

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

We undertook this announced inspection on 25 April 2016.

Day and Nightcare Assistance provides personal care to elderly and disabled people in their own homes. At the time of our last inspection there were 135 people using the service.

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.

People said that they felt safe with the care and support provided, and that staff were kind, caring and always respectful towards them. Staff knew how to recognise signs of abuse and protect people from such harm. They received regular training in how to keep people safe. Staff were not recruited until checks were made to ensure they were suitable to work with people who use the service.

There were procedures and processes in place to ensure the safety of people who use the service. These included risk assessments which identified the ways of minimising the risks to people.

When people required assistance to take their medicines, there were arrangements in place to provide this support safely.

Accidents and incidents were appropriately investigated and recorded with clear details of investigations and actions taken to help prevent re-occurrence.

There were sufficient numbers of properly recruited care workers who had the skills and knowledge to provide care and support to people according to their preferences.

People's consent was sought when appropriate and the service operated within the requirements of the Mental Capacity Act (2005) (MCA). The service ensured the actions involved in providing care were taken in people's best interests.

People received support with eating and drinking. The kinds of support varied, dependent on people's health status, their needs and preferences. Appropriate professional advice was obtained where necessary to ensure people's health needs were supported.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. People were involved in making decisions about their care.

Staff had not hesitated to devote their own time to assist people on day trips or help them to pursue their

hobbies. What is significant, their commitment had not been restricted to a singular action. Staff had constantly put a lot of effort into providing care to people, not for benefits, but often at the expense of their own time. For example, they had supported people voluntarily helping them with Christmas shopping.

The registered provider had a compliments and complaints policy and a relevant procedure following the policy. Each person was given a copy of the complaints procedure. People told us that complaints were responded to and resolved. Staff assured us they knew how to complain and that they were confident any complaints would be listened to and acted on.

There was an open and transparent culture in the service. The management team demonstrated effective leadership skills and care workers said they felt valued and supported. Staff understood their roles and responsibilities in providing safe and good quality care to people who use the service.

The provider and the registered manager used systems to measure the safety and quality of the service. Checks and audits were completed regularly to make sure that good standards of care were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Thorough recruitment procedures helped to ensure that suitable staff were employed to work at the service.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

Medicines were managed safely and people received the support they required to take their medicines.

Is the service effective?

Good ●

The service was effective.

Care workers had the knowledge and skills they needed to effectively carry out their roles and fulfil their responsibilities to meet people's needs.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Good ●

The service was caring.

People who use the service told us they were treated with kindness and compassion in their day-to-day care.

People were involved in making decisions about their care and the support they received.

Staff undertook additional tasks to make people's lives better.

Is the service responsive?

Good ●

The service was responsive.

People were consulted about the care assistance they wanted to receive.

The service liaised with other agencies to make sure people received their care in a coordinated way.

People could raise any concerns and felt confident these would be addressed promptly through regular meetings with the registered manager.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. Staff felt supported by the registered manager. They were confident the manager would listen and take action when necessary.

There was a clear management structure in place and care workers understood their roles and responsibilities.

The quality of the service was monitored and the registered manager worked continually to improve and develop the service.

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.

The inspection took place on the 25 April 2016 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 the persons concerned would be present.

The inspection was carried out by one inspector. We looked at the information we held about the provider and this service, including any statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted three health and social care professionals to obtain their views on the care provided by the service.

The registered provider submitted a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they are planning to make.

During our inspection we visited the provider's main office location and talked to the registered manager. After the visit, we spoke with 26 people, four relatives and seven care staff members. We looked at records relating to the management of the service, including care plans for six people, four staff files with recruitment records, policies and procedures, a complaints log, a training matrix, quality assurance audits and accident/incident records.

Is the service safe?

Our findings

People told us they felt comfortable and safe when supported with their care. One person stated, "I feel safe with the carers, I find them very helpful". A relative praised the quality of the care provided by the service, "The arrangement with Day and Night Care Assistance provides peace of mind as Mum's safety is paramount".

