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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?	Good

Summary of findings

Overall summary

This inspection took place on 29 June 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and we needed to be sure that they would be in. Daybreak Support Services provides care and support to people who have learning difficulties living in their own homes and in supported living accommodation. There were 12 people receiving support at the time of our inspection.

The provider has another service, The Anchorage, which is situated less than a mile away from the office where Daybreak Support Services is operated from. The Anchorage was also inspected as part of this visit. The two services have a number of staff who work across both of them. Records for both services are also held at the Daybreak Support Services offices.

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. The registered manager was not available during this visit. We met with the providers HR manager during this visit. They were planning to apply to take over the registration of the service in the future.

The provider had a robust recruitment procedure in place. People were supported by staff who had only been employed after the provider had carried out checks. Staff were aware of their responsibilities to report any concerns and knew how to report this within the provider organisation.

People were supported by staff who had received an induction into the service and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

Medicines were stored safely and only administered by staff that were appropriately trained. Medicine administration records were up to date with no gaps in recording. This demonstrated there were systems in place to ensure medicines were administered in line with doctors' instructions. Healthcare professionals such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Relatives were complimentary about the service and were made to feel welcome and could visit whenever they liked. There was information available if people or their relatives wanted complain.

The management team assessed and monitored the quality of the service through audits that were undertaken.

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.

Risks to people's safety were identified and assessments carried out and followed by staff to minimise risk of harm

People received their medicines as prescribed and the management of medicines was safe.

The service had procedures in place to protect people from the risks of harm.

The service had a robust recruitment process.

Is the service effective?

Good

The service was effective

People were encouraged to make independent decisions wherever possible.

People received care and support in the way they wished.

People received support from staff who received training and support to ensure they could carry out their roles effectively.

Is the service caring?

Good

The service was caring

People were supported by kind and respectful staff who understood how
people communicated.

Relatives thought staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of how to respond to people's changing needs.

Staff delivered care and support that was in line with people's support plans

Is the service well-led?

Good

The service was well led.

Systems were in place to monitor, assess and improve the quality of the service.

The manager was approachable.

The service had policies and procedures in place, which the staff were aware of and worked to.

Daybreak Support 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 29 June 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was completed by one inspector.

Before the inspection, 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. Due to technical problems, a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Before we carried out this inspection, we also reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to ask their views on the quality of the service.

We spoke with two people who used the service and one relative. We also spoke with staff and looked at care plans and associated records. We observed how people were cared for when they visited the provider office. We obtained the permission of people to visit them at their home to observe how staff interacted with them. This helped us understand people's experience of the support they received.

We spoke with three care staff, the team leader, and the HR manager. During the inspection, we looked at two people's care plans as well as records in relation to the management of the service. This included staff recruitment records, staff supervisions, complaints and quality assurance records.

Good

Is the service safe?

Our findings

We spoke with some people who were receiving support from Daybreak Support Services. People told us they felt safe when the staff were providing them with support in their own home. One person told us, "I feel safe; I know there is someone there for me if I need them. I know they would also come back again if I needed them to after they have left. I can just call them."

Staff we spoke with had undertaken safeguarding training as part of their induction, and had regular updates afterwards. Staff had a good knowledge and understanding of safeguarding. They were able to explain the process they would need to follow to report any concerns they may have, what signs of possible harm they would look for, and who they would escalate their concerns to if they felt appropriate action had not been taken. However they were only clear on who they would contact within their own organisation. They were not aware that the local authority had the responsibility for investigating any safeguarding concerns or how to contact them. However, all were certain that they would report any concerns to the provider and would ensure that they were followed up and action was taken. Overall we felt that staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

Care records included risk assessments, which provided staff with guidance on how the risks to people had been minimised. These risk assessments explored how people were supported to remain safe in their own homes. We saw that some of these risk assessments were regularly reviewed and were in line with people's support needs as stated in their care plans.

We asked people about whether they always received the support they were expecting and due to have. One person said, "It's happened twice in eight months that the staff hasn't turned up. This was because of a misunderstanding on the rota." Another person told us, "Staff have not come to see me on three occasions since 2011." Both people told us that the missed visits were rare and that they had not affected them. We asked the HR manager about anyone missing scheduled visits from staff. We were told that these were very unusual however when they did happen, the hours were 'banked' and people could still have them at an alternative time. The HR manager said that the missing visits were due to an issue with rota's being printed off and being different from the online version. We were told that this had been rectified. Staff we spoke with told us that they covered shifts for each other and helped so people received their scheduled visits.

