Mr John Maloney

Day and Nightcare Assistance

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

We inspected Day and Nightcare Assistance on 14 January 2016. The inspection was announced. Day and Nightcare Assistance is a domiciliary care agency in Banbury that facilitates 24 hour discharge to assess for people from local hospitals back to their own homes around Oxfordshire. At the time of this inspection, the agency was supporting 69 people.

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 who used the service felt safe. The staff had a clear understanding of how to safeguard people and protect their health and well-being. Staff had a good understanding of their responsibilities to report any suspected abuse. The service had sufficient numbers of suitably qualified staff to meet people's needs. There were systems in place to manage and support safe administration of medicines.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and had received training in this area. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Staff were supported through on-going meetings, individual one to one supervisions and yearly appraisals to reflect on their practice and develop their skills. Staff received training specific to people's needs.

The service was caring. People's relatives and healthcare professionals described the staff as excellent and providing very good care. There was a strong emphasis on key principles of care such as dignity, privacy, individuality, right to make decisions and right to lead as normal a life as possible. People felt they were treated with kindness and said their privacy and dignity were always respected. Staff had developed positive relationships with people.

People's needs were assessed and care plans enabled staff to understand how to support people. Changes in people's needs were identified through reviews thereafter. People's interests and preferences were discussed during assessments and these were used to plan their care. The service was flexible and responded positively to people's requests.

The provider had a clear vision for the service which was shared throughout the staff team. The vision was promoting independence and allowing people to live a normal life. This was embedded within staff practices and evidenced through people's care plans. Staff felt fully supported by the manager and the provider.

Leadership within the service was open and transparent at all levels. The service supported a positive culture committed to supporting people in regaining their independence. There were good quality

assurance systems in place. The provider had systems to enable people to provide feedback on the support they received.

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 had confidence in the service and felt safe when receiving care. People felt protected from harm.

Risk assessments were in place to ensure people's safety and well-being.

Recruitment procedures ensured people were supported by staff of suitable character.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs.

Staff received training and support to enable them to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 and their responsibilities under the Act.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who treated them with dignity and respect.

People were pleased with the quality and consistency of care they received.

The service had a strong culture of person centred care and clear emphasis on promoting independence.

Is the service responsive?

Good

The service's was responsive.

When people's needs changed the service responded quickly and took prompt action involving other healthcare professionals as needed.

People felt the service was flexible and based on their preferences. Where changes in people's support were identified, care packages were changed quickly.

Is the service well-led?

Good

The service was well led.

Staff were proud to work for the service and were supported to maintain the values of the service.

The service manager was a role model who encouraged and supported staff.

The service manager promoted a person centred culture which emphasised the importance of maintaining independence.

There were systems in place to assure quality and identify areas of improvement. □

Day and Nightcare Assistance

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 14 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of three inspectors.

Before the inspection we reviewed the information we held about the service and the provider. We received feedback from three healthcare professionals who worked closely with the domiciliary care service.

We spoke with the service manager, three care staff, one senior carer and two office care coordinators. We reviewed a range of records relating to the management of the domiciliary care service. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. We spoke with four people and five relatives. We looked at five people's care records including medicine administration records (MAR).

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from Day and Nightcare Assistance. One person said "Yes you rely on them". They also told us they had been offered an emergency alarm but declined and they knew how to get in touch with the service. Another person told us, "Staff are thorough, I feel safe. They are usually on time and they will call if stuck in traffic". One relative told us their family member felt safe with the care provided. People had access to assistive technology which allowed them to maintain safety in their own homes. We saw in some people's care plans they had been offered wrist pendants and door sensors to reduce risks of harm.

Staff we spoke with had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One member of staff said, "I am happy to report any concerns to social services". They had received safeguarding training as part of their induction as well as annual updates. There was clear safeguarding guidance in place. One member of staff said "Safeguarding is discussed in training and we have a staff handbook that covers it". Staff had knowledge of types of abuse and signs of possible abuse.

