

Day and Nite Services Ltd

Day and Nite Services (Kingston)

Inspection report

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Date of inspection visit:
17 February 2021
18 February 2021
24 February 2021

Date of publication:
01 April 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Day and Nite Services (Kingston) is a domiciliary care agency. At the time of our inspection they were providing help with personal care to 51 older people living in their own homes in and around South West London and Surrey. The agency also had a contract to provide regular one-to-one staff support to people living in a nursing home in Surrey.

21 additional people who used the service received help with tasks that were not related to personal care including, shopping, cleaning and welfare checks. The Care Quality Commission (CQC) only inspects where people receive personal care. Where they do, we also consider any wider social care provided.

People's experience of using this service

Most people told us they were satisfied with the standard of care and support provided by this domiciliary care agency. People typically described the staff as "caring". However, we found evidence during our inspection of multiple breaches of regulation and the need for this provider to make improvements.

The provider's recruitment procedures to check the suitability and fitness of new staff for their role were not consistently or safely applied. This meant people using the service had been placed at unnecessary risk of harm of receiving personal care and support from staff who were not properly vetted and therefore might not be 'fit' for their role.

The provider had failed to always notify the CQC without delay about the occurrence of incidents that had adversely affected the health, safety and well-being of people using the service. This placed people at risk of harm because the CQC was not aware of how the provider had managed such incidents and were keeping people safe.

The provider had established governance systems in place to assess and monitor the quality and safety of the care people received however, we found these processes were not always operated effectively. This is because they had failed to pick up a number of issues we identified during our inspection.

In addition, we have made a recommendation about staff being entitled to sufficient uninterpreted time off without working between their scheduled visits and/or shifts.

We also received mixed feedback from people about staff time keeping, with approximately a third expressing dissatisfaction with staff arrival times and missed visits. We discussed this staffing issue with the managers at the time of our inspection who were aware this was something they needed to improve. Managers confirmed they were in the process of introducing a new electronic call monitoring (ECM) system to replace their existing one, which they were confident would significantly improve how they monitored and managed staff punctuality and attendance.

Despite our findings, we found people continued to receive personal care and support from staff who knew

how to manage risks and keep them safe. Staff followed relevant current best practice guidelines regarding the prevention and control of infection. People continued to receive their prescribed medicines as and when they should.

The provider ensured staff had the right levels of training and support they needed to deliver effective home care to people.

The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. The provider worked in partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was good (published 27 August 2019).

Why we inspected

We received concerns in relation to the management of staff recruitment. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We also used a targeted approach to look at specific concerns we had about staff training and support under the Key Question of Effective. As we only looked at part of Effective, we have not changed the rating from the previous inspection for this Key Question.

We reviewed all the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the key questions of Effective, Caring and Responsive were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement because we found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified three breaches in relation to staff recruitment, notifications the provider has a legal obligation to send the CQC and their governance systems. This was because the provider failed to ensure they always consistently checked the suitability and fitness of all new staff for their role, to always notify the CQC without delay about the occurrence of incidents that adversely affected the health, safety and well-being of people using the service, and did not always operate their established governance systems effectively.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the relevant local authorities to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Day and Nite Services (Kingston)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by four inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of community care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the CQC who the owner was also. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service a weeks' notice of the inspection because we wanted to analyse feedback, we received from people using the service, their relatives and staff to help us plan our inspection. In addition, we needed to be sure the office-based managers and staff would be available to support our inspection. Inspection activity started on 17/02/2021 and ended on 24/02/2021. We visited the providers offices on 24/02/2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

We also made telephone or email contact with ten people using the service, 18 relatives, 16 care staff, and four health and social care professionals to find out their experiences of using or working for or with this provider. This included three local authority social workers and a manager of a nursing home.

During the inspection

We spoke in-person with four office-based managers when we visited the providers offices including, the registered manager/owner, both co-deputy managers and a care co-ordinator.

In addition, we looked at a range of records. This included six people's care records, 14 staff files in relation to their recruitment, training and supervision, and multiple medication records. A variety of other records relating to the overall management and governance of the service were also reviewed, including incident and accident reports, complaints and safeguarding documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training, supervision and recruitment policies, including staff's health declarations.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- The provider had failed to record the reasons for gaps in employment for some staff. For example, one staff file did not include any record of the reasons why the staff member had left their job as a care worker, while another contained gaps in their employment history.
- References received for some staff were not sufficiently detailed. For example, a second reference sought by phone in respect of one member of staff did not make it clear in what capacity they knew the applicant.
- The provider had allowed some staff to commence working for this agency before they had supplied their an up to date enhanced DBS check. For example, one applicant who had completed their induction in July 2020 and had been providing personal care to people unsupervised since, had only had their enhanced DBS application submitted in February 2021. A DBS is a criminal records check employer undertake to make safer recruitment decisions.

