

Dawn Mills

Dawn To Dusk Community care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This announced inspection took place on 18 & 19 February 2016. Dawn To Dusk Community Care is a domiciliary care service providing support to people living in their homes. At the time of our inspection 51 people were using the service.

The registered provider managed the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in May 2013 the service was meeting the regulations inspected. At this inspection we found the provider had not notified the Care Quality Commission (CQC) of two notifiable incidents which the service is required to send us by law. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. The care quality manager completed risk assessments for every person who used the service. However, some improvement was required in the recording of plans to minimise risk and provide sufficient guidance to staff. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. Staff supported people so they took their medicine safely.

The service provided an induction and training and supported staff through quarterly supervision and yearly appraisal to help them undertake their role.

People's consent was sought before care was provided. The care quality manager considered every person currently using the service to have the capacity to make decisions for themselves.

Staff supported people to eat and drink sufficient amounts to meet their needs. People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access health care appointments if needed.

People told us they were consulted about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy, dignity, and human rights.

Staff prepared care plans for every person that was tailored to meet their individual needs and they were up to date.

The service had a clear policy and procedure about managing complaints. People knew how to complain

and would do so if necessary.

The service sought the views of people who used the services and their relatives to improve the service. Staff felt supported by the care quality manager. The service had an effective system to assess and monitor the quality of the care people received. The service used these checks to learn how to improve and what action to take.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

An aspect of the service was not safe.

The care quality manager completed risk assessments for every person who used the service but there was no risk management plans to reduce the risks and this requires improvement.

The service had a system to manage accidents and incidents to reduce reoccurrence.

People who used the service told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the procedures to follow when needed.

The service had enough staff to support people. The service carried out satisfactory background checks of staff before they started working.

Staff administered medicines to people safely.

Is the service effective?

Good ●

The service was effective.

People who used the service commented positively about staff and told us they supported them properly.

The service provided an induction and training and supported staff through quarterly supervision and yearly appraisal to help them undertake their role.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to have enough to eat and drink.

People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff protected people's privacy, dignity and human rights.

Is the service responsive?

Good ●

The service was responsive.

Staff assessed people's needs and prepared care plans to meet each person's needs. Care plans included level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure about managing complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider did not notify the CQC of incidents which the service is required to send us by law. The provider did not identify that there were no risk management plans to ensure staff had enough guidance to reduce the risks.

The service had a positive culture, where people and staff felt the service care about their opinions and included them in decisions.

The service had an effective system and process to assess and monitor the quality of the care people received. The service used these checks to learn how to improve and what action to take.

Dawn To Dusk Community care

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.

Before the inspection we looked at all the information we held about the service.

This inspection took place on 18 and 19 February 2016 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector.

During the inspection we looked at seven people's care records, five staff records, quality assurance records, accidents and incidents and policies and procedure. We received feedback about the service from the local authority commissioning team. We visited six people's homes and spoke with six people who used the service and two relatives about their experience of using the service. We also spoke with the provider, care quality manager and three members of staff.

Is the service safe?

Our findings

People who used the service told us they felt safe and that staff treated them well. One person told us, "I feel safe with the girls [staff], if you want anything done, you only have to say, they do it." Another person said, "I am very watchful, I must say I feel safe with them [staff]." A third person said, "I feel absolutely safe with them [staff]." We saw people appeared comfortable with staff when we visited them in their homes. Although people felt safe using the service, some improvements were required around managing risks.

Risks to people were identified but some improvement was required to ensure staff had enough guidance in relation to these risks. The care quality manager completed risk assessments for every person who used the service. We reviewed seven and found three of the seven did not have risk management plan to reduce the risks. These included, for example, catheter care, non-compliance with prescribed medicine, fire safety and hoisting. The provider told us all staff were trained to manage risks and staff team leaders monitored as part of spot checks to ensure safe care. Staff we spoke with and records we saw confirmed this. One person told us "She [staff] always wears gloves and put apron before giving care." One member of staff told us about a risk one person faced in relation to hoisting. They told us how they followed the procedures of hoisting a person, so that they were safe. One person told us "I feel comfortable with girls [staff] when they are moving me."