The provider recorded and reported accidents and incidents appropriately. Records clearly documented when incidents and accidents had occurred and what action was taken following the event. For example we saw an incident reported which involved a staff member sustaining an injury in a person's home. This incident had triggered a reassessment of the person's home to ensure the safety of both the staff member and the person. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

The provider had risk assessments in place to support people to be as independent as possible. These helped to ensure people's safety and supported them to maintain their freedom. Risk assessments included medicines, equipment and fire which were done before the person was discharged from hospital. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving them around their home.

People were supported by sufficient staff with the skills and knowledge to meet their individual needs. Staffing levels were determined by the people's needs as well as the number of people using the service. Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. The manager considered sickness levels and staff vacancies when calculating the number of staff needed to be employed to ensure safe staffing levels.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people. The staff files reviewed confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. Medicine assessments ensured people who were being discharged home with medicines had sufficient medicines to meet their needs. The assessments identified people who needed support with the administration of medicines. People had assessments to determine whether they were able to administer medicines independently or needed support. There were policies and procedures in place to ensure medicines were managed in accordance with current regulations and guidance. Staff training records showed staff had been trained in the safe administration of medicines and their competencies assessed. The manager completed regular audits of medication administration records (MAR) to ensure medicines were being administered in line with people's prescriptions.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet people's needs. Comments included, "I've had new people. They are all qualified", "They know their job", "They are all very competent and seem very well trained" and "They know what they are doing". Another person commented that sometimes a new member of staff had visited to shadow the regular staff as part of their training.

New staff were supported to complete a comprehensive induction programme before working on their own. Staff told us, "You get training before you start the job. Everything you need to know is covered in the induction", "Induction was wonderful, a lot of information covered", "Training is very good. Trainer gives extra time if needed" and "Training is very good and it prepares you for the role". Staff records showed staff received the organisation's mandatory training on a range of subjects including moving and handling, safeguarding, medication administration, infection control and Mental Capacity Act 2005 (MCA). One member of staff told us they had done their training including safeguarding adults and had shadowed experienced carers at the beginning of their employment.

Records showed staff had received additional client specific training from district nurses or hospital ward staff. The training included stoma care, warfarin administration and steroid based topical medication. This training was person specific and therefore could only be performed on the person whom the training was for. Staff also received training for different pieces of equipment before use. One member of staff said "We receive practical training for various equipment before we use it. Anytime we see new equipment in people's house, we would be already trained for it".

People were supported by staff who were monitored by their line manager. This monitoring included spot checking, skills assessment against care plans as well as one to one supervisions. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We get supervision every three months". Staff told us they felt supported by the service manager and the provider. Comments included: "You can speak to the manager anytime", "Great support from management, they will sort out anything quickly", "Manager is very good and supportive" and "Everyone is very supportive here".

The provider maintained good communication with their staff who worked in the community. The agency compiled a daily handover sheet using updates received from the staff, hospital coordinators, social workers and medical professionals. This information was sent weekly to staff. Staff used this information to ensure effective, safe care for people. One member of staff said, "We receive weekly memos with any updates we need to be aware of". Another member of staff said, "We are like eyes and ears for the office staff. We have great communication between ourselves". Staff told us they attended regular staff meetings. Comments included, "We attend staff meetings once per month to see if we have any issues", "We discuss how we can best support clients (people) in staff meetings and may do an extra review if needed" and "Staff meetings well attended, relaxed atmosphere".

Staff were aware of their responsibilities under the Mental Capacity Act 2005(MCA). The MCA provides a legal

framework to assess people's capacity to make certain decisions at a certain time. One member of staff said, "MCA covers when people can't really make own decision and we may need to do best interest for them". Where people lacked capacity, mental capacity assessments had been completed in line with legal guidelines. Records showed one person lacked capacity and the service had provided staff to be with them around the clock. The service worked closely with the hospitals to ensure best interest decisions were made for people who were assessed as lacking capacity to make certain decisions. The service manager told us if they had concerns regarding a person's ability to make a decision, they worked with the local authority to ensure appropriate capacity assessments were undertaken.

