

Day and Nite Services Ltd

Day and Nite Services (Kingston)

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?

Requires Improvement 

Overall summary

This inspection took place on 4 and 9 February 2015 and was announced. At the last inspection of this service, which was carried out on 8 May 2014, we found they were meeting the regulations we looked at.

Day and Nite services is a domiciliary care agency that specialises in the care and support of older people who may be living dementia or have physical disabilities in South West London.

There were 40 people receiving services from this provider when we inspected them.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

Although the agency had systems in place to regularly monitor the quality of the service they provided; we found failures by the provider to routinely analyse and learn lessons from adverse events, incidents, errors, near misses, complaints and safeguarding concerns. This meant people using the service might be at risk of receiving inappropriate or unsafe care and support. This is a breach of the Health and Social Care (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

People said they were happy with the quality of the care provided by the agency and that care workers turned up on time, stayed for the agreed length of time and completed all the care and support tasks they were expected to do. People told us their care workers looked after them in a kind and caring way, and always respected their right to privacy and dignity.

People felt safe receiving services from this domiciliary care agency. Staff knew how to protect people if they suspected they were at risk of abuse or harm.

Risks to people's health, safety and wellbeing had been identified and steps were taken to minimise these without restricting people's choice and independence. Care workers were given guidance on how to minimise identified risks to people and to keep them safe from harm or injury in their own home.

There were enough care workers available to meet the needs of people using the service. Senior staff matched people with care workers who were able to meet their specific needs and preferences. The provider ensured they were suitable to work with adults who were at risk of abuse by carrying out employment and security checks before they could start work. Care workers received appropriate training and support and senior staff ensured their skills and knowledge were kept up to date.

People received their medicines as prescribed and staff knew when to prompt people to take them.

People were encouraged to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. Care workers monitored people's general health and wellbeing, and ensured external health and social care professionals were contacted without delay if the health of people using the service deteriorated.

Each individual was involved in making decisions about their care and had been given a care plan that focused on their needs. People had agreed to the level of support they needed and how they wished to be supported. Where people's needs changed, staff responded and reviewed the care provided.

The agency had a clear management structure and sought the views of people using the service and their relatives in relation to how the care and support they received could be improved.

Summary of findings

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 safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and how to report it. Risks were identified and steps were taken to minimise these without restricting people's choice and independence.

Staff were recruited safely and there were enough staff to meet the needs of people using the service.

People were prompted to take their prescribed medicines at times they needed them.

Good



Is the service effective?

The service was effective. Staff training meant they were knowledgeable about the support people needed.

People received the support they needed to maintain good health and wellbeing.

The registered manager and staff were aware of their responsibilities in relation to obtaining people's consent to care and support. They ensured people had capacity to make choices and decisions about specific aspects of their care and support.

Good



Is the service caring?

The service was caring. Staff were caring and supportive, punctual and respectful of people's privacy and dignity.

People were involved in making decisions about the care and support they received. Care was focussed on what was important to people and how they wanted to be supported.

Staff supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans set out how these needs should be met by staff.

Care plans reflected people's individual choices and preferences and were regularly reviewed and updated to ensure they remained current.

The service dealt with people's concerns and complaints in an appropriate way. People felt able to raise their concerns with staff and were confident they would be listened to.

Good



Summary of findings

Is the service well-led?

The service was not always well-led. Although there were systems in place to monitor the quality of the service, adverse events, incidents, errors, near misses, complaints and safeguarding concerns were not always analysed. This meant the service might be missing opportunities to learn lessons from these incidents and improve the service they provide.

The agency had a registered manager in post. People using the service, relatives and staff spoke positively about the registered manager and how they ran their agency.

The provider asked people receiving services and relatives for their views on how the agency was run and how it could be improved.

Requires Improvement



Day and Nite Services (Kingston)

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 over two days on 4 and 9 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service such as notifications they are required to submit to Care Quality Commission. We also spoke with a local authority commissioner.

On the first day of our inspection we spoke on the telephone with five people receiving services from the agency, ten of their relatives and 25 members of staff who directly provided care. On the second day we visited the services offices and talked with the proprietor, the deputy manager, three senior care coordinators and/or supervisors and a member of the services business support team.

We also looked at care records of ten people who used the service, ten staff records and other records relating to the management of the agency.

Is the service safe?

