

Dawn To Dusk Care Services Limited

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Dawn to Dusk is a domiciliary care agency which provides care services to people living in their own homes. There were 11 people receiving personal care at the time of inspection.

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

There was a registered manager in post at the time of inspection. 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.

Medication records were completed and demonstrated clear responsibility for administration of medicines. We recommended the provider put a system in place to ensure medicine administration records (MARs) were countersigned to make sure the information was transcribed accurately.

Staff explained the signs of abuse and what they would do to make sure people were safeguarded. Staff knew who to report any concerns to both within the organisation and to external agencies, such as the CQC.

We saw risk assessments were kept up to date and covered areas such as medication, moving and handling, equipment and the environment.

Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny. There were enough staff to meet people's needs. Staff received appropriate support and training.

People's care and support was assessed and reviewed on a regular basis. We saw people had access to healthcare professionals such as speech and language therapists, dieticians, district nurses and GPs. People and their relatives told us they were involved in the care planning process to ensure it met their needs.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they were involved in their care. People's care plans provided information about capacity to make decisions with regard to certain aspects of their care. We made a recommendation that the provider ensured they had copies of Lasting Power of Attorneys (LPA) and to make clear that LPA for finances did not give authority to act in relation to a person's health and welfare.

People were treated with kindness, respect and compassion and were given emotional support when needed. Staff went the 'extra mile' to ensure people received good quality care. All the people and relatives we spoke with were very happy with the service provided. Staff promoted people's independence and respected their privacy and dignity.

People contributed to their care planning and support which was responsive to their needs. We saw evidence of identified concerns being followed up and referrals made to other healthcare professionals for support.

The provider had a complaints policy and procedure in place. The manager kept an overview of complaints in order to identify any patterns and trends. No complaints had been received since the last inspection.

Staff felt supported and listened to. People were asked to provide feedback on the service and they felt their contribution was important.

The registered manager had a system in place to audit medication, daily records, risk assessments, care plans, equipment, accidents, incidents, complaints, safeguarding and monitoring charts. Where issues were found action was taken and this was clearly recorded. For example, it was identified through the medication audit that staff had not signed the MAR. This was discussed with staff and an improvement was made.

We made a recommendation to ensure there was independent oversight in relation to audits as the provider and the registered manager were the same person. The registered manager followed this up immediately and engaged the service of a third party to do this.

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?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

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

This inspection took place on 5 and 7 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector, an assistant inspector and a bank inspector.

We reviewed information we held about the service, such as notifications and information from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England. We contacted commissioners and the local authority safeguarding team prior to inspection.

The registered provider had been asked to complete a Provider Information Return (PIR) and they returned this to us prior to the inspection. 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 the inspection we spoke with three people who used the service, two relatives, three members of care staff and the registered manager.

We looked at a variety of documentation including, care documentation for six people, two staff files, meeting minutes, documents relating to the management of medicines and quality monitoring records.

Is the service safe?

Our findings

Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. We found some improvements to staff recruitment files were needed because not all the files we checked contained all the information as set out under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 19, Fit and proper persons employed. This information was contained within the staff finance files held with the provider's accountant. Following inspection we received confirmation that the provider had taken appropriate action and all the information was placed within the recruitment files.

Medicines were managed safely. Staff completed training in medicine management and had their competency checked. Medication records were completed and demonstrated clear responsibility for administration of medicines. We recommended the provider put a system in place to ensure medicine administration records (MARs) were countersigned to make sure the information was transcribed accurately. The registered manager immediately put a system in place to rectify this.

All the people we spoke with told us they felt safe. One person said, "Staff are very professional, very friendly and very caring." Staff explained the signs of abuse and what they would do to make sure people were safeguarded. Staff knew who to report any concerns to both within the organisation and to external agencies, such as the CQC.

We saw risk assessments were kept up to date and covered areas such as medication, moving and handling, equipment and the environment. There were also clear reminders to staff to make sure people had their call pendants with them before leaving the call.