Staff asked for people's consent prior to any care support or provision. One member of staff said "Even if key code is in use, I still ring the bell to tell them (people) we are coming in. I still need their permission". People confirmed that they had consented to care and support. People told us staff checked with them that they were happy with the support given on regular basis. Staff asked people about their needs and if these had changed. A person told us, "They (staff) usually ask us how things are getting on".

Staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Care records showed staff discussed people's dietary needs and support on a day to day basis. Some people preferred family members to support them with meals and the service respected people's choice. Staff told us that they always made sure people had access to food and drink before they left their visit.

People had access to health and social care professionals. Records showed people had access to a GP, dentist and an optician. For example, one person had regular podiatry appointments. The service had supported the person to attend. People had a health action plan which described the support they needed to stay healthy. The care plans had a section on 'external involvement'. This detailed any specialist input required and was followed by this question, "If so, have the relevant parties been informed when the client will be discharged"? This allowed continuation of care from other healthcare professionals for example, district nurses, social workers, physiotherapists and occupational therapists following hospital discharge.

Good

Is the service caring?

Our findings

People told us the staff were caring. Comments included, "The service is good, very good and very pleasant people", "Somebody comes in every day. They are all most helpful" and "They are very good". Relatives spoke positively about the attitude of the carers. Comments included, "Carers are excellent, first class lovely people, very caring indeed", "The girls are excellent. I couldn't fault them" and "Carers are pretty good".

Staff told us they were caring and treated people with kindness and compassion. Comments included, "We treat people like we would like our family to be treated", "Ninety nine percent of our clients are very happy and provide good feedback", "We always find out the way people want their things done so we care for them well and build trust" and "We always asks people how they like things done. Also good feedback from families". Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them.

People received care and support from staff who knew them well. The service manager told us she was passionate about making positive differences to people's lives. Staff met people whilst they were in hospital to complete an initial assessment. The relationships between staff and people receiving support were built from then on and demonstrated dignity and respect at all times. Staff knew, understood and responded to people's cultural, gender and spiritual needs in a caring and compassionate way. For example, people were asked about their religious and cultural needs during initial assessments and the service included these in the care plans. One member of staff said, "We respect cultural needs of people and staff".

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys. People's care was not rushed, enabling staff to spend quality time with them. The service manager told us they were not a timed service. This meant people did not have set times for attendance but were visited within a time frame, for example, between ten and twelve o'clock rather than ten o'clock. This allowed the provider to prioritise in a person centred way and give room for flexibility considering the provider's high turnover. For example, one person had hospital appointments three times every week. The provider saw this person on a set time basis to allow them to attend hospital appointments timely without missing their daily support. Some of the relatives we spoke with found this less favourable. One relative said "The only problem is time. A more definite time of visit would be helpful". Another one said "We don't have fixed time".

The manager followed the company slogan "Who cares, we care" on a day to day basis. The service manager told us that it was paramount that the care provided was undertaken with a "soft, gentle and caring nature". The provider took steps to ensure people had the necessary resources to support their discharge from hospital. For example, one person did not have any food in their house. The staff went and bought food for them so that they could settle back into their home and not have to stay in hospital an extra day.

People felt their privacy and dignity was respected. They told us about the assistance given such as help getting up, showering or bathing as well as dressing. Staff comments included, "We respect people's privacy

by closing curtains and doors when personal care is delivered" and "We maintain their privacy for example by covering them with a towel whilst washing in bed". Staff engaged and communicated with people during support . One member of staff said, "I communicate with clients all the time. They (people) enjoy the conversations".

People's records included information about their personal circumstances and how they wished to be supported. This allowed staff to plan the people's care and support them to maintain their independence regardless of their level of disability.

Good

Is the service responsive?

