

## Daytime Homecare Limited

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### Inspection report

Unit 271, C E M E Innovation Centre  
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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

Daytime Homecare Limited is a domiciliary care agency registered to provide personal care. At the time of the inspection, one person was receiving support with personal care. This is help with tasks related to personal hygiene and eating. We also consider any wider social care provided.

People's experience of using this service and what we found

People received care and support that met their needs because staff had carried out initial assessments before they started using the service. Risks assessments were completed to ensure potential risks to people were identified and managed by staff. The provider's policies, such as adult safeguarding, ensured people were protected from abuse. The service had a robust staff recruitment system for checking staff were safe to work with people and had the necessary skills and training to provide personal care.

Staff felt supported by the registered manager and were happy to work at the service. The service had enough staff to support people.

Care plans were completed and reviewed regularly to ensure people received care and support that reflected their current needs. People's communication needs were detailed in their care plans and staff knew how to communicate with them. People's equality characteristics were detailed in care plans. Staff treated people with respect and dignity. Staff promoted people's independence, for example, people were able to self-administer their medicines, choose their food and make alternative arrangements with their social and leisure activities.

The service had various policies and systems such as complaints, recording and reviewing of incidents and accidents, and obtaining of feedback to ensure the views of stakeholders were listened to and helped improve the quality of the service. Staff worked in partnership with social and healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent was sought when care was provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 27 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# Daytime Homecare Limited

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 31 August 2022 and ended on 2 September. We visited the location's office on 31 August 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection.

During the inspection, we spoke with a relative of a person using the service, one member of care staff, a compliance and quality assurance manager, the registered manager and the chief executive officer of the provider. We reviewed one person's care file, two staff files and the provider's policies, procedures and documents relating to management, such as audits and quality assurance records. We were not able to speak with the person who used the service due to their communication difficulties.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- The service had processes in place to minimise the risk of abuse. The provider's adult safeguarding policy was up to date and staff knew how to report incidents of abuse. A member of staff told us, "I will report any incidents of abuse to my manager."

Staffing and recruitment

- The registered manager told us they had enough staff for the service. A relative said, "There are enough staff. Staff have never been late."
- Staff recruitment and induction training processes promoted safety. Pre-employment checks for staff such as completion of application forms, interviews, proof of identity, criminal record checks, right to work in the UK had been carried out. These ensured staff who worked at the service were checked for their suitability to provide safe care.

Assessing risk, safety monitoring and management

- Staff completed risk assessments to ensure potential risks to people were identified and people received safe care.
- People's risk assessments included personal situations and healthcare needs. These included risks such as hydration, mobility and skin care.
- Staff knew how to manage risks to people because risk assessments included information on how to support people in a safe way.

Using medicines safely

- At the time of this inspection staff did not administer medicines. We were informed by the registered manager that the person who used the service had their own arrangement for administering medicines.
- Records showed staff had completed training in medicine administration. There was a policy on medicine administration.
- The service had a system for auditing medicines. The registered manager explained that, although they were not administering medicines at the time of the inspection, they had had medicine's auditing system in place, which included spot checks and weekly and monthly audits.

Learning lessons when things go wrong

- The provider had systems in place to draw lessons from incidents, accidents and complaints. There was a

procedure for recording and investigating incidents and accidents. This ensured incidents and accidents were recorded, investigated, reported and lessons drawn to prevent recurrence of incidents.

- There were no incidents and accidents recorded since the service started providing personal care.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments had been carried out to ensure the service was able to provide person-centred support to people.
- People had care and support plans that were personalised, holistic and strengths-based. They reflected their needs and aspirations, included their physical and mental health needs.
- Relatives and staff reviewed people's assessments of needs regularly to identify changes to their needs and provide suitable care. A relative said, "Yes, I was involved in the review of assessments."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. This included training in mental health, dementia, basic food hygiene, first aid and moving and handling.
- New staff had received induction when they started work at the service. This helped new staff understand the policies and procedures of the service and gave them time to know the support needs of people.
- The service had a training matrix. This confirmed staff had completed a range of training programmes. The registered manager told us they used the matrix to plan and manage staff training. A member of staff said, "I attended a lot of training such as infection control, adult safeguarding and medicine administration."
- Staff received support in the form of continual supervision, appraisals and recognition of good practice. A member of staff told us, "Yes, I have regular supervision." Reports showed staff had received regular supervision and annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans detailed the level of support people needed with meals or drinks. For example, one person's care plan stated that the person needed support with preparing and eating meals. Staff knew the level of support people needed with nutrition and hydration.
- People were involved in choosing their food, shopping, and planning their meals. Food shopping was done online, and people were involved in choosing and ordering their preferred items.
- Staff supported people to eat and drink and supported to maintain a balanced diet. A relative said, "[Person] is happy with the food. I have no concerns."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Staff knew who to contact if people needed medical support. Contact details of health care professionals

