incident and accident or safeguarding so the provider could identify possible actions which could be taken to reduce further risk and a possible reoccurrence.

The provider did not always ensure lessons learned were identified to reduce possible risks following an incident and accidents and safeguarding. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff members had access to personal protective equipment (PPE) to use in line with current best practice. The registered manager explained that staff could either collect PPE from the office or supplies could be delivered to the staff member. The registered manager said that staff were encouraged to continue wearing masks if the person they were supporting was at risk.
- Relatives confirmed staff wore PPE when they provided care, with a relative commenting, "They wear gloves and aprons and they used to wear masks." Staff stated they wore PPE when providing care.

Staffing and recruitment

- The provider had a recruitment process which enabled them to ensure new staff had the skills and



knowledge required for the role. The registered manager explained they had been no recent recruitment of new staff. We reviewed the recruitment records of 3 staff members, and they included 2 references and checks on the applicants right to work within the United Kingdom.

- The registered manager confirmed they carried out criminal record checks for all new staff and every 3 years thereafter. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to provide support during each of the planned care visits.
- Relatives we spoke with confirmed the staff members stayed for the full time of each visit. They confirmed staff members were usually on time but on the rare occasion they were running late the relative was contacted.
- Staff members told us they had enough time to travel to appointments and they could complete the identified care tasks during each 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider could not demonstrate that staff had received training to ensure they had the appropriate skills and knowledge to provide care in a safe manner.
- The registered manager confirmed they did not currently have a formal training process in place. Certificates showed that staff had last completed training including moving and handling, safeguarding, infection control and moving and handling between 2017 and 2020, which indicated staff did not have up to date training.
- The registered manager stated they had watched training DVDs with staff members and answered any questions but there was no record of when this occurred, and the registered manager was not trained as a trainer.
- They confirmed an external trainer had completed some training courses in relation to infection control but there were no records to show when this training had been held and who had attended.

The provider could not demonstrate that staff had completed the training that had been identified as mandatory by the provider. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were assessed before their care started. A needs assessment was completed to identify if the person's support needs could be met. Information from the needs assessment was used to develop the person's care plan.

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

- People were supported to have enough to eat and drink when required.
- People's care plans identified if they required support from staff members to make and/or eat meals or if their family supported them. There was information of people's food preferences and how to support the person to make choices.

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

- People's care plans provided staff with information on their GP and the pharmacy which dispensed their medicines.
- People's care plans included guidance on if they required support with personal care but did not always

indicate if staff needed to help them with oral care or if they wore dentures.

- The registered manager explained they worked with relatives in relation to appointments with healthcare professionals but if it was urgent, due to a deterioration in the person's health, the staff would ensure they are seen by the appropriate medical professional. Relatives told us they usually arranged medical appointments and the ordering of medicines for their family member.

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

- People received their care in line with the principles of the MCA. The provider had developed a mental capacity assessment form and best interest form to record information on the person's ability to consent to aspects of their care.
- The provider had identified where a person had a lasting power of attorney in place so if they were unable to agree to their care, the provider knew who had the legal responsibility to provide the person with support when planning and consenting to care.

# 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People had their support needs met and were treated well by the staff providing their care. Relatives told us the staff who supported their family member were kind, caring and treated them with respect. Relatives' comments included, "Yes, defiantly. [My family member] is used to the care worker and they know what to do" and "Yes they have been coming for many years now."
- People's care plans did not identify their religious and cultural preferences. This was discussed with the registered manager, and they told us they would review the contents of the care plan to include information on the person's personal preferences.
- Relatives confirmed that the same staff members visited their family member so there was consistency with the care and the staff member knew the person well.
- People received support in a way that respected their privacy and dignity. Relatives confirmed when their family member received support it was provided in a way which maintained their privacy and dignity.
- Staff we contacted showed they understood the importance of ensuring a person's privacy and dignity were maintained whilst they provided care and support.
- Relatives told us the staff helped their family member be as independent as possible when providing support. A relative said, "They do try and encourage [my family member] to do what they can, that is what is important."