Staff knew their responsibilities with regard to protecting people. They had received training in safeguarding people. When asked, they could give us examples of what constituted abuse and they knew what action to take if they noticed that a person using the service was abused. They informed us that they would report their concerns to their manager or managing director. They were also aware that they could report such issues to the local authority safeguarding department and the Care Quality Commission if needed.

Assessments were made to identify any risks to each person using the service and to the staff supporting them. These included any environmental risks resulting from people's home environment and any risks relating to the health and support needs of the person. People's individual care records specified the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance on using moving and handling equipment, directions of how to find people's homes and entry instructions. This guidance was communicated to staff through the risk assessments and care plans kept in people's homes and in the main office.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks had been done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These measures helped to ensure that only people suitable for the role were employed.

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure there were enough staff to make all scheduled visits to people. It was organised in such a way that no more than two members of staff were on annual leave at the same time. People and relatives told us that staff usually visited people at the planned times and that they stayed for the agreed amount of time. People said that there had been no instances of any visits being missed. One person told us, "I had no missed visits. They always let me know if they are running late". A relative stated, "The carers are always professional, friendly and punctual".

There were suitable arrangements for the administration of medicines, which was appropriately recorded. Records indicated that staff had received training on the administration of medicines and recognised the importance of ensuring that administration records were regularly and accurately completed. We noted that there were no gaps in the medicines administration charts examined. There was a comprehensive policy and procedure for the administration of medicines. The home had a system for auditing medicines. This was carried out internally by the registered manager.

Accidents and incidents were monitored and staff were aware of the reporting processes they needed to follow if either occurred. These were reviewed by the registered manager to identify trends and develop learning points. For example, after carers had been unable to administer one person's medicines at a certain time, a review was held with healthcare professionals to establish a more suitable time for the administration of the medicines.

The provider had a robust disciplinary policy. Records showed the service had dealt appropriately with matters according to the provider's policies using a range of formal disciplinary actions.

Is the service effective?

Our findings

People told us they felt that staff were competent to provide care for them. One person said, "I think they know what I need". Another person remarked, "I think they are really well trained and have the right skills".

The service had appropriate procedures in place for the induction of newly recruited members of care staff. Once employed, new staff received initial formal training before shadowing and observing experienced members of staff in individual care settings. Staff undergoing induction were monitored regularly by the registered manager.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills necessary to understand and meet the needs of the people they supported and cared for. Training was up-to-date and records showed that staff had also received additional training specific to the needs of people they supported. It included moving and handling equipment, dementia awareness, stroke awareness and palliative care training. Staff told us they were provided with good opportunities to develop their knowledge. A member of staff said, "I feel that they have been very supportive for me and my personal development. Through them I have gained knowledge and qualifications that not only have benefited the company, but myself as well".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They were aware of their responsibilities and had a good understanding of how the MCA related to their work. They told us they sought consent from people before they offered care. When they had concerns regarding a person's mental capacity, they referred to appropriate professionals so that relevant decisions would be made in people's best interests. People's rights to make their own decisions were promoted. One person told us, "My choices are fully respected by staff".

Records seen and staff surveyed confirmed staff received regular supervision and annual appraisals. This provided both staff and the registered manager with the opportunity to discuss their job roles in relation to areas that needed support or improvements as well as acknowledging areas where they performed well. Staff felt supported by the management team who encouraged them to discuss their training needs and talk to the managers openly about anything that may be causing them concern. A member of staff told us, "In my experience this [supervisions and annual appraisals] has given me the chance to be open and I feel that I have been listened to."

People were supported to eat sufficient amounts of food and drink enough fluids, and maintain a balanced and healthy diet. The support varied depending on people's individual choices and circumstances. For example, some people needed to have their meals cut in bite-size pieces due to their condition, whilst others had to avoid certain types of food to prevent adverse reaction to their medicines. Such requirements were always followed and people were provided with food and drink according to their dietary needs.

The service supported people to access services from a variety of healthcare professionals, including GPs, dieticians, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared information with professionals effectively and confidentially and the professionals were involved appropriately.

Is the service caring?

Our findings

All the people we spoke with told us that staff were kind, caring and polite. One person said, "They are very caring and very helpful". Another person remarked, "People that come here are very good and caring". A relative commented on the quality of care, "We are really pleased that we have found this service".