The provider further told us they would complete all the risk management plans in the next three weeks. We could not assess the risk management plans, as they were not completed at the time of inspection. The service had a policy and procedure for safeguarding adults from abuse. The care quality manager and staff completed safeguarding training. All staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the care quality manager and the local authority safeguarding team. The care quality manager discussed safeguarding issues in the staff quarterly meetings to increase staff confidence to deal with issues should they arise. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The service had sent two safeguarding alerts to the local authority safeguarding team since our inspection in May 2013, and they were being investigated at the time of the inspection. The care quality manager had worked in cooperation with the local authority and continued to monitor the progress of investigation as part of their quality assurance process. We cannot report on the investigation at this time. We will continue to monitor the outcome of the investigation and the actions the service takes to keep people safe.

The service had a system to manage accidents and incidents safely and to reduce reoccurrence. Staff completed accident and incidents records, which included action staff took to respond and minimize future risks, and who they notified, such as a relative or healthcare professional. For example, when a member of staff found a bruise on a person, they contacted a relative and healthcare professional, and recorded this. They also discussed in a staff meeting to share any learning.

The service had enough staff to support people. The care quality manager told us they organized staffing levels according to the needs of the people who used the service. One person told us, "They [staff] are very

accommodating at a short notice. If I have a hospital appointment at 9.30am they will come at 7.30am." People told us that regular staff was reliable and there were no problems in the service providing another staff member if someone was not able to come. The staff rota confirmed this. The service had an on call system managed by staff team leader to make sure staff had support outside the office working hours. Staff confirmed this was available to them at all times.

The service carried out satisfactory background checks of all staff before they started working. These checks included qualification and experience, employment history and any gaps in employment, references, criminal records checks, health declaration and proof of identification. This meant staff were checked to reduce the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicine safely. One person told us, "They [staff] watch me taking pills." Staff authorized to administer medicines were trained and their competency assessed. The Medicine Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The MAR charts and stocks showed that people received their medicine as prescribed. Medicines prescribed for people who used the service were kept securely and safely in people's homes.

Is the service effective?

Our findings

People who used the service told us they were satisfied with the way staff looked after them and staff was knowledgeable about their roles. One person told us, "I have two carers, they help me wash, make breakfast, and get me into bed or chair scooter, and they are good." Another person said, "The girls [staff] are very good, no faults to find at all."

The service trained staff to support people. Staff told us they completed an induction training when they started work. The induction included topics such as the staff roles and responsibilities, health and safety, first aid, food hygiene, infection control, and a period of shadowing with an experienced staff member. The care quality manager told us all staff completed 11 modules of mandatory training. The training covered areas from basic health and safety in people's homes to moving and handling and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Records showed staff updated their training yearly. Staff told us the training programmes enabled them to deliver the care and support people needed.

The service supported staff through quarterly supervision and yearly appraisal. Staff records we saw confirmed this. These records referred to staff wellbeing and sickness absence, staff roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach their line manager at any time for support.

The service had systems to look for and record whether people had capacity to consent to care. Staff recorded people's choices and preferences about their care and support needs. Staff understood the importance of asking for consent before they supported people. A member of staff told us, "I take verbal consent from every person prior to care delivery."

The care quality manager considered every person currently using the service to have the capacity to make decisions for themselves. 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.

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. The provider was aware of the Supreme Court ruling and the need to ensure the appropriate assessments was undertaken so that people who used the service were not unlawfully restricted and that any applications for authorisations would be made to the Court of Protection if required.

Staff supported people to eat and drink enough to meet their needs. One person told us, "My son does shopping of food, I pick up what I want to eat, and the girls [staff] prepare breakfast and dinner." Another person said, "I choose what I want to eat, they [staff] make breakfast and lunch for me." Each person's care

plan included a section on their diet and nutritional needs. One staff member told us, "People who used the service make choices of food, I only prepare."

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. One person told us, "I was chesty, the staff immediately contacted GP and I'm on medicine. If not for the staff, I would not have called the doctor. I am very happy the staff called the doctor."

People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and GP in every person's care record. Staff told us how they would notify the office if people's needs changed and they required the input of a health professional.

Is the service caring?

Our findings

People told us they were happy with the service and staff were caring. One person who used the service told us, "I have been highly impressed with their [staff] work; they are very understanding, and very gentle." Another person said, "Staff are very caring and respectful, they are in no rush, they been very good."

People told us they were consulted about their care and support needs. One person told us, "Office staff came and asked me what I need and did an assessment of my needs." Another person said, "Staff discussed change of my needs and I am waiting for Social Services' approval to add an additional tea time visit." People's care records showed that they were involved in planning their care.

Staff we spoke with showed an understanding of equality and diversity. They understood how to meet people's needs and preferences in a caring manner. One person told us, "I get help with washing, dressing, meals and drinks. I am happy with my carers they are pretty good." Staff could tell us a person's preferred form of greeting and how some people requested them to use their preferred first name. These names were recorded and used by staff.

