

Night and Day Care Limited

Night and Day Care

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

This inspection took place on 11 October 2017. We gave the provider four days' notice as the service provided support to people in their own homes and we needed to make sure the provider was available to assist with the inspection.

The last comprehensive inspection of the service was on 04 November 2015 when we rated the service as Good for each of the five questions we ask.

Night and Day Care provides care and support to people living in their own homes. At the time of this inspection, 15 people were using the service.

The provider's Nominated Individual is also the registered manager. 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.

People told us they felt safe with their care workers. The provider had systems to keep people safe and care workers followed these. They followed effective recruitment procedures to make sure care workers were suitable to work with people using the service and there were sufficient numbers of care workers to provide the care and support people needed.

Where people needed support with their medicines, care workers provided this safely.

The provider worked within the principles of the Mental Capacity Act 2005 (MCA) to make sure that, as far as possible, people made decisions about the care and support they received.

People using the service were cared for by staff who had been appropriately trained and supported.

Care workers gave people the support they needed with their nutritional needs and the provider supported people using the service to meet their health care needs.

People using the service told us they liked their regular care workers and described them as kind, caring and professional. People told us they were supported to do things for themselves when they were able.

The provider recorded people's religious, cultural and communication needs and their care workers were able to tell us about these.

The provider had a complaints policy and procedure in place. People using the service told us they knew how to complain to the provider but they told us this had never been necessary. People using the service were also able to provide feedback on the care they received.

People told us their care workers usually arrived on time, stayed the correct amount of time and completed all of the tasks that were included in their care plan.

The registered manager was professionally qualified. People using the service and care workers told us the manager was approachable and supportive. The provider had systems to monitor the quality of the service that people received and to make improvements. There was an open culture at the service. People using the service, their relatives and care workers told us they felt able to approach the management team and felt valued by them. The provider actively engaged with our inspection and they provided the information we needed to make our judgements.

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.

People told us they felt safe with their care workers.

The provider followed effective recruitment procedures to make sure care workers were suitable to work with people using the service.

There were sufficient numbers of care workers to provide the care and support people needed.

Where people needed support with their medicines, care workers provided this safely.

Is the service effective?

Good ●

The service was effective.

The provider worked within the principles of the Mental Capacity Act 2005 (MCA) to make sure that, as far as possible, people made decisions about the care and support they received.

People using the service were cared for by staff who had been appropriately trained and supported.

Care workers gave people the support they needed with their nutritional needs.

The provider supported people using the service to meet their health care needs.

Is the service caring?

Good ●

The service was caring.

People using the service told us they liked their regular care workers and described them as kind, caring and professional.

People told us they were supported to do things for themselves when they were able.

The provider also recorded people's religious, cultural and communication needs and their care workers were able to tell us about these.

Is the service responsive?

The service was responsive.

The provider had a complaints policy and procedure in place. People using the service told us they knew how to complain to the provider but they told us this had never been necessary.

People using the service were able to provide feedback on the care they received.

People told us their care workers usually arrived on time, stayed the correct amount of time and completed all of the tasks that were included in their care plan.

Good ●

Is the service well-led?

The service was well led.

The registered manager was professionally qualified. People using the service and care workers told us the manager was approachable and supportive.

The provider had systems to monitor the quality of the service that people received and to make improvements.

There was an open culture at the service. People using the service, their relatives and care workers told us they felt able to approach the management team and felt valued by them.

The provider actively engaged with our inspection and they provided the information we needed to make our judgements.

Good ●

Night and Day Care

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 inspection took place on 11 October 2017. We gave the provider four days' notice as the service provided support to people in their own homes and we needed to make sure the provider was available to assist with the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included our previous inspection reports and statutory notifications the provider sent us about events that affected people using the service.

During the inspection we reviewed the care records for two people using the service. This included their care plans, risk assessments, medicines records and daily care notes their care workers completed after each visit. We also looked at two staff files, including their recruitment, training and supervision records. We reviewed other records the provider kept, including audits and checks they carried out to monitor quality in the service and make improvements.

