Care Quality Commission

New Day Care Ltd

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Inspection report

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09 August 2018
15 August 2018
20 August 2018

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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 9, 15 and 20 August 2018 and was announced.

At the time of our inspection the service was providing small packages of care to 60 people.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community as well as specialist housing. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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.

Staff were recruited safely and checks were made on their character and suitability to work with vulnerable adults. Staff were only allowed to work once these checks came back as satisfactory.

Risks assessments were in place and were reviewed regularly. Risk assessments were suitably detailed and contained information with regards to the management and reduction of risk.

Medication was stored in people's own home and administered safely. Where staff were responsible for administering people's medication this was done by trained staff who had their competency assessed by the registered manager.

Staff were provided with Personal Protective Equipment (PPE) such as gloves and aprons in accordance with the service's infection control procedure.

Staff were aware of safeguarding procedures and were able to describe the action they would take to ensure people were kept safe from harm. This included raising alerts to the registered manager, local authority safeguarding teams, the police, or whistleblowing.

Rotas showed that staff were assigned their care calls using an electric monitoring system (ECM). Staff were issued with smart phones and were required to 'log' in and out of calls to ensure people were getting their allocated time.

The registered manager and the staff understood the principles of the Mental Capacity Act 2005 and

associated legislation.

People were supported by staff with eating and drinking and staff were aware of people's dietary preferences.

Staff supported people to contact other healthcare professionals such as GP's and District Nurses if they felt unwell.

Staff undertook training in accordance with the registered providers training policy. Staff told us they enjoyed the training. Training was a mixture of e-learning and practical training sessions. Some training had expired; however staff were booked on to attend these courses. Staff spoken with confirmed they had regular supervision and an annual appraisal. Some supervisions were due to take place, these had been scheduled in by the end of August.

People we spoke with were complimentary about the caring nature of the staff and we received positive comments about the registered manager. We did not observe care being delivered, however, people told us staff were kind and caring in their approach.

People told us that they were always kept informed and involved in their care.

Care plans contained basic information about people, what their preferences were and how they liked their care to be conducted. Information in care plans was regularly reviewed and updated in line with people's changing needs. This meant that the registered provider was responsive to people's needs and preferences.

Complaints were investigated in line with the complaints procedure and responded to appropriately.

Audits took place which checked service provision and action plans were implemented to improve practice. A new auditing tool had recently been introduced.

There were polices in place for staff to adhere to, however we raised at the time of our inspection that some of these polices would benefit from being further reviewed due to some missing details.

Feedback was gathered from people using the service and people told us they felt that the registered manager had responded to their comments.

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.

People received their medications on time.

Staff recruitment was robust and checks were undertaken on staff before they started working for the service.

Risks to people were assessed, and there was information on how to manage and reduce these risks.

People told us they felt safe receiving care from New Day Care.

Is the service effective?

Good

The service was effective.

The staff had the correct training to support people effectively. Some dates were past due, however staff were booked to attend.

Staff received regular supervision and annual appraisals.

People were supported to eat and drink appropriately.

The service was working in accordance with the principles of the Mental Capacity Act and associated legislation.

Is the service caring?

Good

The service was caring.

People told us staff were kind, caring and treated them with dignity and respect.

People's preferences were reflected throughout care plans. This helped staff to get to know people and provide care based on their needs and preferences.

Care plans promoted people's choice and independence.

Is the service responsive?

The service was responsive.

There was a process in place for recording, acknowledging and responding to complaints. People we spoke with told us they knew how to complain.

People received care which was planned and personalised in accordance to their preferences. Staff demonstrated that they knew people well.

Staff were trained to support people who were on an end of life pathway to remain comfortable in their home with additional support from other medical professionals.

Is the service well-led?

The service was well-led.

There were polices and procedure in place for staff to follow, however, we raised that some of these would benefit from further review.

The registered manager was aware of their role and had reported all incidents to the CQC as required.

People and staff told us they liked the registered manager and knew them by name.

There was regular auditing taking place of care files, medication and other documentation relating to the running of the service.

