

Day Care Services Limited

Daycare Domiciliary Services

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 

Overall summary

We inspected Daycare Domiciliary on 16 January 2015 which was announced.

Daycare Domiciliary are registered to provide personal care. People are supported with their personal care needs to help them to be as independent as possible and support people to be able to remain within their own homes. At the time of the inspection the service supported approximately 30 people.

There was a registered manager at the service. 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 received their medicines safely. Medicine records were completed and staff understood the procedures they needed to follow when supporting people with their medicines.

Summary of findings

People's risks were assessed. We saw that staff carried out support in a safe way whilst they ensured that people's independence was promoted.

We found that there were enough suitably qualified staff available to meet people's assessed needs. The provider had a system in place to monitor the staffing levels against the dependency needs of people who used the service. Staff received regular training which ensured they had the knowledge and skills required to meet people's needs. Staff told us that they felt supported by the registered manager.

People were involved in their care and consented to their plans of care. Some people who used the service were unable to make certain decisions about their care. We found that mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005. We saw that decisions were made in people's best interests when they are unable to do this for themselves.

People told us staff treated them in a caring and kind way and respected their dignity. Staff listened to people wishes and supported them to make choices about their care.

People told us that staff knew how they liked there care provided. The provider considered people's diverse needs and made changes which ensured they received their care in a way that suited their needs. We found that staff understood people's preferences in care.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

The provider promoted an open culture. Staff told us that the management were approachable and that they listened to them. People were encouraged to feedback their experiences and these were acted on to improve the quality of care provided.

We found that the registered manager had a system in place to monitor the quality of the service provided.

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.

People told us that they felt safe. Staff and the registered manager understood their responsibilities to protect people from the risk of harm. Risks were assessed in a way that kept people safe whilst promoting their independence. People were kept safe because there was enough suitably skilled staff available to meet their needs.

Good



Is the service effective?

The service was effective.

People told us that they consented to their care. Assessments had been carried out where people lacked mental capacity which ensured decisions were made in their best interests. People were supported with their health needs and staff had received appropriate training to carry out their role effectively.

Good



Is the service caring?

The service was caring.

People told us that they were happy with the care they received and the staff were kind and caring. People were treated with dignity because staff listened to people's wishes and were sensitive when they provided support. Staff we spoke with told us how they gained satisfaction from providing a good quality of care.

Good



Is the service responsive?

The service was responsive.

People told us that they were involved in their care and staff provided consistent support in an unrushed manner. The provider had made adjustments which ensured that people's diverse needs were met. We found that staff knew people's preferences in how the care needed to be carried out.

Good



Is the service well-led?

The service was well led.

People told us that they felt the service was well led. There was an open culture and staff were able to approach the registered manager if they had any concerns. The provider gained feedback from people who used the service and acted on this to make improvements. The registered manager had undertaken audits to monitor the quality of the service.

Good



Daycare Domiciliary Services

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 16 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of an inspector.

We asked the provider to complete 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. We reviewed the information included in the PIR along with information we held about the home.

We spoke with three people who used the service, five relatives, five care staff and the registered manager. We viewed five records about people's care and records that showed how the service was managed which included staff training and induction records and audits completed by the registered manager.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when they were supported by staff. One person told us, “The staff treat me well and I feel safe when they are about”. A relative told us, “We are happy with the care provided and feel that our relative is safe which is a big relief to us”. Staff we spoke with told us how they made sure people were kept safe. One staff member told us, “I make sure that people are safe by following the care plan and if people need equipment I make sure this is safe to use first”. Staff also told us what action they took if they were concerned that a person was at risk of abuse. One staff member told us, “I would listen to the person and report my concerns to the manager. I would not hesitate to report any concerns I had to make sure people were protected”. The registered manager understood their responsibilities to report any concerns of abuse and we saw that where any concerns had been raised they had been referred to the Local Safeguarding Authority.

People told us that they were supported by staff in a way that enabled them to be independent. One person told us, “The staff help me to be independent. I still like to shower myself but I know staff are there for me to keep me safe, as I have days where I can be unsteady” and “I have equipment to help me like a trolley and shower seat”. Staff we spoke with told us how they supported people with risks whilst promoting independence. One staff member said, “I always ask how the person is and what they feel they can manage. We then decide the best way to support them safely”. We saw that risk assessments were in place and reviewed regularly which ensured that any changes in people’s needs were identified and recorded.

Staff told us that they reported any accidents to the registered manager and they completed forms which

detailed where and how the accident occurred. The registered manager had a system in place to monitor any accidents for trends. We saw evidence that referrals had been made to health professionals for an assessment for equipment and risk assessments had been updated to lower the risks of a further accident.

