

Day Care Services Limited

Daycare Domiciliary Services

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

Daycare Domiciliary Services is a domiciliary care service. It is registered to provide personal care to people living in their own homes. There were 21 people using the service on the day of our inspection.

Rating at last inspection

At the last inspection, in January 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People continued to receive care which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. Staff were available to respond to and meet people's needs safely. Checks were completed on potential new staff to make sure they were suitable to support people in their own homes.

People continued to receive care that was effective in meeting their needs. Staff received training to give them the skills and knowledge they needed to meet people's needs. Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff. When needed, systems were in place to help people maintain good health and have enough to eat and drink.

People continued to receive support from staff who had a caring approach. People knew the staff that supported them and had good relationships with them. People felt involved in their own care and staff listened to what they wanted. Staff respected people's privacy and dignity when they supported them and promoted their independence.

People continued to receive care and support that was individual to them. Their support needs were kept under review and staff responded when there were changes in these needs. People were encouraged to raise concerns and make complaints and were happy these would be responded to.

People felt listened to when they gave feedback about the service they received. Staff were happy in their work and were clear about their roles and responsibilities. Systems were in place that continued to be effective in assessing and monitoring the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Daycare Domiciliary Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 20 April 2017 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 at their office.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. The provider had completed a Provider Information Return (PIR) in August 2016. 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. During our inspection we looked to see if the provider had made the improvements they had said they would.

We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

We spoke with six people and three relatives. We also met and spoke with four support workers, one senior and the registered manager. We viewed two people's care and medicine records. We also viewed the recruitment records of three staff and other records relating to the management of the service.

Is the service safe?

Our findings

People continued to be protected from avoidable abuse and discrimination. People agreed they felt safe with the way staff supported them. They also felt safe with staff coming into their own homes. One person said, "I feel safe with them (staff) because they know what they're doing, I trust them." One relative said, "We know who the staff are so that makes us feel safe. We trust them when they're in our house and when they help [person's name]."

Staff had received training in how to keep people safe and protect them from avoidable abuse and discrimination. They understood how to recognise signs of abuse and told us they would report concerns to the registered manager straight away. The registered manager understood their responsibilities in reporting and dealing with concerns to ensure people remained safe.

Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. Plans were in place to ensure people were protected from risk both within the home and in respect of their care and support. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe.

People were supported by sufficient numbers of staff to meet their needs safely. Staff work in the same localities and people told us they often saw the same staff. People commented that this reassured them because the staff knew how to support them. One person said, "We see the same staff, it's a group of four or five of them that come regularly on different days or times. New staff always introduce themselves and show us their badges. We might get a new one (staff) if one of the regular staff are off sick or on holiday." People told us it was not often that staff were late for their care calls and if they were it was usually due to an emergency or bad traffic. One person said, "Their time keeping is good."

Staff did not start to support people until their disclosure and barring service (DBS) checks had been completed. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained work and character references about them. These checks helped to ensure that potential new staff were suitable and safe to work with people in their own homes.

People's medicines were managed by staff who had received training in their safe administration. Not everyone we spoke with needed support with their medicines. One person told us they had no problems with the support they received and that staff would pick up their prescription occasionally. Staff confirmed they had received training and had been assessed as competent to be able to support people with their medicines. Medicine administration records were checked to ensure they were completed accurately. We found a discrepancy in the frequency of when one person received their prescribed cream. The registered manager took action as soon as this was identified. They established a new protocol and informed staff of the discrepancy and action taken.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "Everyone (staff) who comes is very willing to do anything for me. They know what they're doing so yes, they are trained well." People told us they were introduced to new staff when they first started working at the service. One person said, "The new ones always come with my regular staff to learn."

Staff told us they continued to receive training and support that was specific to the people they supported and their individual needs. One staff member said, "Training helps me take better care of people." New staff worked alongside more experienced staff to gain the practical skills they needed to support people. One new staff member told us they started by observing other staff before they got involved in supporting people with their care. Before they were able to work unsupervised they had to pass practical assessments and their induction training. They told us that during their induction they received feedback on their practice and discussed their training requirements.

People's rights with regards to consent and making their own decisions continued to be respected by staff. Everyone we spoke with confirmed that staff asked their permission prior to supporting them. One person said, "They [staff] ask me before they help me to make sure it's ok with me. They tell me what they're doing all the time. I know I can say no at any time." The registered manager told us that no one using the agency presently needed support to make decisions about their care. Staff and the registered manager understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions. One staff member said, "When a person has dementia they may not be able to make a choice. If I didn't think they could give their consent I would contact my manager straight away. The person might need an assessment and we would have to involve their GP with this."

No one we spoke with required support with maintaining adequate nutrition or hydration. Systems were in place to assess people's needs if this support was needed or if people had an identified risk. Staff told us that where necessary they would support people to ensure their dietary needs were met and would encourage them to make the right choices.

People and relatives told us they made their own health appointments, but staff would support them with this if they asked. Staff told us that when needed they would liaise with district nurses or doctors on behalf of people to arrange appointments or seek advice.

Is the service caring?

Our findings

People continued to experience care that was provided by staff with whom they had positive relationships with. One person said, "The staff are wonderful and have a wonderful, cheerful attitude. The first thing they ask is how am I. That means so much to me." People told us they saw the same staff who they found to be kind and caring in their approach. One person said about the staff that supported them, "I see the same faces. They don't rush me. They talk to me all the time and tell me what they're doing." One relative told us, "You can tell they care by the way they are with [person's name]."

