

Endurance Care Ltd

Daybreak Support 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Daybreak Support Services is a "supported living" service and provides care and support to people with learning disabilities. At the time of the inspection it was providing support to six people who were receiving the regulated activity, personal care.

People's experience of using this service:

- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- People were protected from abuse, neglect and discrimination.
- Individual risks were assessed to keep people safe and promote their independence.
- Medicine systems were organised and people were receiving their medicines when they should.
- People's needs were holistically assessed and staff supported people in a person-centred way.
- People were supported by staff who had ongoing training to meet their needs
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff were kind and caring and understood people's likes and dislikes.
- Staff worked together to maintain and develop people's independence.
- The service was responsive to people's needs. People were supported to pursue interests and take an active role in the community.
- Care plans were regularly updated.
- The service was locally well led and managed. Staff and people were positive about recent changes in management.
- There was no manager registered with the Care Quality Commission. We asked the manager to complete these forms in the week after our visit.
- The manager submitted the form to become registered manager two weeks after our visit.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a comprehensive planned inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Daybreak Support Services

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service provides support to six people who receive a regulated service in three houses and two independent living flats. Some people had their own flats and some people shared accommodation where they had their own room and shared communal areas such as kitchen, living room and dining room. Staff provide support on a rota basis, including cover at night.

The service did not have a manager registered with the Care Quality Commission. There was a manager in place who is referred to as "the manager" throughout this report.

Notice of inspection:

We gave the service 48 hours notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that somebody would be available to support the inspection.

The inspection activity started on 6 March and we visited the office location on 7 March 2019 to review care records and policies and procedures. We spoke to people using the service on 8 March 2019

What we did:

Before the inspection we looked at all the information that we had about the service.

- This included information from statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.
- We also contacted professionals working with the service for their views.

During the inspection

- We spoke to the manager and two team leaders and four support workers
- We spoke to one person who used the service and one relative
- We reviewed three people's care records
- We looked at the medicine administration records (MAR) and supporting documents for six people.
- We looked at records relating to the governance and management of the service.
- After the inspection we asked the manager and team leaders to send us further documents which we received and reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe using the service.
- Staff had been trained and could identify the different types of abuse. They could describe the procedures to follow if they had concerns and knew who to report to.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed.
- Risk assessments had been completed in relation to people's healthcare needs such as epilepsy, diabetes as well as areas such as mobility and activities people did either at home or in the community.
- Risks were assessed in a way that promoted people's independence. For example, risks associated with the use of equipment in the kitchen focussed on how to manage the risk to support the person to do tasks for themselves.

Staffing and recruitment

- People, their relatives and staff told us that there were enough staff to meet people's needs.
- One member of staff told us that sometimes rotas were only available the week before they started which sometimes made it difficult to plan. The team leader told us that they were working on a rolling rota to start in the next couple of months to make it easier for staff.
- Rotas were planned around people's funded need. Most of the funding was for one to one support so that staff could support people with daily living tasks as well as accessing the community. In the shared houses there were 'core' hours where staffing was shared by people living in the same house.
- We could see from the records that the provider carried out pre-employment checks before staff started work. These included references from previous employers and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained in the administration of medicine and could describe how to do this safely.
- There was guidance for staff on how people liked to be supported with their medicines with separate protocols for 'as required' (PRN) medicines.
- There were regular audits of medicines carried out by the team leader.

Preventing and controlling infection

- Staff had been trained, and could describe how to prevent and control the spread of infection.

- Team leaders carried out monthly audits of infection control in each of the houses.

Learning lessons when things go wrong

- We looked at the records of incidents and accidents and could see that these were regularly reviewed by the management.
- Action was taken to prevent incidents happening again for example charts were put in place to monitor people's behaviour if the incident related to someone's behaviour that had been challenging. A falls chart had been put in place for a person who had repeated falls.
- Staff told us that actions were communicated through emails and staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed holistically In line with best practice and each person's care plan contained details about their physical, social and emotional needs.
- People's preferences were recorded for their care needs and for different activities. For example, places they liked to visit or the kind of music that they enjoyed.
- People were supported to access the community in a way that reflected their individual needs and abilities in line with equalities guidance.