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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 checked 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 started on 9 August 2018. This is when we visited the registered office to speak with the registered manager and to review documentation. We made phone calls to people who used the service and staff on 15 August 2018 and 20 August 2018. We also requested some additional information was sent by email after the initial inspection visit.
The inspection was announced. The provider was given 48 hours' notice as the service provides domiciliary care, and we wanted to be sure staff and people who used the service gave consent and would be available to speak with us.

The inspection was conducted by an adult social care inspector and an inspection manager.

Before our inspection visit, we reviewed the information we held about New Day Care. This included looking at the notifications we had received from the provider about any incidents that may have impacted on the health, safety and welfare of people who used the service. We also looked at the Provider Information Return (PIR) we received from the provider prior to our inspection. This form asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Additionally, we approached local stakeholders for feedback about the service. We received two responses. We used this information to help us populate our 'planning tool' which determines how the inspection should be carried out.

We spoke to five people who used the service and one relative. We spoke with six staff, the registered manager and registered provider. We looked at the care plans belonging to four people and other related records. We checked the recruitment files for four staff. We also looked at other documentation associated with the running of the service.

Good

Is the service safe?

Our findings

We discussed with people if they felt safe using the service provided by New Day Care. We received the following comments, "Really happy", "They always come on time", "I always see the same faces" and "I feel happy knowing who is coming."

We looked at how staff rotas were managed by the service. We saw that people's call times were adequately spaced, with enough travel time in between calls for staff to get to and from people's homes on time. Staff we spoke with told us that they were happy with their rotas and they mostly visited the same people. This meant that staff were able to develop relationships with people, and offered consistency for people that received care.

We discussed the procedure for Electronic Call Monitoring (ECM) with the registered manager. ECM is a technology where carers 'sign in' to their calls either using a smartphone or the person's home telephone. This then alerted the office staff or out of hours on call if a carer had attended the call or not. The registered manager used the data collected from the ECM system to check when staff were late, or had not logged in at all to help people. The length of calls were monitored to ensure that staff stayed for the required duration of the call. The electronic records that we viewed confirmed that almost all calls had been delivered as commissioned. We also saw evidence that people had been telephoned by the office staff in advance to inform them if staff were going to be late.

Accidents and incidents were accurately recorded and were reviewed by the registered manager in order to identify any patterns and triggers. This meant that the registered manager was overseeing if trends were being established and how to safely manage risks. Care records included reference to any follow up actions that were needed following any accidents and incidents.

Staff where able to explain the course of action that they would take if they felt someone was being harmed or abused. Staff we spoke with said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Staff had received training in safeguarding. We viewed the safeguarding policy, and even though most information was in place, the policy did not contain the relevant safeguarding procedure from the local authorities. We highlighted this at the time with the registered manager and they have since updated and revised this policy.

The registered manager completed risk assessments to assess and monitor people's health and safety. There were basic risk assessments and management plans in place for falls, manual handling, pressure care and nutrition. We viewed a sample of risk assessments for people using the service. We saw they reflected people's needs, and risk was identified and mitigated. For example, we saw that one person had a stoma. A stoma is an opening on the abdomen that can be connected to either the digestive or urinary system to allow waste to be diverted out of the body. There was a risk assessment in place for the safe management of the stoma. The risk assessment stated that the person may be at risk of infection and stated what control measures the staff must adhere to, to ensure this did not happen. The control measure included links to infection control and hand washing guidance.

Each care file contained an environmental risk assessment. This had been completed at each person's home during the initial assessment process to highlight any potential hazardous working conditions for staff such as pets or stairs. Action had been taken to minimise risk to both staff and the person they supported.

Some people who used the service chose to manage their own medication. However, for people who had medication administered by staff there was detailed information recorded with regards to the storage, administration and recording of this medication. There was a medication policy for staff to refer to, however when we viewed this policy we found it lacked some information such as the process for administering as and when required medications, otherwise known as PRN. Additionally, the policy did not have any references to the recent NICE guidelines for medication administration in people's own homes. We fed this information back to the registered manager at the time of inspection and they have since made the required changes to the policy and emailed us this information.