Our findings

People and their relatives were involved in developing their care, support and treatment plans from when they first started to receive the service. Care plans were personalised and had detailed daily routines specific to each person. There were clear assessments in place that were used to develop clear and concise support plans to enable staff to support people and meet their needs. Staff had a very good understanding of people's needs. Comments included, "We always read the care plans and talk to family and person to know their routines".

Assessments were undertaken to identify people's support needs. Assessments included an assessment to be completed within four hours by the hospital coordinators. The provider worked closely with social workers to ensure people had the right packages of care. Initially the service depended on other organisations to do home assessments. The manager frequently established during assessments that the package of care requested would not be suitable or safe for the person assessed. For example, on one occasion this resulted in the person being sent to back to hospital as their home was not suitable for their needs at that time. Another person's safety and well-being had been affected by their house not being hygienic. Records showed that the provider had arranged a deep cleaning of the house and the person remained in their home. We saw on several occasions the service had loaned items like microwaves, heaters and utensils to people who urgently needed them but could not source them for themselves.

People's assessments were reviewed two days after care started and then weekly thereafter. This allowed the service to monitor how people were managing in their home environment and adapt the support package to suit the person's specific needs. The service aimed at collaborating with other professionals and rehabilitating people and supporting them in maintaining independence. For example, the manager told us a number of people had their packages reduced or ceased following rehabilitation during the assessment period. The provider aimed at promoting independence of people by encouraging them to undertake day to day tasks. One person's care plan emphasised allowing the person time to carry out tasks and encouraging independence. Another person used inappropriate language to express their feelings and the care plan encouraged staff to be patient with the person and listen to them closely. This person was only supported by staff who had a good understanding of dementia.

The provider had systems in place to ensure prompt action was taken to address any changes in people's needs. The coordination between office staff and staff in the community enabled changes to be implemented quickly. One member of staff told us, "We are flexible and able to adjust visits if anyone needs extra visits". For example, staff went to support a person in the morning who only required two visits per day and noticed they looked unwell. Staff informed the GP and the person was prescribed antibiotics which needed to be given four times a day. The service quickly increased the person's visits to support with the administration of medicines. This did not have any impact on support given to other people. These actions were completed within 12 hours of the change in the person's circumstances.

Relatives told us care plans reflected people's changing needs and included information on any special requirements. One relative told us, "The manager responded to changing needs and discussed any

variations with me". People and relatives gave us examples of changes made in response to their needs. Such changes included number of visits in a day, time of visit and number of staff needed for each visit. One member of staff commented, "We look to re-enable people so they may reduce care package or cease at the end of the assessment. We do reviews at 48hours and then weekly on all people".

The provider had a complaints policy and information regarding complaints was given to people when they started receiving the service. Every person said they knew how to make a complaint if it was necessary to do so. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two minor complaints since the beginning of the year. These had been dealt with appropriately and people and their relatives were satisfied with the responses. One of the complaints was about staff using too much washing up liquid. This was discussed with staff during team meeting. Staff understood that people should feel able to raise any concerns. One member of staff told us, "We can only make changes if we know something is not going well. It's good when clients raise concerns". People told us they knew how to contact the manager and provider if any issues arose. A relative told us, "There had been a problem with a member of staff and I told the provider not to send them again". The service had respected their wishes.

The manager had received many compliments in the last year in form of letters, thank you cards and compliments received over the phone. A relative told us they had complimented the service by sending thank you cards to staff when their family member's care was taken over by a new provider.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. Family's involvement formed part of the care planning process. The service encouraged and accommodated families and friends in maintaining social ties. We saw in one person's care plan that they wanted to attend church service on Sundays at 10 O'clock in the morning. The services had adjusted the person's visits to allow family members to take them to church.

People were empowered to make choices and have as much control and independence as possible. One member of staff told us, "We always give choice. For example we ask if a person wants to wear a nightie or wear day clothes". People were given a choice of either male or female staff. Records showed most people did not mind having either.

Good

Is the service well-led?