We found no evidence that people had been harmed however, the providers failure to always thoroughly check the suitability of all new staff had placed people at unnecessary risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to ensure staff were afforded enough time off to rest. Some staff had been rostered to work for prolonged periods. For example, two members of staff had worked every day throughout January 2021 without an uninterrupted 24-hour period off.

We recommend the provider consider current guidance about workers' rights to have sufficient time off between working and to take appropriate action to update their working practices accordingly.

- We received mixed feedback from people about the reliability and timeliness of staff. Comments included, "They [staff] always turn up at about the right time", "Sometimes the carers come on time and sometimes they don't...Last week the carers were 2 to 3 hours late 3 times, and on one occasion they didn't turn up at all" and "Since January 2021 we've had concerns about this agency around missed or late calls for our clients."
- Most people told us they received continuity of personal care and support from a core group of regular carers who were familiar with their needs, preferences and daily routines. One relative told us, "It's really helpful because my [family member] gets the same carer every day who has got to know him really well."
- The provider had systems in place to assess the suitability and fitness of staff for the role they were employed to perform. For example, staff files contained documentary proof to show the provider had

undertaken relevant pre-employment checks in respect of all staff's proof of identity, right to work in the UK and physical health.

The provider responded immediately during the inspection. They confirmed they were in the process of introducing a new electronic call monitoring (ECM) system to replace their existing one, which they were confident would improve how they monitored and managed staff punctuality and attendance.

Using medicines safely

- Medicines systems were well-organised, and people told us they received their prescribed medicines when they should. One person said, "They [staff] give me my medicines safely."
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff authorised to administer medicines received medicines training and had their competency to continue doing so safely, routinely assessed by senior staff. One member of staff told us, "I've had medicines training, which I have to update every year."

Systems and processes to safeguard people from the risk of abuse

- The provider had clear safeguarding and staff whistle blowing policies and procedures in place and staff had received up to date safeguarding adults training. Staff knew how to recognise abuse and respond to it. A member of staff said, "I would let the manager know right away and then the social services and maybe the police if I thought a crime had been committed."
- People told us they felt safe receiving a home care service from this agency. One person told us, "I absolutely believe I'm one hundred percent safe when my carers from Day and Nite come to look after me."

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People told us staff knew how to keep them safe. For example, a relative remarked, "The carers are very mindful of the risks to my [family member]. They are good at checking her skin and doubling up to use the mobile hoist safely. I'm confident she is very safe in their hands."
- People's care plans contained detailed risk assessments and management plans which explained clearly the control measures staff needed to follow to keep people safe. For example, care plans included risk assessments associated with people's mobility, their environment and skin integrity.
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. A member of staff was clear what action they and a co-worker would be required to take to help transfer a person they were supporting safely using a mobile hoist.
- Staff understood where people required support to reduce the risk of avoidable harm. Several staff confirmed risk management plans were easy to follow, which helped them reduce any identified risk.

Preventing and controlling infection

- Staff followed safe infection prevention and control (IPC) procedures, including those associated with COVID-19, to minimise the risk of people catching or spreading infections.
- Staff always wore PPE when they visited people at home. One person told us, "They [staff] come with all the right PPE on including, face masks, gloves and aprons, to keep me and them safe."
- Staff had received up to date infection prevention and control training, which included guidance about how to safely use PPE. Staff told us they had all received up to date instruction about new IPC rules, including how to wear and dispose of PPE safely, during group supervision video calls.
- Staff had been given adequate supplies of PPE. One member of staff told us, "I am happy with all the PPE I've been given and the latest infection control training I've received."

- The provider ensured staff were routinely tested for COVID-19. Managers demonstrated good awareness of how to apply for COVID-19 home testing kits for staff and had no issues with their supply.

Learning lessons when things go wrong

- Appropriate records were completed by the provider when incidents and accidents took place. These included details about what occurred, the actions taken and any learning from the incident.
- The provider acted promptly to investigate any incidents. This included speaking to people or staff involved and taking action to prevent reoccurrence. Actions included providing staff with extra supervision, holding meetings with people involved and increasing spot checks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this Key Question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

We have not changed the rating of this Key Question, as we have only looked at the part about the training and support staff received, which we had specific concerns about. We will assess all of the Key Question at the next inspection of the service.