We saw from staff files that recruitment was robust and all vetting had been carried out prior to staff working with people. For example, the provider ensured that checks on any gaps in employment history were not explored as part of the interview process. We also saw that references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions checking that prospective employees were of suitable character to work with people. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

People received the medicines they needed in a safe way. We viewed MAR charts for all people who used the

service and found that they were completed correctly with no gaps in administration or recording. Appropriate 'when required medicines protocols were in place. Staff told us that they did not support people with any medicines until they had undertaken training. We were assured that there were systems in place to ensure that people received their medicines.

Good

Is the service effective?

Our findings

Staff were provided with training and support to ensure they were able to meet people's needs effectively. The staff we spoke with told us they had the skills and knowledge they needed to support people who used the service.

We saw evidence in staff files that new staff completed an induction when they commenced employment at the service. This was confirmed by the staff we spoke with. We asked three staff what support new employees received. They told us they completed induction training and then shadowed a more experienced staff member until they felt confident. . The shadowing focused on getting to know people's individual needs and preferences. One member of staff told us that they were able to request additional shadow shifts when they did not feel confident.

Induction training was followed by completion of the care certificate. The care certificate is an identified set of standards. It aims to give people the confidence that staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff told us that once they had completed the care certificate and during their probation they would be supported to undertake further qualifications. We also saw from the training records that a number of staff, both new and existing, were undertaking the care certificate. This demonstrated that new and existing employees were supported in their role.

The mandatory training for care staff deemed necessary by the provider included safeguarding people, manual handling, infection control, food hygiene first aid and fire safety. Staff told us that they found the training beneficial to their day to day practice. We saw from the training matrix that most staff had up to date training. Where there were gaps, staff were being booked onto the training course. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff we spoke with told us they felt appropriately supported by managers and they said they had supervision every one to two months and an annual appraisal. One staff member said, "I have supervision every 6-8 weeks. I feel supported; I can speak up and can say what I think. I can put my point across and they do listen." Another staff member told us, "I have an appraisal yearly. It is a scoring system and has performance related pay. Staff reflect on our work and give ourselves a score. The managers speak to the staff we work with then come up with a score for us too. We compare scores and discuss it."

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, and whether any conditions

on authorisations to deprive a person of their liberty were being met. We looked at two people's care plans and from these we saw that people's capacity had been considered. People who we met, and whose care plans we reviewed, were not being deprived of their liberty.

Staff member's knowledge of the MCA was variable. While some staff had a good understanding of this and how to support people, not all staff were clear if they had received training on the MCA. Some staff we spoke with were not able to tell us the main principles of the Act or how they would support people to make decisions.

People were supported with their health needs. We saw that people were referred to and supported by a number of health care professionals. Records confirmed that these appointments took place and that people were well supported by staff to attend them. Hospital passports were in place. A hospital passport contains key information about the person's needs to ensure effective care and support can be given should they be admitted to hospital.

Good

Is the service caring?

Our findings

We met some people at the provider's office when they were there with staff. We also visited people at their home with their permission. We were told that staff were caring. One person said, "They [staff] help me. They are my support and they are good." Another person said, "Staff are good, I can have a chat with them and catch up." Our observations showed that staff were kind and respectful to the people they cared for. Staff called people by their preferred name and spoke in a calm and reassuring way.

Whilst we were visiting people to talk with them, they requested that staff were present. On our arrival, we saw that the person was relaxed in the presence of the staff member. The staff member supporting the person checked again that they wanted them to remain. The person was then reminded that they could speak up honestly if they had any concerns. The person shared some banter and joke with staff and they genuinely seemed comfortable in each other's company.

Staff understood the importance of involving individuals in decisions about their lives and encouraged people to make their own choices. A person we spoke with confirmed this, telling us, "It's about what I want to do." Another person said, "They [staff] help me do the things I want to do."

We saw that staff had shared interests with people and chatted about hobbies and leisure activities. We saw that staff were respectful of the people they were supporting and before talking to us about the person, they requested their permission. Staff knew that they needed to wait for people to give permission before they entered their home. Once in the property we saw staff verbally ask if it was okay for them to come in. One person told us, "Staff always knocks on my door before they come in." Another person told us, "They [staff] knock on my door when they get here." Whilst we were visiting people, we saw that the staff with them were respectful and requested permission first to enter a room and sit down.

We spoke to a relative of a person using the service. They spoke highly of the care and support their family member received and told us, "My [relative] is very happy with the staff and their care, so that makes me happy. [Relative] likes their routine and the fact that they get the same staff caring for them. That is so important to them."