Staff told us that because they worked in the same local area they got to know the people they supported well. One staff member told us this was important, they said, "Trust is everything and if they [people] saw different staff they wouldn't be able to build a trusting relationship with us. They have to be able to get to know us for them to trust us coming into their homes. We also get to know their preferences and opinions and how they like things done, which is so important."

People felt involved in identifying their wishes for their own care and support. They told us they felt they were listened to by staff when these conversations happened. One person said, "[Senior's name] came and had a chat with me before we started. I was asked what I wanted, what I wanted help with. We spoke about me and I felt [senior's name] really listened to what I wanted." Another person said, "They're pleasant girls. They talk to me about what they're doing and ask me if I'm ok with everything."

Staff respected people's dignity and privacy and helped them to maintain their independence. Everyone we spoke with found staff to be respectful towards them. One person said, "[Staff] are always friendly and chatty. I feel comfortable with them coming into my home and they respect the fact that this is my home." People felt staff understood the support they needed and encouraged them to do as much as they could for themselves. One person spoke about the support they received with personal care. They said, "They [staff] leave me to it and help when I need it. I do what I can myself, which is important. They don't make me feel embarrassed. They haven't asked if I would prefer a male or female helping me, but then I don't mind." One staff member said, "The help we give means they can stay independent in their own homes. We encourage them to do things for themselves."

Is the service responsive?

Our findings

People continued to receive the care they wanted, which was responsive to their individual needs. Two people spoke about the flexibility of the service with regards to changing the content, timing and number of care calls they wanted. One person said, "We asked for times to be changed, which they did with no bother what so ever." Another person spoke about when they had first started using the service, they said, "Someone came back after we started to see how things were going. They wanted to know, were we happy, were the staff ok, did we need to change anything? We were happy so nothing needed changing, the staff are wonderful."

People continued to be involved in the development and review of their care. "[Staff name] comes to talk to me about my care plan and what I want. They make sure all the paperwork about me is up to date so the staff know what they need to do." Another person said, "Staff always chat and ask if everything is fine and do we need anything changing." Staff understood the importance of supporting people in accordance with their wishes and views. One staff member said, "Every person has different needs. I check their care plan and make sure I treat them as per their care plan. I treat them all fairly by knowing their care needs. I treat everyone as an equal, but in their own way, because everyone is different."

Where people's needs changed staff took action to make sure people still received personalised care. People, staff and healthcare professionals were involved in reviewing people's needs. The registered manager told us they worked closely with community teams to meet the changing needs of people, especially those who were being supported with rehabilitation following discharge from hospital. One staff member told us, "We [staff] are always kept up to date with any changes to people."

People and relatives said they were happy to raise any concerns with the registered manager or any staff member. They had information on how to make a complaint and told us they were happy they would be listened to. One person said, "I had one incidence when I didn't want a particular staff member back. I spoke with [senior's name] in the office and my request was listened to." Another person said, "I've never needed to complain but I would if I had a problem and would speak with either [registered manager's name] or [senior's name]."

The registered manager told us there had been no complaints received since their last inspection. They said, "People and relatives will phone with any little niggles or problems so we can address it before it develops into anything bigger." The senior told us, "We always tell people that if anything is wrong, no matter how small, they must let us know so we can put it right."

Is the service well-led?

Our findings

People continued to be involved in the development of the service and gave positive comments about the service they received. One person and their relative told us, "We're very satisfied with how they do things. They check with us to make sure what they are doing is the way we want it doing. They listen and do things how we ask." People were asked to complete surveys about the service they received and told us they were often asked for their opinions. One person said, "[Registered manager's name] asks if everything is ok and comes round about every six months. We chat about what I think of the service and I give feedback. I have to put ticks in boxes to show what I think." People and relatives received feedback from these surveys through an annual newsletter.

Staff described a culture within the service in which they were able to speak openly with the registered manager. All staff we spoke with told us they found the registered manager supportive, approachable and fair. Staff understood the values and vision of the service and spoke about what was expected of them in their roles. One staff member said, "We're expected to provide care to a good standard and follow policy and procedure. We're helping people to stay in their own homes so we have to build good relationships with them and ensure they have their independence."

Systems were in place which continued to monitor the service and quality of care provided to people. People received "quality assurance calls" two weeks after they started to use the service. The registered manager told us this had been introduced since our last inspection. It had been introduced to ensure there was a more formal quality check of the service provision. People were asked if they were happy with the service provided and if there was anything further staff could help them with.

The registered manager completed regular audits which included, care records, staff training and levels and any complaints or compliments. Although they had not received any complaints, along with accidents and incidents, these were monitored to enable them to identify any patterns. The provider was kept up to date on what happened at the service and completed an end of year audit. This incorporated feedback from surveys, complaints, compliments, training, staffing and gave an overview of the service delivery. The registered manager told us the company was a family business and was run by one director. They said, "We're in contact constantly and I send weekly update emails. Any issues and [the provider] is straight over to support us."

The service is required to have a registered manager in post. The registered manager had been in post since October 2014 and understood their regulatory responsibilities. 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.