Our findings

The manager was a role model of a care driven team. Records showed the provider had developed and maintained a positive culture aiming continuously to improve. For example, regular feedback from people, relatives and staff was used to make positive changes to the way care was given. People and relatives knew the manager well and were happy with the support they received. They said the service was well led and the manager often came out to see them and provide care.

We received positive feedback from staff. Staff told us they had an open and positive relationship with the manager. Without exception all staff spoke highly of the service manager and the provider. Comments included, "The way we work here and the support is amazing. Support from company is excellent", "Brilliant Company, everyone is like family", "It's a fantastic company to work for. Very helpful and supportive", "Very flexible management" and "Quite a few office staff travel far to work but you don't mind travelling further if you are happy where you work". Staff told us the manager would never expect any member of staff to do something that they (service manager) in turn would not be able to do themselves. The service manager was a hands on person who was mostly in the community supporting staff and attending to people whilst reassessing ways in which to improve the quality of care.

Staff appreciated the team spirit within the service. Comments from staff included, "Brilliant staff team and brilliant company. I wouldn't change it for the world", "If I was to leave this company, I wouldn't like to go and work for another care company, "I was made welcome here, very helpful. There is a stable team and no high turnover of staff" and "Stable team and management. Very happy here". The service manager told us that the provider recognised staff effort and commitment. The provider paid for staff meals as appreciation for the outstanding service. The service manager said, "We have coffee mornings with staff to address any issues and 'wind-down'.
Professionals were complimentary about the service and the service manager. One professional told us, "The service has a strong leadership. The manager is not business but care driven". Another one said, "The hospital coordinators do an amazing job and it's all credit to a strong manager". They all told us the service was well led.

The provider had a positive culture that was person-centred, open, inclusive and empowering. Staff felt motivated and supported by the manager who always had their door open and phone on allowing staff to contact them at any time. The manager had developed practical ways of communicating with staff who worked in the community to ensure they were kept up to date of any changes, knew about best practice and could share information and views. For example, staff meeting venues were chosen flexibly to allow good staff attendance. One member of staff said, "If I need a meeting, I could meet with the manager in Oxford".

Day and Nightcare Assistance aimed at promoting people's well-being in the community by providing practical and user led support in their homes following hospital discharges. The service manager's vision was to support people to maintain independence and rehabilitate to reduce people's support needs. They told us they had continuous support from the provider who shared the same vision. The service aimed at fulfilling this vision by recognising people's dignity, privacy, individuality and enabling them to lead as

normal a life as possible. We saw this embedded in the people's regular care reviews which showed people had reduced support needs. People's well-being was the central focus of the planning, assessment and the delivery of care. The aims of the service were included in the statement of purpose and staff handbook. The service discussed the aims with the people when they started care. Staff were made aware of these aims at their start of employment.

People were involved in planning and reviewing their care and support. The manager monitored the quality of their support and care by facilitating client questionnaires every three months. We reviewed the responses during our inspection and they were positive. Everyone who had responded to the last questionnaire had answered "Excellent" when asked about the quality of the service provided. The service manager carried out regular spot checks in people's homes to review the quality of the service provided. This included observing care being given as well as reviewing people's records kept in their homes to ensure they were completed appropriately. People were given an opportunity to make any comments and provide feedback during spot checks

The manager had notified the commission about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. People and those important to them had opportunities to feedback their views about the agency and the quality of the service they received. The manager had sought and acted on those views. For example, the service used to rely on home assessments done by other agencies. People had fedback that most of the time they did not have required equipment when they got home after hospital discharge. The provider responded by introducing hospital coordinators who now did house assessments before a person was discharged to ensure they had all the equipment they needed. Also, concerns were raised about discharges being delayed due to unavailability of hospital transport. The provider now had their own vehicle that they used for discharge transport.

The service manager was proud of the staff and service provided to people. They acknowledged they had a, "fantastic team and really good management team support from the top". This made this discharge to assess service sustainable despite the pressures that came with it.