We reviewed four personnel files of staff who worked at the service and saw there were safe recruitment processes in place for staff including; photo identification, employment history, two references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments. We discussed that one reference for a staff member might need some further clarification. This was because it had not been completed accurately by the referee.

Staff were supplied with personal protective equipment (PPE). This included gloves, aprons and hand sanitizer. Staff we spoke with told us they were always able to ask for more PPE when needed. Staff had completed infection control and prevention training, and understood the importance of reporting outbreaks of flu and vomiting to the registered manager, so they could cover their work so as not to spread the infection.

Good

Is the service effective?

Our findings

Everyone we spoke with said the staff were skilled and professional in their approach. One person said, "They are very professional." Another person told us, "I never have any cause for concern with the staff." A relative told us, "I feel like the staff know what they are doing."

We viewed the training matrix in place for staff. Statistics showed that 90 per cent of staff training courses had been completed by staff. Training courses covered areas such as Moving and handling theory and practice, Health and safety, equality, safeguarding, Infection control, dignity, dementia, food safety and the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We asked staff if they liked their training and if they were up to date with all of their courses. There was one concern raised with regard to training. We followed up at the time with the registered manager who said that some courses were due to take place that month.
Staff were required to complete competency assessments to ensure they were able to administer medication. We checked certificates for training courses staff had attended against the training matrix we were provided with and found that the dates matched for the courses attended. This meant that most of the staff training was up to date. New staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of learning and have their competency assessed.

Staff we spoke with confirmed they had regular supervision. One staff member disclosed they had not yet had their supervision. We followed this information up with the registered manager who confirmed that some supervisions were outstanding however they were scheduled to take place before the end of the month. Some staff were on a probationary period with New Day Care which meant they were required to have a supervision after 12 weeks.

We saw that people had been pre-assessed before their care package commenced. This involved the registered manager meeting people in their homes prior to the care package being put into place to look at what support they needed. People's care plans were completed in accordance with their diverse needs and preferences. For example, one person's care plan stated they wanted a time critical call due to going out most days and needing to take regular medication. This was implemented.

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.

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. We checked to see whether the service was working within the principles of the MCA. We found that care and support was provided in line with people's best interests which was assessed at the beginning of the care package. This was then reviewed at a later date if there had

been any changes to people's capacity and or the person's inability to consent to the care and support provided. Care plans were signed by the person themselves or a family member who was legally able to do so.

People we spoke with said staff would offer to call the GP on their behalf if they felt unwell. Each person had contact details for their GP and pharmacy in the front of their care plan. This meant that staff were supporting people with their medical needs and appointments.

People told us they were supported with their meals by staff, and raised no concerns over this. Staff we spoke with told us they completed paperwork on their phones to document what each person had eaten or drunk daily. This was to ensure people retained a good diet and fluid intake.

Good

Is the service caring?

Our findings

Everyone we spoke with, without exception commented on the caring nature of the staff. One relative said, "I would give the staff 10 out of 10." Someone else said, "They are such wonderful people, they always check I am okay and ask if there is anything else I need before they go." Other comments included, "They are great", "I have no issues with the staff", "They are regular" and "We have a good relationship, I think of them as friends."

We asked people about the need to respect privacy and dignity. People told us that staff respected their right to privacy and were mindful of this when providing personal care.

It was clear from discussions that staff knew the people they supported well. When we spoke with staff they described their roles and how they were expected to support people with their needs in detailed, positive terms. Staff we spoke with spent time talking fondly about the people they supported and said they enjoyed their jobs. We asked the staff how they provided dignified and diverse care to people. One staff member told us they always knock on doors and say who it is before entering the person's home.

Staff told us that they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support. Care plans evidenced that people had been involved in discussions and changes to their care needs. Care plans were signed by people themselves, their family members (where legally allowed to do so) or via a best interest process where other family members or friends had been consulted in the person's decision making. One person told us, "I have been asked about my care plan, someone calls me up and asks if everything is okay."