There were enough staff to meet people's needs. The registered manager had a commitment to ensuring people received care from staff they knew and that staff had a well-planned and consistent working pattern. The people we spoke with confirmed they had regular care staff who were introduced to them prior to delivering care.

Staff received infection control and food hygiene training. Where appropriate infection control considerations were highlighted in people's care plans. For example, one person required catheter care and clear instructions were available to ensure staff wore the appropriate personal protective equipment to minimise the risk of infection.

Accidents and incidents were recorded. There were three incidents recorded and appropriate action had been taken.

Is the service effective?

Our findings

People and their relatives told us they were involved in the care planning process to ensure it met their needs. The registered manager and deputy manager ensured that thorough assessments of people's needs were conducted prior to agreeing to deliver care. One person told us, "It's about what I want and we talk about that." One relative said, "I can go to work and know that [my relative] is cared for. They keep me updated and make necessary referrals. It doesn't all fall on me anymore. It's made my day a lot easier."

People's care and support was assessed and reviewed on a regular basis. We saw evidence of identified concerns being followed up and referrals made to other healthcare professionals for support. For example, one person began to struggle with swallowing. Their care plan was reviewed and risks relating to their eating issues were documented. The GP was involved and a referral to the speech and language team was made. Input from a dietician was also sought and followed by staff. One member of staff told us, "We noticed [name] needed extra support so we got the moving and handling assessor in and got a handling belt to move [name] safely and securely."

Staff received induction training, which included shadowing more experienced members of staff. Staff received ongoing training to help them deliver safe care. Staff were supported through regular supervisions and an annual appraisal.

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.

We checked whether the service was working within the principles of the MCA. People told us they were involved in their care. Staff were clear what to do if a person refused care. For example, they would talk to the person. If people could not be persuaded to receive care their decision would be respected. People's care plans provided information about capacity to make decisions with regard to certain aspects of their care. We made a recommendation that the provider ensured they had copies of Lasting Power of Attorneys (LPA) where they were informed people had them in place and to make clear that LPA for finances did not give authority to act in relation to a person's health and welfare.

Is the service caring?

Our findings

Excellent relationships had been built and maintained between people and the staff. This gave people and their family members the confidence to express their views, which meant they received a bespoke service which met their needs, wants and wishes. People were treated with kindness, respect and compassion and were given outstanding emotional support. The registered manager had an 'extra mile' file which contained lovely examples of how staff cared for people and went above and beyond what was expected. For example, a member of staff took one person a Christmas lunch with trimmings. Another member of staff bought a person's favourite fruit for them to enjoy.

Staff were extremely attentive to people's needs. For example, a member of staff bought a lunchbox for one person to put their snacks in to stop them going soggy or drying out between calls. The management team's main focus was to keep people at the heart of the service and drive the service into the heart of the community. Staff recognised how important people's relationships were and took steps to ensure people were not isolated and remained part of the community. For example, a member of staff took a person to a neighbour for a birthday cup of tea and cake.

An equality and diversity policy was in place to ensure that people were treated with dignity and respect regardless of their gender, age, disability or religious beliefs. Support plans were created with people and family input, to ensure their needs were met in a way which reflected their individuality and identity. The registered manager and staff ensured the equality and diversity of people was at the forefront of the service. For example, one person had specific cultural needs in relation to the food they ate. The registered manager worked closely with the person to ensure staff were fully aware of these cultural needs. Staff worked hard to develop an excellent understanding of the person's cultural needs and learnt how to cook appropriate meals and purchased culturally specific foods.

Without exception, all the people and relatives we spoke with were extremely happy with the service provided. People told us there was a consistency of staff which meant staff knew people well and could deliver excellent person-centred care. One person said, "I can talk to them as friends." Another person said, "They [staff] are very professional, very friendly and very caring. I think we have been very lucky to find such a caring company." Another person commented, "They [staff] are very friendly. They look around and see things that need doing and they do them without me asking."

