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?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of Day and Nightcare Assistance on 27 February 2018.

This service is a domiciliary care agency. It provides personal care which includes live-in services to people living in their own homes. It also facilitates 24 hour discharge to assess for people from local hospitals back to their own homes around Oxfordshire. It provides a service to older people and younger adults. At the time of our inspection, the service was supporting 80 people.

There was a registered manager in place. 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. However, the well-led section required improvement. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Day and Nightcare Assistance was led by a registered manager who promoted a service that put people at the centre of all the service did. However, we found the staff did not feel supported and they told us there was a lack of good working relationship between staff and the management team. Staff told us they felt not listened to by the provider and registered manager. Staff felt there was a bullying and blame culture within the service.

People remained safe receiving care from Day and Nightcare Assistance. Staff had a clear understanding on how to safeguard people and protect their health and well-being. Risk assessments were carried out and promoted positive risk taking which enabled people to live their lives as they chose. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable for their roles. There were sufficient staff to meet people's needs and staff had time to spend with people. There were systems in place to manage safe administration of medicines.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People had their needs assessed prior to receiving care from the service to ensure staff were able to meet people's needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. People were involved in decisions about their care

needs and the support they required to meet those needs. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People were supported to have access to activities of their choice in the community.

People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible.

The provider's vision for the service was promoting independence and allowing people to live a normal life. This was shared throughout the staff team and embedded within staff practices. We evidenced these practices through people's care plans and staff feedback.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care to people and promote a culture that was person-centred and achieved good outcomes for people.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service was not always well-led. Staff told us the provider and the management team were not always supportive. Staff felt there was a blame culture within the service. People told us they felt the service was well run. People's views were sought and acted upon. There were systems in place to monitor the quality and safety of the service and drive improvement.	**Requires 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 was carried out by an 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. This inspection took place on 27 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their homes; we needed to be sure that someone would be in the office.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We reviewed the previous inspection report.

We spoke with 12 people and three relatives. We looked at four people's care records and medicine administration records (MAR). We spoke with the registered manager, the assistant manager, care coordinators and support staff. We reviewed a range of records relating to the management of the service. These included five staff files, quality assurance audits, minutes of meetings with staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People continued to feel safe. People told us, "Feel very safe with all of them. All are very nice. Never miss a visit and always phone to let me know if they are going to be a bit late" and "Feel very safe because I know roughly who is coming in. I know most of them [carers], get on well with them and they know me". People's relatives also told us people were safe. Comments included; "Changed from another agency to DANA (Day and Nightcare Assistance). Now absolutely super. Can't fault them, best one [service] I've ever had" and "Yes really safe. Only missed one call due to bad weather. Generally on time but get held up sometimes".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff told us, "I would report to the manager or safeguarding team". There were safeguarding procedures in place and records showed that all concerns had been fully investigated and appropriate action taken.

Risks to people were identified in their care plans. People were able to move freely around their homes and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of pressure damage, guidance had been sought from healthcare professionals and this guidance was followed.

The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles. Records showed there were enough staff to meet people's needs. Systems used to monitor call indicated there were no missed calls recorded. One person commented, "Come; in clock in and out with their phones". People told us staff were not rushed. They said, "Usually make time to have a cup of tea and a natter" and "Stay the time they [carers] are supposed to".

The provider had an infection control policy in place. Staff were aware of the provider's infection control policies and adhered to them. People told us staff used personal protective equipment (PPE) and washed their hands. One person said, "They wear aprons and gloves before getting me in the shower. I see them washing hands all the time".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. Staff told us and records of staff memos showed where issues or shortfalls were identified, these were discussed with the aim of learning from them. For example, inconsistencies in logging in call visits. These were discussed in meetings and the importance of them made clear to staff.

Good

Is the service effective?

Our findings

The service continued to provide effective care. People's needs were assessed prior to accessing the service to ensure their needs could be met. For example, assessments identified people's preferred methods of communication and staff were provided with guidance on how to effectively communicate with people. Assessments also covered people's individual needs relating to mobility and skin integrity. Detailed guidance was provided for staff on how to support people effectively.

