

Mr John Maloney

Day and Nightcare Assistance (HO)

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 announced inspection took place on 14 August 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, people living with dementia and people with physical disabilities. There were 209 people using the service at the time of the inspection.

Not everyone using Day and Nightcare Assistance receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager 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.

At the last inspection on 25 April 2016, the service had been rated 'good'. At this inspection we found the service remained 'good'.

The service ensured people were safe. Risks to people had been identified, assessed and were managed safely. Staff were aware of their responsibilities and knew how to identify and report abuse. Medicines were administered safely. The registered provider followed safe and robust recruitment procedures. There were sufficient numbers of staff to support people safely.

People received effective care. Staff were supported to undertake training needed for their professional development, including nationally recognised qualifications. Staff received regular supervisions and appraisals which enabled them to develop their understanding of good practice and to fulfil their roles effectively.

Where some people were unable to make certain decisions about their care, the legal requirements of the Mental Capacity Act 2005 were followed. People were supported to have their health needs met by health and social care professionals, including their GP and dietitian. People were offered a healthy balanced diet and when people required support to eat and drink, this was provided in line with relevant professionals' guidance.

The service continued to provide support in a caring way. Staff protected people's privacy and dignity and treated them with respect. People had developed positive relationships with staff and were treated in a caring and respectful manner. People were supported to be as independent as they possibly could be.

The service continued to be responsive to people's needs and ensured people were supported in a

personalised way. Any changes in people's needs were addressed immediately. People and their relatives were aware of how to make a complaint. When concerns had been raised, they had been dealt with in line with the provider's complaints policy and procedures.

The service was led by the registered manager who promoted a service that put people at the forefront of all the service did. Staff were valued and supported by the registered manager and the provider. They were given appropriate responsibility which was continuously monitored and checked by the registered manager. A system to monitor, maintain and improve the quality of the service was in place.

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?

Good ●

The service remains 'good'.

Is the service responsive?

Good ●

The service remains 'good'.

Is the service well-led?

Good ●

The service remains 'good'.

Day and Nightcare Assistance (HO)

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 14 August 2018 and was announced. We informed the provider about our planned inspection two days in advance. We did so because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that representatives of the service would be available to talk to us. The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR). 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 checked if the information provided in the PIR was accurate.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur, including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us.

We spoke with 18 people, two relatives of people, four care staff members and the registered manager. We pathway tracked at four people's care records. The pathway tracking is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care. We also looked at four staff files, medicine administration records and at a range of records relating to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe receiving service from Day and Nightcare Assistance. One person said, "Yes, I feel totally safe when they are here". One person's relative told us, "We are safe and comfortable with them all being in my house".

Staff understood how to protect people from harm and knew how to report concerns. A member of staff told us, "If I witnessed or suspected any kind of abuse, I would report it to my manager immediately". Another member of staff said, "In such a case I would first inform my manager at the office so the situation could be investigated and actions taken in order to prevent further similar situations, such as to put the client in a safe environment or implement safety measures".

Risks relating to the service and to individual people were assessed. These included risks associated with the environment, mobility, skin care or eating and drinking. Risk assessments formed part of the support plan for each person. They provided clear guidance to staff and specified the least restrictive methods possible to keep people safe.

People were supported by sufficient numbers of staff. We asked people if there were enough staff and if staff attended their calls on time. The majority of people and their relatives told us staff visited them punctually. One person replied, "Yes, the visit times are sufficient and that allows them to do everything". Another person said, "The carers are very good at getting here on time". However, some people told us that the timing of their calls was sometimes delayed by traffic and they were not always informed about delays. One person said, "It varies quite a bit. Often traffic plays a big part". Another person told us, "We chopped the third, evening visit, we were wasting too much time waiting for the carers to come".

People were supported by staff who had appropriate experience and were of a suitable character to work with people. The service had recruitment processes in place. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People received their medicines when they needed them and each time staff explained to people what the medicines were for. One person told us, "They do my eye drops, crush the tablets I take for my bones, and make sure I take my other tablets with a glass of water". Medicines administration training was provided to staff as well as regular checks of their competency and knowledge. We looked through the medicines administration records (MARs) and it was clear all medicines had been administered and recorded correctly.

People were protected from the risk of infection. Staff received infection control training and told us they had access to personal protective equipment (PPE).

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "The carers are good at what they do". Another person said, "The carers seem confident in what they do". New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.

Staff told us and records confirmed that staff received support through regular one-to-one meetings with their line manager, spot checks and training. Staff training records were maintained and we saw the planned training was up-to-date. Where training was required, we saw training events had been booked. Staff also had further training opportunities. One staff member said, "The training is good with Day and Nightcare. If I have any worries or issues, I can always ask my colleagues and if there is anything in particular that I wanted to know more about, I can ask the manager about more training courses".

People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. This included people's preferences relating to their care and communication needs.

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.

The acting manager and staff demonstrated a thorough understanding of the Mental Capacity Act (MCA) 2005. Staff recognised the principles of the MCA. A member of staff told us, "The MCA is designed to protect and restore power to those vulnerable people who lack capacity and also to support those that still have capacity in order to plan their future in advance, in case of future loss of capacity".

