Day And Nightcare Live In Limited

# Day and Nightcare Live-in care Ltd

## Inspection report

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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 7 March 2018.

This service is a domiciliary care agency. It provides 24-hour care to people living in their own houses and flats. The agency provides a service to older adults and younger disabled adults. Not everyone using this service receives regulated activity; the 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.

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 safe as staff had been suitably trained and knew how to support people in a way that protected them from danger, harm and abuse. Staff knew how to accommodate support delivered to people so that the risks of harm associated with people's care were minimised.

People were supported to take their medicines safely and in accordance with the prescribed instructions. There were infection control processes and procedures in place to reduce the risks of cross infection.

Most aspects of safe recruitment practices, such as police identity and character checks, were in place. However, the provider had failed to gather full employment history of some of their prospective staff members. The identified gaps in the employment history had not been fully examined and explained. However, this had no impact on the quality of care provided to people.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to those they supported and any additional training needed to meet people's requirements was provided.

The service was working within the principles of the Mental Capacity Act 2005. People's consent was sought

before any care was provided.

People had access to healthcare services when needed and staff responded to any changes in people's needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

People had positive relationships with the staff members who supported them. Staff were aware of people's likes and dislikes which enabled them to provide people with highly individualised care.

People told us that staff were respectful and caring. Care records guided staff in how people's privacy, dignity and independence should be promoted and respected. People were involved in making decisions about their care and support. People's views were valued and people were encouraged to voice their opinions on how their care was planned for and delivered. People told us they felt listened to.

People were given information in a way they could understand it. There was a complaints procedure in place and people knew how to raise a complaint about the service they were provided with.

There were policies and procedures in place in relation to end of life care. Whilst the service was not currently supporting anyone at the end of their life, staff had received relevant training and were knowledgeable and confident in this area.

Staff received support and guidance from the management team whom they found approachable. People and staff felt able to express their views and felt their opinions mattered.

There were effective quality assurance measures in place used to identify trends and drive improvements.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support.

## 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.

People were protected from the risks of abuse by a staff team who were able to recognise signs of abuse and knew what to do if they had any concerns.

There were systems in place designed to reduce risks to people and keep them safe from harm.

Recruitment checks had not always included staff's full employment history.

People received their medicines as prescribed and safely.

### Is the service effective?

Good

The service was effective.

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

The service worked within the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided. People had access to health professionals, where required.

### Is the service caring?

Good

The service was caring.

People were supported by staff who were compassionate and kind.

People's privacy and dignity were protected when assisted by staff. People's diversity was recognised and respected.

Staff were aware of the confidentiality policy and their responsibilities concerning data protection. All confidential

information was securely stored.

## Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned and delivered to meet individual needs and preferences of people.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People and their 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.

Staff felt supported and were confident and clear about their roles and responsibilities.

The provider had systems in place to monitor the quality of support provided to people and to make changes when needed.

People and staff members felt involved in the running of the service and felt their views mattered.

# Day and Nightcare Live-in care Ltd

**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.

This inspection took place on 7 March 2018 and was announced. As the location provides a domiciliary care service to people in their own homes, the provider was given 48 hours' notice. We needed to be sure that representatives of staff and management would be at the office and would be able to assist us to arrange home visits.

The inspection site visit activity started on 7 March 2018 and ended on 12 March 2018. It included visiting the office, speaking with staff and speaking with people who used the service and their relatives. We visited the office location on 7 March to see the registered manager and to review care records and policies and procedures. We spoke with staff on 9 and 12 March 2018.

The inspection team consisted of 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. Their involvement was limited to phoning people using the service and their relatives to ask them for their views on the service.

Before the inspection, 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 used this information to assist in our planning of the inspection. In addition we looked at notifications which the service 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 also spoke with local commissioners to obtain their views about the service.

During the inspection we spoke with four people who used the service and one person's relative. We also spoke with three members of staff and the registered manager. We looked at a range of records during the inspection. These included four care records and four staff files. We also looked at information relating to the management of the service, including quality assurance audits, policies, risk assessments, meeting minutes and staff training records.

Good

# Our findings

People who used the service told us they felt safe while being provided with support in their homes. One person said, "I definitely feel safer having them here. I can call out if I need help". Another person confirmed, "Yes, I feel safe with the carers living here". One person's relative told us, "I have absolutely no concerns. [Staff] are doing a marvellous job".

The service had suitable arrangements in place to ensure people were safe and protected from abuse. Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they believed that a person might be abused. A member of staff told us, "If I suspected abuse, I would report this to the manager. I would take this further if my manager did not act on it".

Procedures for safeguarding vulnerable adults and whistle blowing procedures had been explained to staff, who could also refer to them procedures in their handbooks. Safeguarding procedures were designed to provide staff with guidance to help them protect people from abuse and the risk of abuse and discrimination. We saw these were included in the employee handbook that was given to staff when they commenced their employment.