People received care from staff who had the skills and knowledge needed to carry out their roles. New staff were supported to complete a comprehensive induction programme before working on their own. The induction programme included training for their role and shadowing an experienced member of staff. One member of staff told us, "Induction included face to face classroom training and shadowing an experienced member of staff for as long as needed".

Staff told us and records confirmed that staff received support through regular supervision (a one to one meeting with their line manager), spot checks and training. Staff training records were maintained and we saw planned training was up to date. Where additional or refresher training was required we saw training events had been booked. Staff also had further training opportunities.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "I assume capacity in the first instance and give choices".

People's consent was sought before any care or support was given. One person told us, "They never do anything without asking me. Usually I tell them what I would like and they do it. Fantastic support". Staff we spoke with told us they would explain the support to be given and seek the person's consent. Staff told us consent was always sought and the response was not necessarily obtained verbally. For example, through people's facial expressions.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record gave guidance for staff on how best to support a person who lived with severe dementia. This person was still able to live in their home with 24 hour support.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GPs and occupational therapists. Visits by healthcare professionals, assessments and referrals were all recorded in people's care records.

People's nutritional needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences, special dietary needs and any allergies. One person told us, "Do get my

breakfast. If I want fish and chips they will pop out and get me some. Usually get my microwave meal. Do me sandwiches for later on. Pleased with what they do".

Good

Is the service caring?

Our findings

People continued to benefit from positive caring relationships with staff. People told us, "Got very good carers. No problems, get on with them all", "Very kind and understanding, get on with all of them. The family have met them all. Carers seen as very much part of the family" and "Good relationship, get on with them". Staff told us they had positive relationships with people. One member of staff said, "We get to know people well and have good relationships with them".

The registered manager promoted a caring culture. They told us they often completed visits alongside staff. They treated people with kindness and compassion. People told us, "Always polite, ask if they may help. Always end up laughing with them" and "Wonderful care. All very good. They are caring towards you. Get me up in the morning, shower me and get my breakfast".

People were treated with dignity and respect by staff and they were supported in a caring way. One person told us, "Always treated with dignity and respect. Listen when I say something and always ask permission". Staff ensured people received their support in private. Staff described how they treated people with dignity and respect. One member of staff said, "We cover people with towels during personal care. We talk to people with respect". Care records reflected how staff should support people in a dignified way and respect their privacy. Care plans were written in a respectful manner.

People's needs in relation to gender, faith and disability were clearly recorded in care plans and staff knew the needs of each person well. Staff gave us examples of how they supported people's diverse needs and equality rights. One member of staff told us, "We treat everyone as individuals and tailor their needs and wishes". Discussions with the registered manager and staff demonstrated that the service respected people's individual needs.

People's care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. Records showed where appropriate, people's relatives and advocates signed documents in care plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing care plans and reviewing care. One person's relative said, "Manager came to see us, went through it all [care plan]".

People told us they were supported to maintain their independence. One person said, "Couldn't manage without them [carers]. They let me do what I can and help me to stay living here". Each person's care plans detailed repeatedly the importance of people maintaining their independence where possible. Staff told us that people were encouraged to be as independent as possible. One member of staff said, "We encourage them to wash themselves".

Staff understood the importance of confidentiality. One member of staff told us, "We shred confidential information. Our computers are password protected". People's care records were kept in locked cabinets in the office and were only accessible to staff. The provider's policy and procedures on confidentiality were available to people, relatives and staff.

Good

Is the service responsive?

Our findings

Day and Nightcare Assistance continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests and hobbies. Care plans were personalised and contained detailed daily routines specific to each person. These care records were current and reflected people's needs in detail. We saw daily records were maintained to monitor people's progress on each shift.

Staff and the management team completed care plan reviews when they visited people. People told us they were involved in reviews. People said, "The office [managers] comes out and do new care plan. Ask me what I need and tell me about any changes", "Have a meeting to see if all is ok or if there is anything else in the way of care needed" and "When I first had the agency we sat down and they asked me what I would like in the way of care. They recorded it in a log. They [managers] do come round from time to time and ask if there is anything else I need".