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

- People and their relatives were supported to be involved in making decisions about their care. Relatives confirmed they and their family member had been involved in the development of the care plan. A relative said, "We sat down and discussed [my family member's] care needs with [the registered manager]."
- Staff explained what they would do if they felt the person's care needs had changed.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Each person had a care plan, but this did not always provide staff with person centred information about how the person wanted their care provided and their wishes in relation to their care.
- People's care plans provided a list of the care tasks required during each visit but there was limited information on how the person wanted their care provided. For example, 1 person's care plan stated they should be supported with 'a wash' but did not explain how this should be provided to reflect the person's preferences for their care.
- People's end of life care wishes were not identified as part of their care plan. At the time of the inspection the provider was not supporting anyone with end-of-life care, but the care plans did not include any information on how the person wanted this care provided when required or if the person did not wish to discuss their wishes.
- Staff members completed records of the care and support provided during each visit. The records listed the care tasks completed but there was limited information about the person and the experience of the care provided. The records of care for 1 person, where support was being provided day and night, included the care tasks but did not describe the how they were supported with activities.

The provider did not always ensure staff were provided with enough information to show how people wanted their care provided. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a process to respond to complaints received about the care provided, but the provider did not review the issues from the complaint to identify what action could be taken to reduce further risks.
- A complaint had been received relating to the care provided and there had been a copy of the response to the person who raised the concern. There was there no analysis of the issues of the complaint to enable the provider to identify what they needed to introduce to reduce the same issues happening again.

The provider did not always ensure lessons learned were identified to reduce possible risks when a complaint was received. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they understood the complaints process and felt able to raise any concerns they had.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified. If a person had a visual or hearing impairment it was identified in the care plan with information on any equipment that was in place.

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

- People were supported to maintain relationships and do things they enjoyed. Care plans identified who was important to the person. The care plan indicated if, as part of the care package, the staff member was allocated time to socialise and support the person with their preferred activities.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- The provider did not have a quality assurance process to enable them to identify if actions were required to make improvement to the care provided. The registered manager confirmed they did not carry out formalised quality assurance checks in relation to care plans, the administration of medicines, staff training and the records of care being provided.
- The registered manager was not aware of the regulatory requirements to send notifications to the Care Quality Commission. This was discussed with the registered manager and the requirement was explained.
- The registered manager did not demonstrate an understanding of what the term duty of candour meant. Once the term was explained the registered manager told us, "If a complaint is received, I would apologise, speak to any care workers involved to find out reason for the issue and use disciplinary processes if required."

The provider did not have robust processes to monitor the records relating to care and staff training. The provide was not clear about their regulatory responsibilities. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they found it easy to contact the office if they had any concerns. A relative said, "The registered manager only contacts us when necessary and the care workers pass on any information to the registered manager for us." Another relative commented, "The registered manager has been in a few times and there are regular telephone calls to check how we are getting on."
- The provider had a range of policies and procedures which were reviewed.
- The registered manager understood their responsibilities in relation to the role. They told us, "My role is to keep everyone safe, the clients and care workers. Reduce risks and make sure they are happy and safe, and they are happy with the care workers, and they are not scared about anything. Be responsible for being here for them and the families and care workers. They can call me any time and they have my direct number."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were happy with the care their family member received. Relatives' comments included, "[The care

worker] knows [my family member] as they have provided care for them for a long time. The service has been a life saver as they increased the care provided when needed and they have been on a journey with us", "From my experience they are OK, they have been amazing" and "I have full confidence in them, and they have always been very accommodating."

- Relatives confirmed they were involved with their family member in the development of the care plan and identifying how the support should be provided to meet their care needs.

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

- The registered manager explained they sent out feedback surveys to people receiving support and their relatives which was reviewed. Spot checks were carried out to observe the care provided and ensure PPE was being used correctly.
- The registered manager told us they spent 2 weeks each September going to care visits to help staff, observe care and spend time with the people receiving support.
- Staff told us they felt supported by the registered manager and the service was well run. Their comments included, "They are very supportive with care that we are giving to our clients. They treat us very well" and "If I have a problem and not sure about something I contact the office. I get support from the office. I have a good working relationship with my clients, their family and office."

Working in partnership with others

- The registered manager explained that other than working with GP's and district nurses, they did not currently work in partnership with any other organisations. The registered manager said that as the service grows, they would identify organisations which would benefit people they were providing support for.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure the care plans always provided information in a person centered way on how person wanted their care provided.</p> <p>Regulation 9 (1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The registered person did not have appropriate checks in place to assess, monitor and mitigate</p>

the risks relating health, safety and welfare of services.

Regulation 17 (1)(2)

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure staff had completed training so they were up to date on best practice and had sufficient knowledge to meet people's support needs.

Regulation 18 (1)(2)