People's nutritional needs were met. Details of people's needs regarding food and drinks consisted part of people's care plans and included any special needs, allergies and preferences. One person told us, "They always ask if you want something else made, a cup of tea or if they should make me a sandwich".

People were supported to maintain good health. Various health professionals such as a speech and language therapist (SALT), GP's and district nurses were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

Is the service caring?

Our findings

The service continued to provide a caring service to people who benefitted from caring relationships with the staff. One person said, "I have got to know my main carer very well". Another person told us, "I get on well with all of them, men and women".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Both the registered manager and the provider promoted a caring culture. People told us that staff knew them well and they were able to develop positive relationships with staff. One person said, "All the carers are polite and talk to you". Another person told us, "I have only praise for the carers".

People were involved in the planning of their care and the day-to-day support they received. People and their relatives told us they were involved in regular reviews of their care plans. One person told us, "I had a review of my care plan two months ago with no change".

People told us that staff promoted their independence. One person said, "They help me to maintain my independence. I try to be independent as it is in my nature". Another person told us, "They encourage me to be as independent as possible, otherwise they wouldn't visit me".

People felt they were treated with dignity and respect. One person said, "Without a shadow of a doubt, they do treat me with dignity and respect". A member of staff told us, "I support people going into their homes, being polite and courteous remembering that I am in their home. I explain what I need to do and I give them choices and involve them in all decisions. I make sure that they are comfortable with what I am doing, making sure that doors and curtains are closed during personal care".

People's confidential information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Is the service responsive?

Our findings

The service continued to be responsive. The care records contained detailed information on people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff told us this helped them to build a rapport with people when they met them.

Staff treated people as individuals. For example, when people asked specifically for female care staff to support them, this was respected by the service. When people had individual wishes, these were accommodated by the service. One person told us, "Occasionally I have to phone up the office if I have a hospital appointment and need to change the carer's visit. They have always been flexible, always been able to fit my request in".

People's diverse needs relating to protected characteristics were respected. The provider's equality and diversity policy promoted the value of tolerance. A member of staff told us, "I wouldn't treat anyone any different because of their background or their sexual orientation".

People were able to easily access any information relating to their care. People were able to read their care plans and other documents. We spoke with the registered manager and saw evidence that large print versions of these documents were readily available to people. Where people were unable to read their care plans, these were read to them by their carers or family members.

The service had systems in place to record, investigate and resolve complaints. People were encouraged to voice their concerns during regular surveys and six monthly reviews. There had been two complaints received in 2017. We saw that when a complaint was raised, relevant action was undertaken to address the issue and improve the service. For example, there were additional competency checks after staff had missed administering one person's medicines and this was also recorded in staff's supervision files. One person told us, "I have made one complaint in the past. I don't want to reveal what it was about but it was sorted out quickly and to my satisfaction".

There was no one receiving end of life care at the time of the inspection. The registered manager told us that the end of life care plans would be produced if required. These would detail the level of care people required in the last days of their lives, for example, re-positioning charts, instructions related to mouthcare and details of emotional support that would be provided to the family.

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager in place. 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 provided us with mixed views on the administration side of the service. The majority of people and relatives were happy satisfied with the way the service was run. One person told us, "Yes, I would say things are managed well. They are very quick when providing support". Another person said "I think the service is well-managed. We are very satisfied with them. However, one person remarked, "I do appreciate that things are difficult sometimes. The carers are fine but the admin of the company leaves a lot to be desired. They don't really help the girls sometimes". Another person told us, "Their administration is poor. I had a new one (carer) recently and she had to walk up and down for ages looking for my address. The company hadn't given her any directions".

Staff told us they had confidence in the service and felt it was well-managed. One staff member said, "I think this company is well managed. Personally, I can say I feel supported by the management team".

The service met the wider needs of the local community accepting care packages of people whose care providers suddenly stopped offering a service. This proved to be really important as some people's health could be compromised if the service would not step in providing care.

We found that at the time of the inspection the service was participating in a multi-agency project combating the issue of social isolation. They were piloting by using different types of assistive technology to assist people who were at risk of social isolation. Although the project was still ongoing, we were provided with evidence of positive feedback from people, especially from people who had problems with their eyesight.

The registered manager monitored the quality of service. For example, medicine administration records (MARs) and daily records were reviewed monthly. We found the audits to be effective and we saw evidence that the issues identified through the audits had been followed up during staff supervision. For example, things like record keeping or the administration of medicines.

Staff told us learning was shared at staff meetings, briefings and handovers. A staff member emphasized the value of staff meetings, "Team meetings are popular in our company. We spend time together over complimentary refreshment and share the information about current work details. We can express our opinions and ask questions. It`s also chance to refresh knowledge on some care topics, exchange experience with others and learn news and upcoming changes, like it was with General Data Protection Regulation (GDPR)".

There was a whistleblowing policy in place that was available to staff across the service. The policy contained contact details of relevant authorities for staff to turn to if they had any concerns. Staff were aware of the whistle blowing policy and said that they would not hesitate reporting their concerns if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The acting manager was aware of their responsibilities and had systems in place to report appropriately to the CQC about reportable events.