Our findings

The provider took appropriate steps to protect people from abuse and neglect. People told us they felt safe receiving services from this agency. One person said, “I think my carers’ are very trustworthy.” While another person told us, “I feel quite reassured knowing that staff from the agency will be visiting [my relative] at least once a day.” The registered manager told us all her staff had received safeguarding training, which staff we talked with confirmed. It was evident from discussions with staff that they knew what constituted abuse and neglect, the signs they would look for to indicate someone may be at risk and the action they needed to take if they had concerns. Staff also demonstrated a good understanding of the agency’s policies and procedures in relation to handling money and using keys that belonged to the people they supported.

The provider managed risks appropriately. Assessments were undertaken by senior staff to identify any risks of harm or injury to people using the service. Care plans we looked at contained information and guidance for staff about the risks people might face and how they should prevent or manage them. This included environmental risks and any risks associated with people’s health and support needs such as falls, moving and handling, the use of equipment and prompting people to take their medicines on time. The registered manager told us identified risks were reviewed annually or sooner if there were any changes in a person’s care needs.

The agency employed sufficient numbers of competent staff to keep people safe. The staffing levels could be adjusted according to the needs of people using the service, being increased if required. For example, if a person needed a mobile hoist to transfer, this would always require two staff to operate the hoist.

One person using the service and two other people’s relatives told us some staff did not always turn up when they were meant to, although most people said staff usually turned up on time. Typical comments we received from people included, “my carers turn up on time 95% of the time. It’s often not their fault if they are running late and

the agency always let you know”, “The office staff will ring me if my carer is running late or can’t make it. It’s happened twice lately because of the buses” and “No real complaints about staffs time keeping, they’re usually pretty punctual”. It was clear from discussions we had with people that most felt the office based staff would let them know in good time if their care worker/s were running late. Senior staff planned visits in such a way as to minimise the travel time of care workers. This helped to reduce the risk of staff not turning up for visits on time. Most staff we talked with told us their visits were well organised by the care coordinators and they were always given enough time to complete their work properly.

Staff records showed us the provider had appropriate procedures in place to recruit and appoint potential new staff. The service carried out appropriate employment checks on staff regarding their suitability to work with vulnerable people. These included evidence of relevant training, references from former employers and checks to ensure individuals were not barred from working with adults at risk of abuse. Staff were not permitted to work unsupervised with people using the service until all the relevant pre-employment checks had been completed on them.

The registered manager told us some people using the service required prompting from staff to take their prescribed medicines. People who needed some help with their medicines told us their care workers always reminded them to take their prescribed medicines on time. Care plans we looked indicated whether or not a person needed any staff support to take their medicines safely. The registered manager told us staff were required to read the agency’s medicines policies and procedures as part of their induction. Staff we talked with confirmed they had read these policies and received medicines training, which they all said had given them enough knowledge about this aspect of their work. Senior staff were responsible for checking medicines records were appropriately maintained by staff. Staff who supported people with their prescribed medicines told us they completed records that included information about the type, dosage and time they prompted a person to take their medicines.

Is the service effective?

Our findings

Most people told us they felt their care workers had the right amount of knowledge and skills to look after them or their family member. One person said, “My carer seems to know what they are doing.” Another person told us, “All the staff that visit us seem competent enough and well trained.” Furthermore, most people felt the agency had improved the training staff now received. One relative said, “There were definitely gaps in staffs understanding and skills when we first started using the agency, but that seems to have improved lately”. Another person told us, “All the carers we’ve had recently seem to have been on training courses.”

It was clear from discussions we had with the registered manager that they were aware that some people using the service and their relatives felt some staff were not always suitably trained. They told us they had responded by introducing a new training programme for all staff to complete. Records showed that half the agency’s staff team had received the new training. The proprietor told us they expected all staff to have completed the new training programme by the end of 2015. Staff we talked with told us their training was always relevant to their role and helped them understand and meet the individual needs of people they supported. For example, all the staff we talked with confirmed they had received dementia awareness training and had attended a practical session in relation to moving and handling.

The registered manager told us it was their policy that all new staff to complete an induction, which included a period of shadowing experienced members of staff, before they were allowed to work unsupervised with people in their own homes. Staff confirmed they had each completed an induction that had covered key aspects of their job and all felt this had prepared them well for their role.