Staff support: induction, training, skills and experience

- Staff told us that during their induction they were trained in the areas relevant to their role. One staff member told us, the provider, "Definitely went above and beyond, I came in with not great experience and grades and they helped with level 2 Maths and English and put me through level 3."
- People were supported by staff who had ongoing training. A member of staff said they felt the face to face training was better than the online training because it, "Sticks in your head more." They said, "[name] delivered the training she was really good, made you feel at ease and made it enjoyable. We had a laugh, we did scenarios."
- The service had an electronic system that recorded the training that people attended and when mandatory training was due to be refreshed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with diet and nutrition.
- The care plans gave details of people's, likes and dislikes in relation to food. Staff supported people to prepare meals according to their preferences.
- We could see from the daily notes that people's food and fluid intake was monitored.
- Staff confirmed when we spoke to them, how people liked to be supported. They could describe in detail people's routines and how they supported people to maintain healthy choices and take an active role in preparing their own food as part of developing independent living skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively with health care professionals to help them to live healthier lives.
- People had a section in their support plan which gave details of 'People who support me to stay healthy and well.' This included details of professionals such as GP, dentist, chiropractor and hairdresser.
- Health appointments were recorded in people's Health Action Plan so that health conditions could be monitored.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible
- We checked whether the service was working within the principles of the MCA.
- Staff had been trained in the MCA and understood the principles.
- At the time of inspection people using the service had capacity to make decisions for themselves. However, the team leader told us that one person was currently being assessed around their capacity to make decisions in relation to their diet and healthcare. The service was working with the social worker and dietician to make the assessment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind. One person told us the staff, "Do get to know me." A relative said, "They get to know [name] and they realise there is more to [name] than meets the eye and they get to like [name]."
- Staff understood people's likes and dislikes and supported them in the activities they liked to do. One member of staff described taking someone to the seaside on a one to one where they had been able to have a much more relaxed conversation with them than if they had been at home. The person was interested in marine life and the staff member told us that sitting looking at the sea the person, "Was inspired to talk about the things that they liked."
- One member of staff told us that person centred care is, "All about them, everything you do revolves around their needs and choices."

Supporting people to express their views and be involved in making decisions about their care

- People were supported with their communication skills. Each person had a section on 'How I communicate in their care plan' which included, 'Getting my own message across.'
- For a person who had very little verbal communication there was a list of key words that they may use to indicate their preferences for activities and food.
- People and relatives told us they were consulted on how people were cared for and supported. One relative told us, "[staff name] has rung me up and asked me questions and what I think about things."

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop their independence. The team leader told us they had supported one person with personal care who had since become independent and no longer needed the regulated service.
- People were supported with 'small steps' to independence. The team leader had recently put in place 'weekly achievement charts' these were so that staff could agree with a person the 'small step' that they would be supported with to help them with independence. This was monitored and progress recorded daily by staff. Using this method one person had been supported to become independent with the keys to their flat when they went out in the community and has also become independent with turning off their TV and lights before they went to bed.
- Staff described how they promoted people's privacy and dignity. For example, when someone was having a bath they would give them privacy but make sure they were in the next room where they could hear if they needed assistance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes and dislikes were clearly stated in their care plans.
- Care plans were reviewed at least every three months by the team leader.
- Staff said that if people made progress to independence and their support needs changed this was updated in the care plan. One member of staff told us, "They (managers) update (care plans) from the information that we give them. It is person centred support, everybody doesn't stay the same...then they put in an email to everyone to say support plan is updated then you sign in support plan to say you have read and understood."
- People were supported to do meaningful activities such as work or voluntary work as well as hobbies and interests. One person told us the staff had supported them to do voluntary work at a charity shop which they now went to independently.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people and relatives understood how to make a complaint.
- People and relatives told us that they knew how to raise any concerns they had. They said that the management listened to them and acted on what they said. One person said, "If I was worried about anything I would speak to [name] – she listens."

End of life care and support

- The service was not providing end of life care at the time of the inspection. The team leader told us that steps were being taken to address this for the future.
- Training for staff was being planned and they had created a template to go in people's support plan to include information on people's wishes and preferences for support at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a manager in post who was managing the service but this manager was not registered with the Care Quality Commission. We had spoken to the provider prior to our inspection and asked them to ensure the manager registered with the CQC but this had not been done.
- The name of the service had also changed since the new provider had taken over the service. We had told the provider that they needed to inform us of the change in name so the service was registered in the correct name but they had failed to do so.
- The manager told us they had spoken to the nominated individual about both issues who assured them the forms were completed in the week after our inspection.
- Following our inspection, the nominated individual changed to a different person.
- The manager submitted the application to be the registered manager two weeks after our inspection.
- Staff received regular supervisions and attended regular staff meetings and told us these were helpful for them in carrying out their role.
- There were clear auditing procedures in place for management to ensure the quality of care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The statement of purpose for the service stated, "Daybreak work with each service user as an individual and tailor the service to meet changing needs." This approach was evidenced throughout the service. The manager told us their goal was, "To keep people moving forward," and for people "to be settled and happy and reaching the best goal they can reach."
- Information about people's needs from both staff and managers was consistent with the feedback that people and relatives gave to us about individual preferences for care and support.
- There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.
- Staff told us that the management of the service had improved with the new provider. One member of staff said, "[manager's] door is always open and I find her easy to talk to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us that they were involved in the service.
- The manager told us they had regular social events for people using the service, these were used as an

informal opportunity to gather feedback.

- One member of staff told us that at staff meetings they can, "Put across ideas that [staff] have that could help."

Continuous learning and improving care

- Team leaders regularly reviewed systems and processes in place to ensure that they promoted good person-centred care that met people's needs. For example, the system for monitoring people's weekly achievements had been introduced when the team leader had noticed that staff were not always consistent in the way they were supporting a person to become more independent.
- Incidents were reviewed and systems changed if necessary to prevent incidents in the future.
- Team meetings were used to share information for service improvement. In one team meeting staff were asked to record daily notes in more detail to provide evidence of a person's needs changing more clearly.

Working in partnership with others

- The service worked in partnership with organisations in the community.
- One person did voluntary work in a local charity shop. Other people attended a day service. The service liaised with these organisations to ensure consistent support across services.
- There were good connections with health professionals, social workers and the local learning disabilities team.