such as GP's were included in care plans, so staff could contact them if people did not feel well.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff had received training on the MCA. Staff told us that they always requested people's consent before doing any tasks.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knew how to ensure people's privacy was respected when providing personal care. One member of staff said, "I close the room [when providing personal care]."
- Staff understood people's personal information was private and confidential. They knew personal information and documents should be kept securely.
- Staff supported people to be independent. One person's care plan stated, "I am able to manage my own medication." A member of staff told us, "I encourage [person] to do as much as possible by themselves."

Ensuring people are well treated and supported; respecting equality and diversity

- People felt valued by staff who showed genuine interest in their well-being and quality of life. One relative said, "[Staff] care about [person], not just for [them]." [Staff] respect [person].
- People were supported by staff who knew them well. A relative told us, "[Staff are] lovely. [Staff] know person well. [Staff have] been with [person] for two years."
- Equality and diversity needs were detailed in care plans and staff understood their responsibility to treat people without any kind of discrimination based on characteristics such as people's age, disability, faith, gender and sexuality

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their care. Staff worked with relatives to support people to express their views and to be involved in their care.
- Staff supported people to make choices. One member of staff said, "[Person] makes decisions about [their] care. I do not decide for [person]."
- Care plans detailed how people should be enabled to express their views. For example, a care plan stated, "[Person] speaks but can get tired easily due to [health condition]; and staff to talk to [person] slowly and in a respectful way."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support focused on their quality of life outcomes and people's outcomes were regularly monitored. A relative told us, "[Person] is happy with the support staff provided. [Person's] needs are met."
- Care plans were person-centred and people had control over when and how to be supported. For example, one person's care plan stated, "I am able to mobilise myself now however, I need someone with me for safety and building my confidence."
- Care plans were regularly reviewed. This ensured changes in people's needs were identified and appropriate support provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans, and these helped staff understand the best ways to communicate effectively with people. One person's care plan stated, "[Person] speaks but can get tired easily due to tiredness or pain. Staff to speak with [person] slowly."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff helped people to have freedom of choice and control over what they did. Care plans identified areas where people needed support from staff and relatives, and where they did not require support from others.
- People had arrangements for social and leisure activities. One person's care plan stated, "I am managing these [social and leisure activities with my relatives]."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received since the service started providing personal care.
- A relative told us they knew what to do if they were not happy with any aspect of the service. They said, "I did not need to complain."

Supporting people at their end of life

- At the time of the inspection the service did not provide support with end of life care. However, staff and

management had knowledge of how good end of life care was organised and provided to people who needed it. The registered manager confirmed that they would ensure staff received relevant training before they started providing end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives provided positive feedback about how the service was managed. A relative told us, "I am happy with the overall management of the service. I would recommend it to others."
- There was a clear management structure in place and staff understood who they had to report to.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- The provider had an open and positive culture to help achieve good outcomes for people. A relative told us, "I can contact staff; they are available, and they update me."
- Management and staff put people's needs and wishes at the heart of everything they did. People's care was tailored to their needs, and this ensured people received care that met their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff sought feedback from people and relatives. A relative told us, "Occasionally staff ask me how things are."
- The registered manager sought feedback from staff. A member of staff said, "Yes, I discuss about the service with the manager. The manager is approachable."
  - People's background information such as their beliefs and how they preferred to be supported were recorded in their care plans. This ensured people's equality characteristics were considered when providing personal care.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The registered manager was aware of the need to put in place a formal quality assurance system. They

told us that they would develop and use a survey questionnaire for all the stakeholders to give their views about the quality of the service.

Working in partnership with others; Continuous learning and improving care

- The provider worked in partnership with health and social care professionals when needed to ensure people received care and support that met their needs.
- The registered manager had embarked on a training course, leading to a qualification in management of care.
- We noted the service had subscribed to care related publications and accessed online resources to keep up to date with current social care policies and practices.