Staff received appropriate support from managers and senior staff to help them carry out their roles effectively. Records showed staff regularly attended group meetings with their fellow peers as well as individual supervision sessions with senior staff. Staff told us senior staff gave them enough support and regularly met up with them to discuss what they did well and what working practices they might improve. We saw records, and the proprietor told us, senior staff were responsible for carrying out at least three spot checks a year on care workers during their visits to

assess their working practices. Records we looked at indicated that staff’s overall work performance was appraised annually by the registered manager and senior staff.

People were supported to access food and drink of their choice. Much of the food preparation at mealtimes was done by family members, and staff were required to ensure meals and drinks were accessible to people using the service. Staff we talked with confirmed that before they completed their visit they checked people were comfortable and had access to food and drink.

One relative said, “The staff always let us know if [my relative] is unwell.” We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Staff told us they documented in people’s daily records their observations and notes about people’s general health and well-being. They noted any concerns they had about people’s current health and the action they had taken as a result, such as contacting managers or senior staff for advice and support, and notifying the person’s relatives. This ensured people received prompt medical care or support if they needed this.

Records showed assessments of people’s capacity to make day-to-day decisions about their care and support were predominantly undertaken by local authority care managers prior to people’s referral to the service for care and support. However, the service still sought people’s consent to the care that had been planned for them and where people were able to, they signed their support plans to agree to this. Where people were unable to provide this because they lacked capacity to do so, there was evidence primary carers and healthcare professionals were involved in making decisions that were in people’s best interests.

We saw policies and guidance regarding the Mental Capacity Act 2005 (MCA) and consent were available to staff. The registered manager and staff told us they had received recent training in relation to the Mental Capacity Act 2005 (MCA). Staff we talked with demonstrated a good

Is the service effective?

understanding of their role and responsibilities in relation to obtaining people's consent to care and ensuring people using the service had capacity to make decisions about specific aspects of their care and support.

Is the service caring?

Our findings

People were supported by caring staff. Several people described staff as “very kind and caring” and people told us they would recommend the agency to others. One person said, “The staff are lovely” and another person told us, “I don’t know what I would do without my care. They are marvellous”. Feedback we received from relatives was also complimentary about the standard of care and support provided by the agency. For example, one relative told us, “The staff are all very pleasant and personable. I can’t fault any of them”, while another said, “I am happy with the carers that come here. They all seem pretty caring and trustworthy to me.” People told us their care workers always stayed for the agreed length of time and completed the care and support tasks they had agreed with the agency they would do. One person said, “My carer does everything for me and never leaves early”, while another person’s relative told us, “I think the staff generally do what they are supposed to do.”

People told us staff treated them in a respectful way and always respected their privacy and dignity. One person said their care worker, “...always rings the doorbell to let me know they’ve arrived.” A relative told us, “The staff are always courteous when they speak to me or [my relative]. No complaints about the attitude of staff and the way they treat us.”

The agency ensured staff were matched to the people they supported according to the needs of the person, so that communication needs and any cultural or religious needs were met. For example, people who were unable to speak English received support from staff who were able to speak and understand the person’s language and cultural heritage.

One person’s relative said, “We had a meeting with people from the agency who told us all about Day and Nite and what they could offer [my relative]. I thought they explained things quite well and they gave us some leaflets to take away and read.” People were supported to express their views and to get involved in making decisions about the care and support they received from the agency. People told us staff from the agency asked them about their care needs and gave them enough information to help them understand what their options were before they started using the service.

People were encouraged and supported to be as independent as they could be. People’s records contained guidance for staff on how, when delivering care and support, people should be encouraged to do as much as they could for themselves to allow them to retain some control and independence. For example, care support workers were prompted to provide appropriate support to one person to encourage them to help taking their medicines.

Is the service responsive?

Our findings

People were involved in assessing and planning the care and support they received from the agency. People told us staff from the agency met with people to discuss their needs and wishes before they received any services from Day and Nite.

People received care and support in a person centred way. We saw care plans had been developed for everyone using the service. People we talked said they had been given a copy of their care plan, which they kept in their home. Senior staff gathered information about people's life history, abilities, wishes, aspirations and needs during the initial assessment process which they used to develop a person centred care plan for them. People's views and preferences for how care and support should be provided were respected. For example, people told us their care workers respected their wishes and delivered the support at the times requested by them.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff we talked with told us care plans were always available in people's homes and provided them with all the information they required to meet their needs. One member of staff said, "I think the care plans we use are easy to use and usually give me all the information I need to meet the needs of the people I visit."