Staff had a good knowledge and understanding of people, their needs and expectations. The service matched staff to people they supported by allocating staff who had similar interests to the person. For example, staff with military background supported people who had also served in the army. People and staff told us that whenever possible people were supported by the same members of staff. One person stated, "I'm generally visited by this same member of staff with an exception when she's on holiday. Which is good, as I like her and feel very comfortable with her". Another person informed us, "If somebody [staff] is off sick they are trying to send somebody who knows me".

People told us they were involved in making decisions about their care, they were always listened to and felt that their decisions were respected. We saw from the care records that when people had started using the service, they had been involved in the initial assessment of the care they required.

Staff were aware that all people who use the service should be treated with respect and dignity. They were also aware of the importance of protecting people's privacy. Staff said they always remembered to ensure people were not exposed while providing them with personal care. For example, staff drew the curtains or closed the door if needed. The service had appointed six dignity champions from the staff group. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, who acts as good role model and educates all those working around them.

The care and support plans we saw during our visit included people's involvement and were regularly reviewed. Staff knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. People's care records identified people's specific needs and how these were supposed to be met. The records also provided staff with guidance on people's preferences of how they liked their care to be delivered. However, we noticed that some information, for example people's life histories or likes and dislikes were sent via secure email to members of staff without being included in the care plans. We brought it to the attention of the manager who decided to review the care plans so that they would contain the information previously sent via email.

Staff respected people's wishes and provided care and support in line with those expectations. People told us staff always checked if people needed more help before they left. Before leaving the homes of people with limited mobility, staff ensured they had everything they needed within their reach. For example, people could easily access drinks and snacks, telephones and alarms to call for assistance in an emergency.

Staff were aware of their responsibilities in confidentiality and preserving information security. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The team leader and registered manager had high regard for confidentiality and

said they were always trying to ensure that staff knew how to access and how to share any personal information safely.

The service had received 30 compliments from people and their relatives since its registration in April 2014. One person had written, "Thank you for Day and Night carers support whilst I have been in crisis with my illness, which has been extremely supportive, caring and has made me feel safe".

Is the service responsive?

Our findings

People told us that the care was personalised and responsive to their needs. One person said, "They always know how to address my needs". A relative remarked, "We have found the service flexible as sometimes our arrangements need to alter due to work demands".

People had their needs assessed before they began to use the service. Information was gathered from a variety of sources, from example provided by people themselves, their relatives, friends, and health and social care professionals. This helped to ensure the assessments were detailed and covered all crucial aspects of a person's life.

People and relatives told us that they were convinced the provider responded quickly to any changes in a person's health and would contact other health professionals when needed. We could see relevant evidence in the care records where care routines and tasks had been altered. The purpose of the changes was so to tailor the care provided by the service to what the person wanted, and therefore make it even more individualised. The registered manager told us that all people had planned reviews of their care every six months, and it was confirmed by the records. People informed us that they were always consulted and voiced their opinions while making any decisions about the support they received. These opinions were always taken into account. One person told us, "I have regular reviews. I'm involved in reviews together with somebody from Day and Nightcare Assistance and a social worker".

Daily records were completed by staff at the end of each care visit. Every record was signed by a staff member and specified the time of their arrival and departure. In addition, these records included details of the care and support provided, any observed changes to the person's care needs, and brief notes about the food and drinks the person had consumed. The records were removed to the office files every month for auditing purposes.

We found that staff had gone above and beyond their duty whilst supporting people. When one of the people had become socially isolated, the service had utilized the information about the person's life history to liaise with a local motorbike club. As a result, arrangements had been made for the person to attend motorcycle-related events and activities which did not require riding a motorbike. The registered manager told us this had helped minimise the risk of social isolation and enabled person to pursue their hobbies and interests. As a result, the person's mood and well-being had improved. The person concerned told us, ""I'm very happy and grateful for the effort the staff have put in to help me enjoy my biggest passion again, even if I can't ride again".

In another example, a person had attended a concert of their favourite band. One of the staff members had helped the person get tickets and arrange transport, and assisted the person in their own time. The same person had been assisted by staff outside their working hours to see a local pantomime performance and do Christmas shopping.