People felt that there were enough staff available to meet their needs. One person told us, “I think there is enough staff available and it is good because I always get the same few staff who visit me”. A relative told us, “My relative has dementia and it is important that they have consistent staff. I had a few concerns at the beginning but we had a meeting and the same group of staff come now. Staff arrive on time too”. Staff we spoke with told us there were enough staff available and when there were shortages they were asked to cover visits where possible. One staff member told us, “We are a good team and we all help each other out where we can if there are shortages”. We saw that the registered manager had a system in place to assess the level of staff required to meet people’s needs safely.

Staff told us that they had provided information which enabled the registered manager to check on their suitability to provide support to people. We saw that the registered manager had undertaken these checks before staff were assessed as suitable to work with people.

People we spoke with told us that they were prompted by staff to take their medicines. One person said, “I would forget if the staff didn’t remind me”. Staff we spoke with told us they ensured that people received their medicines on time and they recorded medicines on the medication administration record (MAR). We viewed a sample of records and found that the MARs contained the medicine prescribed and the amount that the staff needed to prompt people with.

Is the service effective?

Our findings

Staff told us they received training when they were first employed and they had regular refresher training. One staff member told us, “I think the training is very good, we also have specialised training such as palliative care. I am currently undertaking training in the Mental Capacity Act 2005”. Staff told us and we saw that competency assessments were carried out after they had carried out the training which meant that the registered manager could assess whether staff understood the training. Staff also told us that they received an induction which included shadowing an experienced member of staff before they provided support to people. One staff member told us, “The induction was very good and I shadowed another member of staff until I felt comfortable and understood what was required”. The records we viewed confirmed this.

People we spoke with told us that they consented to their care. One person told us, “I was asked what I wanted before the staff came. The staff always ask me if it is okay to help me too”. One relative said, “The manager came out before my relative received any support and asked what they wanted and how they wanted it”. The records we viewed showed people had consented to their care. We saw that where people lacked capacity to make certain decisions about their care assessments had been completed that ensured decisions were made in people’s best interests. One person was unable to make decisions about their care and we saw that plans were in place that ensured staff knew how to support this person and who was nominated to make decisions in their best interests. This meant that people consented to their care and where they were unable the provider acted within the requirements of the Mental Capacity Act 2005.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005. One staff member said, “It means that people who lack capacity are unable to make some decisions and some decisions need to be made in their best interests to keep them safe and well”. Some staff had received training in the Mental Capacity Act 2005 and we saw that there was a plan in place that ensured all staff were due to receive the training.

People told us that staff helped them with the preparation of their meals. One person said, “The staff prepare my meals for me and make sure I have a drink”. A relative we spoke with told us, “The staff prepare and encourage my relative at mealtimes. The meal needs to be pureed so that it is easy to eat and the staff know about this”. Staff told us that they ensured people were encouraged to have enough to eat and drink. One staff member told us, “I keep reminding people that their meal is there and I always make sure I offer a drink when I arrive and that there is a drink next to them when I leave”. We saw that care plans contained guidance for staff to follow when preparing and supporting people with their meals.

People we spoke with told us that they were aware of their health needs and staff supported them effectively. One person told us, “The staff know when I am not feeling very well and have given me more help as I can get tired”. Staff told us that they could recognise signs when people were not well, for example; people may show physical signs and emotional signs. Staff told us that they would contact the office if people’s health needs had deteriorated and in the event of an emergency they would contact the emergency services. The records we viewed showed that staff had noted their concerns and action had been taken by the registered manager to contact health professionals.

Is the service caring?

Our findings

People told us that they were happy with the way they were treated by staff and staff were kind and caring when they provided support. One person told us, “The care has always been good. I can’t complain about anything. The staff are excellent they are kind and thoughtful”. A relative told us, “The staff are kind and caring and treat my relative with respect. The staff always talk to them about the support they are going to provide”. Staff told us how they provided support to people in a caring and compassionate way. One staff member said, “I always make sure people feel comfortable when I provide support. It can be difficult for people letting someone help with personal care needs, so I always make sure this is carried out sensitively”. The care records we viewed contained details of the support provided and were written in a caring way such as; ‘gently awoke’ and ‘had a lovely chat’.

People we spoke with told us they were able to make choices in their care and staff listened to their wishes. One person told us, “The staff always ask me what I need and what I like. I’m quite independent but some days I need a bit more help and the staff are straight there for me”. Another person told us, “I feel in control and I am not afraid to say what I want”. Staff told us that they promoted people’s choices and took account of people’s wishes to remain as independent as possible. One staff member said,

“I don’t tell people, I ask. It is important to help people remain independent as much as possible, we are there to enable and support”. Another staff member told us, “I always ask people what they feel they can do and what they need help with. One person I support has communication difficulties and I take time to listen and take into account body language so that I understand what they need”.