The HR manager told us that people often visited the office to talk to staff about their day and what had gone well or not. We were told that staff had built a good rapport with people.

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their routines. We spoke with one person about what they liked to do. They involved the staff member in the conversation and they told us about the activities they had done together that week. We were told about people's support requirements by the staff, these matched their support plans and this was reflective of staff practice.

At the time of our inspection, no one who used the service had an advocate. The HR manager told us that they were aware of advocacy services and that they would signpost to these if needed. Advocates are

trained professionals who support, enable and empower people to speak up.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. Staff were aware of the needs of people that Daybreak Support Services worked with. They spoke knowledgeably about how people liked to be supported and what was important to them. People's support records contained information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people.

Each person had a support plan with information personal to them. Some support plans included information in relation to maintaining the person's health, their daily routines and preferences. Everyone who lived at the service had a support plan which contained detailed information about their likes and dislikes and how they wanted to be supported.

Staff we spoke with knew the people they cared for well. They were able to tell us in detail about two people we asked them about and their preferred routines. We saw staff had a good understanding of the way people preferred to communicate. We observed during our inspection, relaxed and natural communication between people and staff.

People's right to maintain their independence was included within the support plans. Staff were reminded that they should always knock on people's front doors before they entered their home. The people we spoke to confirmed this happened. One person told us staff supported them to carry out their cleaning tasks themselves. This was further evidence of staff promoting people's independence.

People were aware of the complaints procedure. We asked people whether they had made a complaint or if they would know what to do if they wanted to. One person said, "If I wanted to complain I would ring the office." Another person told us, "I would know how to complain. I would probably go to the office myself and have a word with them."

Records showed the service had received a formal complaint in the last 12 months. We saw that the manager and staff had addressed these appropriately and had made sure the person had support they needed. The HR manager told us that staff supported people who wished to make a complaint. We were told that there arrangements in place where staff supported people to record their concerns and submit them to the office. Relatives were aware of the complaints process. One relative told us, "Yes I would know how to complain, I haven't had to. If anything was wrong my [relative] would soon tell them."

Good

Is the service well-led?

Our findings

There was a registered manager in place at the time of this inspection but they were away at the time of our visit. We met with the provider HR manager at their office. The HR manager told us that they planned to apply to take over the registered manager status from the current manager. The registered manager also managed the provider's residential service less than half a mile away.

Staff meeting's happened infrequently and were mainly held if there was something significant that the managers wanted to tell the staff. Some of the staff that we met with told us that they felt holding staff meetings more regularly would be a positive step for the service, as it would enable staff to meet with management of the service and share feedback and updates.

There were opportunities for staff to engage with the management team at the service office on a one to one basis through supervisions and informal conversations. Staff we spoke with told us they enjoyed their jobs and working for the provider. Staff confirmed they were able to raise issues and talk to their line manager if they had any concerns. They told us the managers were approachable.

We found the HR manager approachable. Relatives told us they felt the service was well led and spoke positively of the managers. One relative told us, "I can talk to the managers, I know who they are. They are easily contactable. They really are generally very good."

There were systems in place to monitor and improve the quality of the service. We viewed an audit from April 2016. This audit was a detailed and reflective look at the quality of the support people received, and the systems in place. There were a number of actions devised as a result of this service audit some of which had already taken place. Improvements had been identified as being needed to the cleaning schedules and this information had been shared with staff. Staff told us that they had already seen that standards had improved as a result.

A quality assurance process was undertaken. Part of this process involved a questionnaire seeking feedback about people's care and support .We looked at the records and saw that an annual questionnaire was sent out to people and to their families. The relatives we contacted confirmed this. The HR manager told us that the results were positive and that they had shared them with the staff team. We were told they were also communicated to people's families as part of individual's review meetings.

Records at the service were well maintained and kept securely at the provider's office. Policies and procedures were up to date and reviewed regularly. The HR manager understood their responsibilities and the need to notify the CQC of significant events regarding people using the service, in line with the requirements of the provider's registration.

Staff recorded when an accident or incident occurred and records of these were kept in the office. However, there was no documented evidence that learning from these incidents had taken place or that

investigations into them had happened in order for appropriate changes to be made. We discussed this with the HR manager who told us that learning from incidents took place however, it was not documented. We were contacted by the registered manager after our visit who informed us that actions taken as a result of any incidents were recorded so that they could monitor frequency and any reoccurrence.