Following the inspection we spoke with seven people using the service or their representatives. We also contacted 22 care workers and the local authority's commissioning and safeguarding teams by phone or email to ask for their views on the service. We received comments from 16 care workers and the local authority on the care and support the service provided.

Is the service safe?

Our findings

People using the service and their relatives told us the service cared for and supported people safely. Their comments included, "We have never had any concerns about safety, my [family member] is completely safe with the carers" and "We never worry when the carers are with [family member] we know they are safe."

The provider had systems in place to keep people safe. Care workers told us they completed training in safeguarding people and the training records we saw confirmed this. The provider had copies of pan London guidance on safeguarding and the local authority's procedures. The provider and the local authority's safeguarding team confirmed there had been no safeguarding concerns since our last inspection.

When we asked care workers what types of abuse people may be at risk of they told us, "The types of abuse that you could come across are neglect, sexual, emotional and physical", "Bullying and harassment or sexual abuse", "As a carer we might encounter verbal or physical abuse", "I am always aware of verbal abuse, mental abuse and safe guarding" and "Physical, financial, emotional and sexual are some of the types of abuse vulnerable adults can experience".

When we asked care workers what they would do if they suspected someone was abusing a person using the service, they told us, "If I suspected that a client was being abused I would contact my manager straight away", "I would report to the office", "When a carer suspects a service user is being abused we report to the office immediately with any evidence or proof we may have", "If a client was being abused, I would report it straightaway to my manager", "I would always inform my senior manager", "I would report to the manager of night and day care", "If I suspected abuse I would really have to contact my boss and then she would contact police or social services so help could be given", "I would report to my manager and supervisor Immediately" and "I would raise my concerns on a need to know basis and report it to my manager or superior".

The provider identified risks to people using the service and developed plans to manage these. For example, we saw the provider assessed risks to people using the service including those associated with moving and handling tasks, medicines management and wandering. The risk assessments included clear guidance for care workers on managing identified risks and the provider reviewed these regularly. Before the provider started supporting people using the service they also carried out an assessment of the person's home environment to make sure care workers could provide care and support safely.

The provider carried out checks on new care workers before they started to support people using the service and care workers told us the provider completed these checks before they started work. The staff records we saw included an application form and full employment history, two references, proof of identity and the right to work in the United Kingdom and a criminal records check. This evidence reassured us that care workers the provider employed were suitable to work with people using the service.

Where people needed care or support from more than one care worker, the provider arranged this. They

ensured they received a care needs assessment from the local authority and carried out their own assessment to make sure people received the care and support they needed. People's care plans specified the number of care workers they needed on each visit and the rotas and daily care notes we saw confirmed people received the level of care detailed in their care plans. Rotas also showed the provider allowed enough time between calls to enable care workers to travel between people's homes.

Where's people's care plans required care workers to assist them with their medicines, the registered manager told us the service followed the local authority's guidelines on recording this support. Care workers had completed medicines management training and they recorded the level of support they gave each person in their daily care notes or on Medicines Administration Record (MAR) sheets, if they administered the medicines as part of their duties. The MAR sheets we checked were well completed and we saw no errors or omissions. This was evidence that people received the medicines they needed safely.

Is the service effective?

Our findings

Care workers received the training and support they needed to care for and support people using the service. Training records showed all care workers had completed training the provider considered mandatory. This included, moving and handling, managing medicines, infection control, health and safety, safeguarding and food safety. In addition, the provider arranged training for care workers where they identified people's special needs, for example working with people with dementia and an introduction to multiple sclerosis (MS).

The provider also supported care workers to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The provider arranged for all new staff to complete Care Certificate training arranged by the local authority and the records we saw confirmed this.