Staff were highly motivated and inspired by the management team to deliver a high quality, caring service. Staff had developed outstandingly positive, caring relationships with the people who used the services and their families. People were actively involved in making decisions about their care, support and treatment. Regular and thorough reviews were held and the registered manager ensured they obtained regular feedback on the service and implemented any improvements immediately.

People's privacy, dignity and independence was respected and promoted at all times. One person commented, "The [staff] are very polite, they keep eye contact, they make sure doors are closed and things when I'm in the shower." People were empowered to be independent. One relative told us the staff

encouraged their family member's independence. "They [staff] encourage [my relative] to hold a cup and drink and feed themselves but it's difficult." Staff provided strong examples on how they respected people's privacy and promoted their independence. For example, recognising what the person could do with verbal encouragement such as washing themselves with a flannel or getting themselves dressed.

Is the service responsive?

Our findings

People contributed to their care planning and support which was responsive to their needs. One person said, "There is a file, care plan that is updated each day and we can look at it and discuss it." Another person said, "They [staff] explain things, they are very nice."

People were supported to access the wider community and to maintain relationships. People had a social and emotional care plan to ensure their emotional, religious, cultural and spiritual needs were met. For example, going to the local church and being involved in church activities. The registered manager was working to improve the care records to ensure they were as person centred as possible, including adding further detail to people's life histories.

The registered manager was aware of the accessible information standard. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. This was included on the pre-assessment form. This enabled the provider to know whether information such as newsletters or invoices needed to be in audio format or large print.

No complaints had been received since the last inspection. The provider had a complaints policy and procedure in place. The registered manager kept an overview of complaints in order to identify any patterns and trends.

The registered manager had arranged for staff to attend end of life care training within the next few months. The provider was working towards creating an end of life care policy, which they submitted to us following inspection. We saw one person had an advanced care plan in place which included details of prognosis, understanding the prognosis and steps the person wished to take towards the end of their life, including attending local hospice coffee mornings and practical arrangements.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a system in place to audit medication, daily records, risk assessments, care plans, equipment, accidents, incidents, complaints, safeguarding and monitoring charts. Where issues were found action was taken and this was clearly recorded. For example, it was identified through the medication audit that staff had not signed the MAR. This was discussed with staff and an improvement was made.

Not all policies and procedures were up to date. For example, the complaints policy did not refer to a person's right to complain to the Local Government and Social Care Ombudsman. The whistle-blowing and safeguarding policies did not include contact details for the local authority safeguarding team or the CQC. The registered manager rectified this immediately.

We made a recommendation to ensure there was independent oversight in relation to audits as the provider and the registered manager were the same person. The registered manager followed this up immediately and engaged with a third party to do this.

Staff told us they felt supported. One staff member said, "I think we are supported. It's a small company with a small team. The manager is supportive." Another member of staff told us, "It's fabulous [manager] has been really good and flexible. She's good with customers too. She listens to people. She is on it straight away, if people need anything."

All the staff we spoke with told us they would be happy for a member of their family to be supported by Dawn to Dusk.

Staff meetings took place and discussed training, spot checks, staffing issues and medication. The registered manager acknowledged the hard work of staff through team events such as a Christmas meal and a summer lunch. The provider recognised staff loyalty and provided flowers and chocolates for staff who had been in post a number of years.

People who used the service were sent quarterly newsletters so they were aware of new staff who had joined the service and the achievements of existing staff. The newsletters also provided information on local services such as drop in centres and free fire service safe and well checks. People's views on the quality of the service were obtained and acted on. Satisfaction and feedback surveys were sent to people on a regular basis. All the feedback we saw was positive.

The registered manager worked in partnership with other agencies. For example, they had linked up with the fire service to ensure people who they supported accessed a free service to ensure their home was safe.