Staff encouraged people to maintain their independence and was recorded in their care plans. One person told us, "I self-administer medicine." Another person said, "The staff assist me with washing my back and I do the rest myself."

Staff respected people's privacy and dignity. One person told us, "They [staff] always respect my privacy and dignity." The service had policies, procedures, and training to help staff protect people's privacy, dignity and human rights. Records showed staff received training in maintaining privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff did this by ensuring people are properly covered and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relations with people they cared for. Staff kept people's information confidential. One staff member explained us how they kept all the information they knew about people confidential to respect their privacy.

Is the service responsive?

Our findings

People told us they had care plans. One person told us, "Staff assessed my needs and prepared a care plan before giving care." Another person said, "I have a care plan, I read my care plan, it is about me, and I am happy with it." Care records we saw at people's homes confirmed this.

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to guide staff on how to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves.

Staff discussed any changes to people's needs with their line manager, to ensure any changing needs were identified and met. The care quality manager updated care plans when people's needs changed. We saw seven care plans and they all were up to date.

Staff completed daily care records to show what support and care they provided to each person. One person told us, "The staff are in no rush, I am given enough time." Another person said, "Staff come on time, they are pretty good." Care records showed staff provided support to people in line with their care plan.

People told us they knew how to complain and would do so if necessary. One person told us, "I haven't felt the need to complain, I am happy all the time." Another person said, "So far, I have been quite happy. If they [staff] do anything I am not happy with, I just tell them, they do all the time right." The provider had a clear policy and procedure for managing complaints. The provider told us the service received three complaints from people and their relatives in the last year. The complaints records included details of the complaint and action the care quality manager took. For example, when a person was not happy with the quality of the care they received from a member of staff, the care quality manager investigated and apologised to the complainant and changed the staff member, and discussed in the staff supervision meeting. In another instance when a person's needs changed and a member of staff had not recorded this and reported to their line manager, the care quality manager investigated and apologised to the complainant. The incident was discussed in a staff meeting and guidance given to staff on how to record and report to their line manager when people's care needs changed. The care quality manager told us they had not received any complaints after the above incident and the record confirmed this.

Is the service well-led?

Our findings

The service was managed by the registered provider. While they were aware of their responsibilities as registered provider we found the service had made two safeguarding alerts to the local authority safeguarding team in the last year. These alerts were not notified to the Care Quality Commission (CQC) as required by law. When asked, the care quality manager told us this has been an oversight, and in future they would notify CQC in a timely manner.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People who used the service commented positively about staff and the care quality manager. For example, one person told us, "I have been very impressed with the service. I certainly would recommend them." Another person said, "The girls [staff] are very prompt and spend full allocated time." A third person said, "This firm is better managed than the previous firm I had."

The provider and the care quality manager had detailed knowledge about every person who used the service and made sure they kept staff updated about any changes to people's needs. We saw they interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us, "The care quality manager is amazing; they rearrange the home visits when I am not able to go due to some emergency." Another staff member said, "The care quality manager knows their job very well, I can speak with them anytime, they listen to you and are considerate."

The care quality manager held quarterly staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with social care professionals, and any changes or developments within the service.

The provider told us the service used induction and training to explain their values to staff. For example, the service promoted a culture, where people and staff felt the service valued about their opinions and included them in decisions. The service responded to people's views in areas such as changes to staff visit times and additional tasks for staff to deliver.

The service completed in October 2015, a satisfaction survey of people who used the service. We saw 21 completed survey forms and most of the comments were positive. For example, "Keep up the good work" "All is very good." Three of the 21 people made suggestions for improvement to the service. We saw that the provider actioned the areas of improvement. For example, when staff were running late the office based staff informed people. One person told us, "If the staff are late, not very often. On one occasion due to bad weather, the office staff phoned me to say the carer is running late."

The service had an effective system and process to assess and monitor the quality of the care people received. This included spot checks at people's homes, weekly call monitoring, and an audit of home visit times to check staff were on time and stayed full length. We saw the service used the audits to learn how to

improve and what action to take. For example, the audit had identified that staff were not completing daily records accurately and this was addressed with staff. However, improvement was required because the provider did not identify that there were no risk management plans to ensure staff had enough guidance to reduce the risks.

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.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider did not take adequate steps to ensure notifications were made to CQC in a timely manner.</p>