The care and support people received was regularly reviewed, with people being involved in the reviews. One person told us, "Sometimes we have meetings to talk about

the care staff provide me." A relative said, "We quite often have talks with the agency to review [my relatives] care." It was also clear from discussions we had with staff they were aware that if a person's needs had changed they had to update the individual's care plan to ensure it remained current and relevant to the needs of that person. Two staff gave us examples of changes they had made to care plans so they reflected the new support needs of people whose health had recently been adversely affected following a fall.

People told us they felt comfortable raising any concerns or complaints about the agency. One person said, "I would ring the office if I wasn't happy about my carer." A relative said, "We had a complaint which we raised with the agency at the beginning, and to be fair to them they sorted it out pretty quickly. No complaints since." A relative also told us they had been satisfied with the way the proprietor had quickly resolved an issue they had brought to their attention about changes to their carers. Three people confirmed that in the last 12 months they had made a formal complaint about the agency, and all three told us they had been happy with the way the service had dealt with their concerns.

Information about how people could make a complaint was detailed in their "service user guide", which people were given a copy of when they first started using the agency. We saw a copy of the procedure in the office which clearly outlined how people could make a complaint and the process for dealing with them. People told us they found the complaints process easy to understand and use. We noted all complaints received by the service were recorded and the actions taken to resolve these were well documented.

Is the service well-led?

Our findings

We saw the provider completed various audits to assess the quality of the service provided by the agency. The registered manager told us they, and designated senior staff, regularly undertook internal audits which included checking people's care plans and risk assessments, staff training, supervision and working practices.

However, it was clear from discussions we had with the registered manager and senior staff that the service did not always analyse or learn lessons from adverse events, incidents, errors, near misses, complaints and safeguarding concerns. Records of accidents, incidents, safeguarding and complaints we looked at did not include an analysis of what had happened and improvements that could be made to prevent similar events reoccurring. Similarly, we found that where any issues had been identified, no action plans were developed which stated clearly what the service needed to do to improve and prevent reoccurrence. For example, we found feedback people using the service and their relatives had given the agency through various telephone questionnaires and written satisfaction surveys had not been analysed to identify if any patterns or trends had emerged. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People spoke positively about the registered manager approach to running the agency and about how accessible they were. One person said, "I like the owner [registered manager]. She will always talk to you if you have a problem." Relatives we talked with were equally complimentary about the way the agency was managed. One relative said, "All the managers seem nice and I've never had any issues getting hold of at least one of them when you need to."

The provider sought the views and experiences of people using the service and their relatives to identify how they

thought the agency might be improved through visits and phone calls. People and their relatives felt their views were listened to and acted on by the agency. For example, one relative told us one care worker was replaced quickly after they had told the office staff their family did not get on well with this person.

People and their relatives were sent monthly surveys to ascertain whether they were satisfied with the care and support they received and if they had suggestions in relation to what the agency could do better. Telephone surveys were conducted fortnightly by office based staff to obtain a random sample of views from people receiving services from the agency. It was clear from people's responses that most people were happy with the standard of care and support provided by the agency.

The registered manager encouraged staff to express their views about the agency. Staff felt they worked well together as a team and that there were good communication systems in place that enabled them to keep up to date with any changes in the needs of the people they supported. For example, staff made detailed notes at each visit documenting the care and support they provided that were read by other carers and senior staff who visited. It was also clear from discussions with staff that they attended regular staff meetings where they were able to discuss issues openly and were kept informed about matters that had affected the agency and the people receiving services. Staff said they felt able to raise any concerns about the agency with senior staff or the registered manager, and were confident their views would be taken seriously. One member of staff told us, "I think the owner [registered manager] can be firm, but she will listen to you if you've got a problem."

CQC records showed that the registered manager had sent us notifications of any reportable events promptly. A notification provides details about important events which the service is required to send us by law.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>People using the service were not suitably protected against the risks of receiving inappropriate or unsafe care because the registered person did not have effective systems in place to analyse and learn lessons from adverse events, incidents, errors, near misses, complaints and safeguarding concerns.</p> <p>Regulation 10(1) (a) & (b).</p>