Care workers told us they enjoyed the training and it helped them to carry out their roles. Their comments included, "I have had training on an introduction to dementia and I found this very helpful", "We do get training and appraisal which helps refresh us with the job we do. We do get training on medication and manual handling, which is very important in our job", "I have had training in lifting and handling, this helps by knowing how to move a client the right way without hurting them and yourself" and "We get all the regular training for the job role and plus more I have been with this company under six months and have been on around 10-15 extra courses which are really helpful. I really enjoyed the dementia and good practice in social care as it gives you more knowledge to put into practice".

Care workers also told us they received regular supervision and an annual appraisal of their work and the records we saw confirmed this. Their comments included, "I have supervision, it helps with making sure I am doing things the right and correct way", "I have supervision and appraisal. It helps to develop my knowledge and skills to do a good job", "Yes, I always have appraisal and supervision, they are very useful", "Supervision is vital if I have a problem at work. It's also very good to find out what training I need and my progress", "Yes, it is a chance to visit the office and exchange and update information face to face as opposed to emails and phones", "Yes, I have supervision three monthly and appraisal yearly", "I have supervision every three months, and appraisal yearly. I find this very useful", "We do have supervision and appraisal, it helps us work as a team, encourages further development, maybe find a better way of doing certain things, put new ideas across, discuss needs of individual clients" and "Yes we do I haven't had annual appraisal yet as haven't been there that long but I have had supervision and spot checks. They are very useful".

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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) 2005.

The registered manager understood their responsibilities under the MCA and people's care plans included information and assessments of their capacity to make decisions about the care and support they received. Where people had capacity we saw the provider involved them in planning and directing the care they received. Where people lacked capacity to make these decisions, we saw the provider worked with their relatives or representatives and the local authority to agree decisions that were in the person's best interests.

Where people's care needs assessments and care plans included support with eating and drinking, the service provided this. Care workers told us most people received this support from family members but where it was included in the person's care plan, their care workers recorded in the daily care notes what people ate and drank. We saw these records were detailed and they clearly showed people received a varied and nutritious diet.

People's care records included the contact details of their General Practitioner (GP) so their care workers could contact them if they had concerns about a person's health. We also saw where care workers had more immediate concerns about a person's health they accessed healthcare services to support the person. People and their relatives told us they usually managed people's general health care needs but they also said their care workers were available to support people to access healthcare appointments if needed.

Is the service caring?

Our findings

People using the service and their relatives told us they were very happy with the care and support they received. Their comments included, "It's an excellent service and they are very caring", "They really do care, they are excellent", "The care is 150%, couldn't be better", "I couldn't recommend them more, they are amazing people" and "They are unbelievable." People said their care workers treated them with kindness, respected their privacy and dignity and were caring towards them.

The registered manager told us that they had worked to ensure people using the service benefited from consistency and continuity of the staff who supported them. They told us they had recruited sufficient care workers to care for the number of people they supported and said they would not take on new clients unless they had care workers available to provide the support they needed.

People we spoke with told us they usually had the same care workers and they appreciated this continuity. One person told us, "I always have the same carers. They understand me and I know them quite well. It works really well for me." A relative said, "My [family member] really likes having the same carers. They have built a trusting relationship and [family member] feels very confident with the carers."

People also told us their care workers arrived on time and stayed the amount of time they needed to support them with their care needs. One person said, "They are very rarely late and they ring if they are a bit behind. If they finish early, they sit and chat with me because they know I enjoy the company."

People told us their care workers spoke with them in a respectful way and respected their privacy. One person said, "My carers help me with my personal care and they always treat me with courtesy and care. They respect my privacy and my dignity. I am very happy with the care they give me." A relative also said they would have no hesitation in recommending the service to anyone who needed care in their own home. They added, "They treat people so well. You always hear people say they're like one of the family but it's true in this case, they are fantastic."

Care workers told us they had completed training around people's individual needs around privacy and dignity. They told us if people needed support with their personal care, they always provided this in private. For example, one care worker said, "I always shut the door and the curtains when I help [person's name] with their personal care. It's what I would want if I needed help."

The registered manager told us they gave people information about the aims and objectives of the service and the care and support they provided. People using the service confirmed they had received this information. Care workers also told us they received a staff handbook that included information about the provider's policies and procedures and other information for them to reference when needed.