Risks to people were managed and reviewed. Where people had been identified as being at risk, relevant assessments were in place and action had been taken to manage the risks. For example, one person was at risk of developing a pressure ulcer. Staff were guided to monitor the person's skin integrity. If staff noticed any distressing symptoms such as redness or sores, they were to report this to the registered manager. It was the registered manager's responsibility to arrange for a visit of a tissue viability nurse. Staff we spoke with were aware of this guidance.

One person's relative told us the person's risks were well managed and positive risk taking was promoted. The person's relative told us the person stayed mainly in bed since their last stay in a hospital. The person had physiotherapy sessions at home and they and their family were eager to continue with the exercise. The person and their family decided to continue with exercising under staff's supervision. The person's relative told us, "Dad is too big for one carer to manage, so twice a week my brother and I come and help get dad out of bed. [Name] carer helps by telling us how to move him and shows the best way to transfer dad from the bed to the chair and back again. When dad gets tired, my brother and I put him back into bed again".

The registered manager or a senior member of staff visited people in their homes and conducted risk

assessments on the safety of the person's home environment. For example, they assessed the position of furniture, lighting inside and outside, risks relating to personal care, mobility, medicine management and pets. Once potential hazards were identified, appropriate action was taken to manage and reduce the risk.

People assured us they received support from a consistent staff team who knew their individual needs. People told us they were supported by a main carer, and when the main carer could not be on duty, they were temporarily replaced by staff people were familiar with. This procedure helped to ensure continuity of care. One relative said, "The company try to make sure that I generally have the same carer when my main carer needs a break. They are all excellent".

Staff told us there was a sufficient number of staff to support people. One staff member said, "I think that staffing levels are appropriate". One relative of a person told us they were sure the service employed enough staff. The relative said, "Staffing levels are perfectly adequate for dad's needs".

Safe recruitment practices were not always fully followed. Staff told us they had undergone a thorough recruitment and selection process before they had started working for the service. Staff files included a checklist detailing all the pre-employment checks of new staff obtained by the provider. This included up-to-date criminal records checks, two references from previous employers, a photographic proof of identity, a job application form, a health declaration, interview questions and answers, and proof of eligibility to work in the UK (where applicable). However, some members of staff had gaps in their employment history which had not been explored in the course of the process of their recruitment. The regulations require that providers obtain a full employment history, together with a satisfactory written explanation of any gaps in employment. We brought it to the attention of the registered manager who addressed the issue immediately by informing the human resources department and updating staff files during our inspection.

We noted records were kept in relation to any accidents or incidents that had occurred at the service. All accident and incident records were checked and investigated by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents re-occurring. Any learning points from accidents and incidents were disseminated and discussed with the staff team.

Where people needed support with medicines, we saw that relevant medicine records were accurately maintained and kept up-to-date. People told us staff made sure that medicines were administered as prescribed and appropriately recorded. One person told us, "I am completely reliant on getting my medication, [name] main carer is very careful, records any changes, who has authorised it, and reports any change to her manager. She signs every time I have had my medication".

There were systems in place to ensure infection prevention and control measures were adhered to. Staff told us they were provided with personal protective equipment, and people informed us that staff used aprons and gloves, and washed their hands regularly. This ensured infection control remained effective and all precautions were taken to keep both people and staff safe.

Good

# Our findings

All the people we spoke with told us they felt staff had the right skills and experience to meet their needs. One person praised the qualifications and attitude of staff saying, "They go through an in-depth training programme. Prior to my release from hospital, the main carer came in and spent some time with the nurses and went through my medication routine". Another person told us, "They seem to be competent when they are helping me".

Records seen showed staff received regular training which helped to ensure they had the correct skills and knowledge to fulfil their roles and responsibilities effectively. We saw that all staff had undertaken the provider's mandatory training in areas such as moving and handling, safeguarding, mental capacity, pressure care, infection control and dementia awareness.

Staff members new to their role with Day and Nightcare Live in Care Ltd undertook a structured introduction with the provider. Staff were provided with information on the company's structure and aims, and each staff member was given a handbook of the company's policies to refer to when needed. The induction included observation of other more experienced staff members to see how people liked to be supported. A member of staff told us, "I was provided with six days' induction to ensure I have enough of knowledge before I start working unsupervised".

The service had a system of formal one-to-one supervisions with the registered manager for all staff. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Staff also received an annual appraisal. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. A member of staff told us, "I find our supervision meetings very useful. You can discuss any problem that is having an impact on your work and you receive support from the manager".

Senior care staff also carried out spot checks of staff whilst they were visiting people who used the service. Spot checks were carried out to ensure staff were following and adhering to safe procedures including moving and handling, and medicine competency. We saw evidence of these being completed in the staff files we checked. Staff we spoke with told us these checks were unannounced and they were given feedback after the checks about any action they needed to take to improve their practice. For example, when a spot check had revealed that a member of staff had needed to engage more with a person, this had been later discussed during the staff member's supervision.