People told us staff gave them time and were patient when they provided support. People also felt that staff were respectful and treated them with dignity and sensitivity. One person told us, “Professional and above all the staff are very respectful”. Another person said, “Staff are very sensitive as it is difficult for me when I have always been able to wash and dress myself until I became unwell”. Staff told us that they always ensured that people felt comfortable and informed them of the support they were going to provide. One staff member said, “I talk to people quietly and always tell people what we are planning to do and ask if it’s okay before I do anything”.

One member of staff told us how they ensured that people had a good quality of care and why it was important. They said, “It can be difficult and upsetting at times when people are unwell, but for me it is important that I make a difference to people’s lives. It is a good feeling to see people smiling and are more comfortable after I’ve provided care”.

Is the service responsive?

Our findings

People told us that staff knew their needs and how they liked their care to be provided. One person told us, “The staff know how to look after me and always ask what I need”. Staff told us that they knew people’s likes and dislikes. Staff were able to explain people’s needs, what people liked to do for themselves and what help they needed. One staff member told us, “I always ask the person what toiletries they prefer and I know how much help they like, but this is not always stated in the care plan”. We found that some of the care plans contained people’s preferences in care but some were not as detailed and did not give guidance for staff on the way people liked their care to be provided.

People we spoke with told us that they had been involved in the planning and review of their care. One person said, “I was involved at the start and the manager came out to review the care. I find them very approachable”. We viewed records which showed that reviews had been carried out and we saw that where people’s risks had changed the assessments and care plans had been updated.

People told us that staff arrived on time and the same staff provided support. One person told us, “Staff always come when they should and I always get the same group of staff. The only time I might get someone different is when the regular carers are on holiday, but they tell me it will be someone else”. Another person said, “I’ve never had any problems with time keeping and the staff stay longer if they need to. The staff are never rushed, they take their time”. Staff told us people received consistent care because the

registered manager had set up four teams of staff in the areas that they provided support for people. One staff member said, “We take our time and make sure that we chat to people as well it is important as we may be the only people they see in a day”.

Staff told us that some people had certain religious beliefs and adjustments were made to ensure that they provided care in a way that respected their needs. Staff explained that a religious festival had meant a person needed to eat later and the call times had been adjusted to accommodate the person. This meant that the provider took account of people’s diverse needs.

People told us that they knew how to complain if they had any concerns about the service provided. One person said, “I would complain if I needed to. I would talk to staff about any concerns, but I have never had any reason to”. Another person told us, “I know how to complain. I had some minor concerns to start with and I raised them with the manager. They were really helpful and listened to my concerns. I’m very happy now”. We saw that the provider had a procedure in place to deal with complaints about the service. We viewed the complaints records and saw that the registered manager had investigated complaints and responded to people’s concerns. One example was a complaint the registered manager had received about the consistency of staff. We saw that the registered manager had contacted the person and put actions in place to ensure that the same team of staff provided support. We spoke with this person who told us they were happy with the way their complaint was handled.

Is the service well-led?

Our findings

People we spoke with told us that they felt that the service was well led. One person told us, “It’s an absolutely wonderful service and I would recommend them to anyone. The staff and the management are all very good”. Another person said, “I find the manager easy to talk to and they know what they are doing”. Staff told us that they felt supported by the registered manager and that they are approachable. One member of staff said, “It’s a good place to work, the manager is approachable and very fair and accommodating”. One member of staff told us that the job can be difficult and upsetting at times when a person passes away but the manager is very supportive. They said, “It can be upsetting, especially when people who I have supported pass away but the manager is very approachable and sympathetic to my feelings. I can go to them whenever I need to”.

Staff we spoke with gave us different feedback about whether they had received an observation. One staff member said, “I haven’t had an observation but I know other people have and we were told in a meeting recently that this was going to be carried out”. Another member of staff told us, “I have had an observation and it was really good, because I know that I’m doing things right”. We saw that staff observations were undertaken by the registered manager which contained feedback from the observation and actions to be taken if required. For example, staff had been checked to ensure that they were assisting people to

move correctly. We found that not all staff had received an observation but the registered manager told us that there were plans in place to undertake checks on all staff in the future. Staff told us that they attended regular staff meetings which included the registered manager advising staff that competency checks were due to be carried out by the management team and updates in care practices.

The provider had sent out questionnaires to people and people we spoke with confirmed this. The comments that had been received were mainly positive and included; “They are faultless in every way” and, “I am pleased with the way they look after me. I find they have a very nice manner” and, “I receive a first class service”. We saw that one person had suggested an improvement to the consistency of care staff and we saw that there had been a staff shortage in one area and the registered manager had spoken with the person and explained why this had happened. The rotas we viewed showed that there were now consistent carers for each area. The feedback we received from people was they received care and support from the same team of carers. This meant that the provider gained feedback from people and took account of their feedback.

We saw that the registered manager had completed audits which showed how they assessed and monitored the quality of the service provided to people. We found that there were some action plans in place where improvements were needed at the service which were then viewed by the provider on a monthly basis.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.