Staff support: induction, training, skills and experience

- People received care from staff who had on-going training and support that was relevant to the roles they were employed to perform.
- People and their relatives told us staff were well-trained. A relative said, "They [staff] know what they are doing...They are all very competent", while a second relative remarked, "Our regular carers are well-trained and know how to use the mobile hoist we have at home."
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was continuously refreshed and was always relevant. A member of staff told us, "We have lots of very good training here, which I've always found useful, especially the infection control and PPE training we recently all had."
- New staff received a thorough induction that included shadowing experienced staff on their home visits. New staff were also given an employee handbook that contained useful information about their roles and responsibilities.
- Staff had opportunities to reflect on their working practices and professional development. Staff told us although they no longer had individual supervision meetings with their line managers due to COVID-19 restrictions, they had all attended a video group call with their fellow co-workers within the last six months. Staff also confirmed they had their overall work performance appraised by their line manager in 2021.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this Key Question was rated as good. At this inspection this Key Question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had failed to fulfil their regulatory responsibilities to notify the CQC without delay about certain incidents that adversely affected the health, safety and well-being of people using the service.
- A number of serious injuries and safeguarding concerns involving people using the service had occurred since our last inspection, which the provider had reported to the relevant local authorities; however, they had failed to notify the CQC about these incidents.

We found no evidence that people had been harmed as a result of this failure to keep the CQC informed about these incidents however, it did place people at risk of harm. This is a breach of Regulation 18 of the Health and Social Care Act 2008 Care Quality Commission (Registration) Regulations 2009.

- The provider did not always operate effective governance systems which failed to identify or learn lessons and take appropriate action to address all the issues we found during our inspection. This included issues relating staff recruitment, hours they worked, and time keeping, and not notifying us about specific incidents involving people using the service.

We found no evidence that people had been harmed however, governance systems were either not in place or robust enough to demonstrate safety was always effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had established systems to routinely monitor staff practise. For example, the office-based managers and staff continued to check staff's work performances, despite the ongoing COVID-19 restrictions, by remaining in regular telephone and video call contact with people using the service, their relatives and staff. In addition, managers carried out random spot checks on staff entering and leaving people's homes to check they wore their PPE correctly.
- The provider displayed their rating as required in the premises and on their website and had made their last CQC inspection report available to people. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- There was a clear management and staffing structure in place. The registered manager/owner was supported by various office-based managers and staff including, two deputy managers, and various field

supervisors, coordinators and administrative staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People using the service, their relatives and staff spoke positively about the way the service was managed by the office-based staff. One person said, "I like the new office staff, especially [name of deputy manager]. When we've had issues, 9 times out of ten time she'll phone back pretty quickly to let me know if its sorted." A member of staff also remarked, "They [managers] are very good, always supportive...I am glad to be part of the team and have full confidence in them."
- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- Managers were aware of their responsibilities under the Duty of Candour. The registered manager gave us an example of how duty of candour worked in practice, telling us the action they had taken after an incident which included writing a letter to the person and their next of kin, acknowledging that something went wrong and apologising for it.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff.
- The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular telephone and video call contact and were encouraged to complete routine satisfaction questionnaires. People confirmed they were in regular telephone contact with the office-based staff. A relative told us, "You do get a phone call every 2 or 3 weeks asking how things are going and if you have any issues or complaints, which I find really reassuring."
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during virtual video conferences with their co-workers and work performance appraisals with their line manager. Staff told us face-to-face group supervision meetings had been replaced with video conferences to minimise the risk of COVID-19 spreading amongst the staff team. A member of staff told us, "The office do ask for my opinion. They do this over the phone or during group video calls at the moment to check how we're doing and if there's anything we need."

Working in partnership with others

- The provider worked in partnership with various community professionals and external agencies, including Local Authorities, Clinical Commissioning Groups (CCGs) and GP's. A relative told us, "The staff are good at suggesting when we should contact the GP when there was a problem with the integrity of our [family members] skin."
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had failed to notify the CQC without delay about serious injuries and allegations of abuse or neglect involving people using the service. Regulation 18(1)(2)(a)(e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight and scrutiny processes were not always effectively managed. Regulation 17(1)(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who use the service were not protected against the risk of receiving unsafe care from staff who have not been properly vetted and might not be suitably 'fit' for the role they have been employed to perform. This was because information about the relevant pre-employment checks the provider is required to carry out in relation to each person, they employ was not always available. Regulation 19(1)(2)(3)(a)</p>