Prior to the service agreeing to a package of care, the registered manager undertook a pre-admission assessment to ensure the service could meet people's needs. People, their families, social workers and other services had been involved in the assessment process. The aim was to make sure the service was able to meet the person's needs and expectations. Following the initial assessments, care plans were prepared to ensure staff had sufficient information about how people wanted their care needs to be met. The pre-admission assessment covered every aspect of the person's life in order so that the service could individualise support plans and care for the person as much as possible.

We discussed the Mental Capacity Act (MCA) 2005 with the manager. 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. The manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. Staff demonstrated an understanding of the MCA and explained to us how they applied its principles in their work. A member of staff told us, "The MCA is in place to ensure that the person who is assessed as having capacity has the ability to make their own decision". Staff offered people choices about their care and treatment. One person told us, "The carer lets me do as much as I can for myself. If I don't want a bath, she will give me a bed bath. It's my choice". Another person said, "The carer offers me a choice of clothes to choose from".

Staff members had the skills to effectively communicate important information among themselves, the person they supported and anyone else involved in the person's care. A member of staff told us, "We use different means of communication. For example, we use weekly handover forms to ensure that a message is not lost and other members of staff are up-to- date with what happened during the last week". We noted that the service was using weekly client reports, handover sheets and memos to keep staff up-to- date.

Most people did not need support with eating and drinking. However, some people needed to be assisted while preparing meals and these needs were met. People told us they were supported to have meals of their choice. One person said, "I don't like frozen meals, all the carers cook from the scratch. I have stir fries, curries; today I have had spare ribs, potatoes and vegetables. Everything cooked perfectly". Staff were clear about the importance of adequate amount of fluids and healthy nutrition. Staff confirmed that before they completed their visit, they ensured people were comfortable and had easy access to food and drink as appropriate.

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP, a podiatrist or an occupational therapist. Changes in people's health were documented in their care records. This information was also made available to health professionals who were involved in people's care, either through an identified need or an emergency situation. The management team told us, and records confirmed the service liaised with community health and social care professionals whenever needed.

Good

# Our findings

All the people we spoke with described staff members as kind and caring. People told us they benefitted from caring relationships with staff. One person said, "I spend a lot of time sleeping. We do chat and watch the rugby, we support opposite teams. We do have a laugh at some of the news, she [carer] is such good company". Another person told us, "It has only been three few weeks but we have built up a good working relationship. I don't want to lose her [carer]".

People emphasized the fact that staff treated them with kindness at all times. One person told us, "Their whole attitude shows that they care about me. Sometimes when the carer goes to town, they'll come back with buns or cakes as a special treat". Another person said, "I just feel I am being cared for, they are all very kind. I know I can be difficult now and again, they don't get impatient with me, they are extremely kind".

People's dignity and privacy were respected. When staff spoke about people with us, they were respectful and they displayed genuine affection. Language used in care plans was respectful. All the people we spoke with told us staff members respected their privacy and dignity when supporting them in their own homes. One person complimented their carer for being tactful saying, "She treats me as one of the family, always makes sure I am comfortable with everything. When she is helping me bath, there is never any embarrassment". We spoke to staff to ask how they ensured they respected people's privacy and dignity at all times, and staff provided us with satisfactory answers. A member of staff told us, "I always remember to close the door and draw the curtains while providing personal care. It is also important to explain to the client what we are doing and why we are doing this".

People told us, and staff members confirmed that people were supported to remain as independent as possible when receiving support. One person said, "My carer uses gentle persuasion to get me moving about. She always encourages me by saying 'you can do it'. I know I must move about to keep me going". Another person told us, "When my carer is escorting me to appointments, even though she can drive, I still drive. I enjoy driving and want to do it as long as I can". One staff member said, "I am encouraging them to do as much as they can to retain the current level of their independence".

Staff told us how they involved people in their care. We saw people were involved in reviewing the care and support plans in place. Records showed that reviews were undertaken on at least a monthly basis and were done with the person. These evidenced that people were able to express their views and make decisions about the care and support they received.

Staff were able to tell us how they supported people in a way that respected people's wishes. Staff knew the people who they supported well. They told us they were able to find any information they needed about the person by looking it up in the care records or by speaking with the person directly.
We saw that personal and confidential information was kept securely and only accessed by those with authority to do so. Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know it. Information about people that needed to be passed on was discussed with the registered manager in the office in private.

Good

# Our findings

People told us they received personalised care that met their individual needs. People's relatives we spoke with said the staff knew people thoroughly and identified any changes in people's health and wellbeing immediately. Relatives also told us that such changes were addressed appropriately. In the process of our inspection, we spoke with a member of staff who responded to the changing needs of person whose health had declined. The member of staff had reported this to the office and was awaiting ambulance arrival. Staff we spoke with understood people's needs and knew how to meet them.