One of the service's co-ordinators had devoted their time to accompany two people on a day trip organised

by one of the local fundraisers. In addition, the service had paid for everyone on the trip to have a fish and chips lunch. People told us that staff had earned their gratitude for their continuous willingness to help, dedication and kindness. One person told us, "I have not been to the seaside since I was a small child and can't thank everyone enough for enabling me to go". Another person said, "We had a wonderful day and still talk about it now. It would not have been possible without the generosity of everyone".

The service had strong links with the local community, which were maintained through different social events. For example, the service had sponsored The Pink Ribbon Walk (Breast Cancer Care) and the South East Tough Mudder (Help for Heroes). Staff members also participated in both events. People found it meaningful and supportive towards them as some of them were veterans and some of people suffered from cancer themselves.

Additionally, the service had signed up to be a 'Safe place'. 'Safe place' is a national scheme that helps vulnerable people feel confident and safe while out and about. If someone is lost, anxious, confused, feels they are being abused or harassed while they are out they can go to a designated safe place. The safe place offers support to the elderly, people with dementia, those who may have a physical or learning disability, people with mental health needs or someone who feels unwell.

People and their relatives told us that staff consistently responded to people's needs and wishes in a prompt manner. Feedback was sought by the registered manager in various ways, ranging from quality assurance visits to telephone calls and care staff meetings. The manager ensured this feedback was acted upon.

The provider had a complaints policy and information regarding complaints had been given to people when they had commenced using the service. Every person said they knew how to make a complaint if it was necessary to do so. Complaints and concerns were taken seriously and used as an opportunity to improve the service.

There had been 38 minor complaints in three branches of the service since our last inspection. These had been dealt with appropriately and people and their relatives were satisfied with the responses. For example, one of the family members had found a tablet left in a person's home which had indicated that medicine had not been appropriately administered. The registered manager had addressed the issue by speaking to all staff members visiting the person and reminding them about safe administration of medicines via weekly email. Moreover, the issue had been discussed at the staff meeting and the registered manager had conducted spot checks on all members of staff visiting the person to ensure that correct procedures had been followed. Staff also knew what action to take if they received a complaint. They said they would inform their manager so that the problem could be addressed.

Is the service well-led?

Our findings

The registered manager was on duty on the day of our inspection and they supported us with the provision of information required for our inspection. There was positive feedback from everyone we spoke with about the leadership of the service and there was a high degree of confidence in how the service was run. There was a clear management structure in place and staff understood their roles and responsibilities.

The values of people's dignity and independence were the basis of the person-centred approach in the service. The registered manager ensured these values were followed in delivering care and support to people. They also motivated staff to provide people with a high quality service. One member of staff commented on the management, "It is easy to see that they are eager for all staff to be trained to the highest of standards so that we can deliver that care to the community". Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff.

All the members of staff we spoke with felt that people were involved in the service and that their opinions contributed to its improvement. They said the service was well-led and that the management team were approachable and willingly listened to their concerns, opinions and suggestions. One person praised the service by saying, "The service is really well led". A member of staff told us, "All of my concerns are dealt with and they are always prepared to listen".

Feedback on the service was sought from people and their relatives in a number of ways: through review meetings, via telephone monitoring calls made by the registered manager and via a survey of services questionnaire. The most current questionnaire had been analysed by the registered manager and contained mainly positive feedback. The comments included, "We couldn't wish for a better set of carers" and "The care workers that come to the home are friendly, non – intrusive and happy to help".

Spot checks were undertaken by the registered manager whilst staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the allocated period of time and people supported were satisfied with the service.

Regular staff meetings were held and records confirmed these were well-attended. Staff told us the team meetings were held on a regular basis. They said these were a good forum for information sharing and learning.

We found regular audits were completed by the service. These included medication, safeguarding incidents, training, staff supervision arrangements and reviewing care plan records. Any issues detected through audits were quickly acted upon and the experience gained was used to improve the service.

There were robust contingency plans in place in case of an untoward event. This assessed the risk of such events as staff sickness or bad weather conditions affecting the continuation of the service. The contingency plans also provided guidance on what action would be taken to continue the service.

When appropriate, the provider had submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.