The provider also recorded people's religious, cultural and communication needs in their care plans and their care workers were able to tell us about these.

Is the service responsive?

Our findings

Care workers told us they had the information they needed to care for and support people using the service. Their comments included, "When I visit a client I will read their care plan to see what help they need", "The first time you visit a client you will be shadowing with another carer and you will need to read the client's care plan", "All the information we need to know about our service users is in the care plan and this is always kept up to date" and "When I go into a client's home for the first time, I would read the client's care plan and see the needs and help the client needs".

People using the service and their relatives told us they were involved in developing their care plan. They said, "We talked with [the registered manager] about the care my [family member] needs and if anything changes we talk to them about changing the care plan" and "They came to see me before they started providing care and asked me all about the help I need. They are very patient and very understanding. They really want to help".

The provider had a policy and procedures in place to respond to any complaints they received. People using the service told us they had received information about how to make a complaint but they said this had never been necessary. One person told us, "I would complain directly to [the registered manager] but I've never needed to". A second person said, "I've never had any complaints but I would speak to people in the office or [the registered manager] if I needed to." The registered manager confirmed they had received two complaints since our last inspection and records showed they dealt with these in line with their procedures. They wrote to the person who made the complaint with details of their investigation and the outcome and confirmed both people were satisfied with the outcome.

People using the service were able to provide feedback on the care they received. The registered manager told us one of the service's supervisors visited each person using the service in July 2017 to support them and their relatives to provide feedback on the service. They asked people how satisfied they were with their care, were they treated with dignity and respect and were they involved in planning their care. We saw people commented very positively on the care and support they received. They said, "Five star service, I am very happy" and "I am very happy with the care service I receive". Where people identified ways the provider could improve the care and support they received, the provider took action. For example, one person asked for their morning call time to be changed and we saw the registered manager had arranged this.

Senior staff from the service carried out spot checks on care workers. Care records we saw included details of spot checks visits and these included the views of people using the service. Records also showed the provider contacted people by telephone to gain feedback on the care and support they received. Most of the comments we saw were positive about the service and the care workers. They also completed an annual dignity in care audit. This involved a visit to people using the service in July and August 2017 when they were asked about communication, meal preparation, personal care, respect and privacy. The responses we saw showed people were happy with the care and support they received.

Is the service well-led?

Our findings

The provider's Nominated Individual was also the registered manager of the service. They were a qualified nurse and told us they had worked in NHS acute services before setting up the service. They said they kept up to date with developments in care by reading professionals journals, attending provider forums the local authority organised and visiting relevant websites.

Staff commented positively on the service and the support they received from the registered manager. Their comments included, "The best company I've worked with and I would recommend them to anyone", "Day and Night Care is very good in communicating with us which makes our job easy", "I think the service is managed professionally", "Yes the service is well managed, if I have any problem or need to know important information about a client I am well updated" and "We get great support, [the registered manager] is approachable, warm and very caring, works very hard, I have learnt so much and have enjoyed working for Night & Day".

People's relatives told us, "I'm very impressed. The communication is excellent. They keep in touch and I can discuss anything with [the registered manager], she is fantastic" and "The communication is very good. [The registered manager] always goes above and beyond to help".

There was an open culture at the service. People using the service, their relatives and care workers told us they felt able to approach the management team and felt valued by them. One person told us, "I'm very happy with my care, the office staff are very good, they understand and are very approachable". A care worker told us, "I know that if I have an idea, the [registered manager] will listen. We are encouraged to say what we think, [the registered manager] really listens."

The registered manager actively engaged with our inspection. They provided the information we needed to make our judgements and arranged for us to contact people using the service and care workers for their views of the service.

The provider carried out checks with people using the service and their relatives to ensure they were happy with the care and support they received. We saw records of phone checks and spot checks on care workers while they supported people. People commented positively on their care and support and care workers received a written report following each spot check.