The service was responsive to peoples changing needs. For example, we saw evidence of how the service had responded to changing needs in relation to a person's deteriorating condition. The person was referred to their GP and an occupational therapist. As a result, new moving and handling equipment was put in place. The registered manager reviewed the person's risk assessments and care plan to reflect the changes.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, people who enjoyed attending social events such as coffee mornings and community centres. The service planned people's care visit times flexible enough to accommodate their interests as well as any other social commitments.

The provider checked the service was meeting people's needs through regular telephone reviews. These were completed two days after care started, weekly and then six monthly thereafter to ensure people were happy with the care received. Records showed people were happy with the care and support received. People also fed back on changes they needed. For example, one person was not keen on having male cares. We saw the services had made the changes and ensured there would always be a female member of staff during the double handed call and the person was pleased.

The service had systems in place to record, investigate and resolve complaints. The provider's complaints policy was available to all people, and a copy was kept within people's care records in their homes. People knew how to complain and were confident action would be taken. People told us they hardly had any reason to complain. One person commented, "No real complaints, small things sorted out by carers".

At the time of our inspection no people received end of life care (EOLC). However, staff told us they knew how to support people during EOLC. One member of staff said, "We ensure comfort and communicate as well as support the family". Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort.

Requires Improvement

Is the service well-led?

Our findings

Day and Nightcare Assistance was led by a registered manager who was supported by an assistant manager. The registered manager had been in post for two years.

On the day of the inspection we found there was clear tension between staff and the management team. We asked staff if the service was well led and we received mixed views. Some staff told us, "Manager is great. I can go to them any time" and "The manager is good". Other members of staff said, "Manager is not supportive", "Generally staff morale is depressing currently. We have no support from the manager" and "Manager is biased and does not take any criticism"

We also received mixed views about the culture within the service. Some staff told us, "The organisation is family orientated and fair" and "This is a good organisation to work for, very accommodating". Other members of staff told us they felt they were not always treated equitably and there was a blame culture within the organisation. Staff felt they were not listened to by the provider and the registered manager. Staff comments included; "There is blame culture within the organisation. We brought in concerns and they resulted in bullying", "Not a great organisation recently, terrible atmosphere" and "We feel trapped and organisation has a blame culture. We are not listened to and if you raise concerns this is portrayed as trouble making". We looked at the provider's whistleblowing policy and we found there was no clear process for staff to whistle blow in-house. Staff told us they had no way of contacting the provider.

We spoke to the registered manager about these concerns and they acknowledged there had been concerns within the team and these had been brought to the provider's attention and the provider was trying to address them. The registered manager commented, "There have been changes in staffing. It's been challenging putting teams together".

People told us they felt the service was well managed. One person said, "I know who the manager is. Been out to see me on several occasions". People's relatives told us the service was well run. They commented, "The management helps us out. All the help we need, a good service which is well managed" and "Know the managers, they will sort anything quickly".

During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, one medicine audit identified shortfalls in recording of when necessary (PRN) medicines. This was further identified as a staff training need for new staff. Records showed recording in this area had improved.

People and their relatives were encouraged to provide feedback about the quality of the service. Feedback was sought satisfaction surveys. The results of the last survey showed people were happy about the service and care provided. The registered manager and assistant 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 told us there was effective communication with the service and had never had a problem speaking to someone in the office. They told us that the office number was written in the care book which was kept in peoples' homes. They said, "Office staff are brilliant" and "Nice people in the office". Staff commented positively on communication within the team. Information was shared through daily memos and team meetings. These allowed continuous updates among staff and aimed at improving people's care. One member of staff told us, "We get updates through daily memos and team meeting minutes are available as well".

Records showed that the service worked in partnership with local authorities, safeguarding team, healthcare professionals, GPs and social services. Advice was sought and referrals were made in a timely manner, which allowed continuity of care. Safeguarding concerns were investigated and action plans followed through to ensure the risk of reoccurrence was reduced.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people came to harm.