People confirmed that staff responded appropriately when their care needs changed. One person told us, "I am totally reliant on my medication, it is always being changed and my carer always records any changes, logs the person who authorised the changes and reports any changes to the office and manager". Another person said, "So far my carer is very accommodating with her routine when I have to attend appointments".

People had care plans in place which included all details that were necessary to provide people with quality care. Staff involved people in reviews of their plans and making decisions about changes to their support. The care plans included people's preferred names and information about individuals who were important to people. Reviews were undertaken with people and, where appropriate, with those important to them. One person told us, "My care plan was reviewed recently with me and my carer was present. Some minor changes this time". Another person said, "Someone came some time ago and went through everything with me. Asking if I was happy with my carer and if I needed any more help". The care plans contained information about when people had been seen by their GP or other health professionals. They also specified any changes to the person's care and treatment, introduced either by the service of external health professionals.

The equality and diversity policy was available at the service. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized at the initial assessment stage and respected within the service. Staff had received training in equality and diversity.
Staff we spoke with demonstrated they believed in and followed person-centred values. They gave us examples of how they delivered care in a way that respected people as individuals. Staff told us they felt valued and supported by the service.

The service met the requirements of the Accessible information Standard. 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. People were provided with information in

the way that suited them. Some people accessed the provider's mobile application where they could check the rota of staff who would be visiting them. All changes were recorded in the application at the same time as in the office. Other people used white boards provided to them by the service to accommodate their specific communication needs.

People and their relatives told us that they would be confident to raise any concerns or complaints and that they would be definitely listened to. At this inspection, all those we spoke with told us that they had never had to raise any complaints and that they were happy with the service they received. One person said, "No complaint about my carer, generally happy with the help I get". The provider had systems in place to investigate and respond to any concerns raised with them. No formal complaints had been recorded.

On the day of the inspection no one was receiving end of life care. However, all staff had already received training to provide end of life support. The registered manager told us they were aware of people's changing needs and were prepared to respond to any decline in their health. The registered manager knew the professionals they would liaise with if they were to provide people with end of life care.

Good

# Our findings

There was a manager in post who had been registered with the commission since March 2017. 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, their relatives and staff told us that management were approachable and helpful. One person complimented the registered manager saying, "She is a very nice lady, very efficient, easy to talk to". A member of staff said, "She is very approachable to us. If you have any problems, she is always there for you".

People told us that they felt the service ran smoothly and they hadn't needed to contact the office very often. One person said, "I have never had any issue with the service, even when my wife was here and needed the carers for everything". Another person told us, "I haven't needed to contact the manager".

Staff understood their roles and responsibilities, and communicated efficiently with one another through daily notes, weekly client reports and written and verbal weekly handovers. Staff were clear about their roles and worked well as a team. One staff member told us, "We are a small enough team, but because we are small the communication is really effective". Another staff member explained that they used a written record to update staff at the start of each week about any changes to a person's needs.

Staff told us they were actively involved in the running of the service. They said that their feedback was valued by the registered manager and their suggestions were incorporated into people's care plans. A member of staff told us, "If we want to suggest any changes in care plans, the registered manager is listening to us and she amends the care plans in parts that should be amended. I had a suggestion once to change the care plan of one person who became bed-bound and they listened to me".

Due to the size of the service and the nature of the service, there were no team meetings organised for staff. Care staff told us they received regular support and advice from their managers via phone calls, and face-to-face meetings. They felt that the registered manager was always available if they had any concerns.

People who used the service and their relatives were regularly asked about their thoughts and experiences of the service. We saw the service gained feedback from people, people's relatives, external professionals and staff members in many forms. We looked at customer questionnaire forms and found the results of the

recent survey to be positive. People told us they were also called by the office or visited by the registered manager to check on the quality of the service provided to them. One person said, "I have had a general chat about how things were going with the care I was receiving". Another person told us, "We've had a chat, I told them everything was going swimmingly well. They always look at paperwork, and my care plan is always kept updated".

The registered manager also monitored the quality of the service through audits of the systems and processes in place. For example, we saw audits were completed on the quality and effectiveness of care provided to people. Other audits related to support plans and medicines administration charts. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. Records showed us these audits had taken place regularly and had positive outcomes. For example, regular communication log audits helped to improve the flow of information among staff, the office and health care professionals.

The service worked in partnership with other agencies to support care provision and development. The registered manager cooperated with the local authority to ensure they were working in accordance with people's needs and obligations with the commissioning contract.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities, particularly in regard to the CQC registration requirements. The registered manager adhered to their legal obligation to notify us about important events that affect the people using the service. The service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.