Each care record contained a section which addressed capacity, choice and control. People or their relatives had signed the documents to say that they agreed with the contents. People were clear that they had choices regarding how and when support was given. For example, one care record outlined how the person required specific support around keeping their kitchen area clean and tidy.

For people who had no family or friends to represent them contact details for a local advocacy service were made known to them via signposting from New Day Care. There was no one accessing these services at the time of our inspection due to most people having capacity to consent to their own care needs, or living with family members who supported them.

Good

Is the service responsive?

Our findings

Our review of care plans and conversations with people using the service evidenced that people were receiving care which was right for them, based on their needs and wishes. The service was operating in a person-centred way. This means that care was coordinated around the needs of the individual person, and not the service.

There was person-centred information in each care plan file. Each one contained details such as the name each person preferred to be called by and the people who were important to them. For example, we saw one person's care plan stated that when they were supported in the bathroom staff were not to rush them. Additionally, another person liked the staff to bring them a newspaper every day on their way to the call. These important details were shared with the staff to ensure people were getting care which was right for them.

There were detailed routines for each person. The information was provided to staff via their smartphones which clearly described what each person required the staff to do on each call. Staff would have to mark these task as completed before they could leave the person's home.

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the initial assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider was assessing all areas of care which needed to be supported and established how such areas of care needed to be appropriately managed.

Staff were trained in end of life care. People were supported to remain at home if they wished, supported by staff and other medical professionals. People had information in their care plans regarding what arrangements would be needed in the event of their death. The service had recorded and responded to people's deaths appropriately and sensitively. The registered manager and registered provider informed us they were signing up for additional end of life training, however this had not yet taken place.

People and their relatives told us they were aware how to make a complaint and they would have no problem in raising any issues. The complaints and comments that had been made had been recorded and addressed in line with the complaints policy. We checked some recent logged complaints and saw they had been responded to in line with the provider's procedures. The policy contained details of the Local Authorities safeguarding procedures as well as the contact details for the Local Government Ombudsman (LGO) if people wished to escalate their complaint.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been in post for 12 months.

People we spoke with said they liked the registered manager and knew them by name. Staff spoken with said they liked working for the service and people we spoke with said they would recommend the service to other people.

The registered manager advised us that they kept up-to-date with guidance on best practice by attending the local provider forums and they were signed up to receive updates from Skills for Care and other organisations such as Healthwatch, REACT and Reablement forums. These are meetings that take place between different registered providers to discuss different ways of working together and share good practice.

Team meetings took place every few weeks and we saw some of the minutes for these. Agenda items included safeguarding, training, and recruitment. For staff that did not attend meetings minutes were available for them to access.

The service had policies and guidance for staff regarding safeguarding, whistle blowing, MCA, compassion, dignity, equality and diversity medication and safeguarding. We fed back at the time of our inspection that some policies and procedures would benefit from being closely reviewed and updated by the registered provider. This was because some of the information was basic, and did not always reference the correct legislation. The registered manager has since sent us a list of updated polices which hold accurate and up to date information.

The registered manager discussed lessons they had learnt from recent contract visits from the local authorities commissioning teams. This included adding more information to staff recruitment files, and more auditing tools.

People were regularly contacted by the service to ask for feedback with regards to their care package. People we spoke with told us they had been contacted by the service regularly to ask for feedback, and they were always asked if any improvements were required to their care package. We reviewed satisfaction surveys which had been sent out in June 2018. Out of 50 questionnaires issued, 20 questionnaires were returned which contained generally very positive feedback.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks were undertaken. The registered manger completed a management audit each month. We requested more of these audits from previous months as we wanted to compare them to ensure actions had been followed up. We were informed that the audits had only recently been implemented. The registered manager informed us this was something new they had put into place. They had identified following a contracts monitoring visit that their existing governance arrangements were not as robust as they should have been.

Other audits took place in areas such as care files, staff training and medication.

We also saw an audit which took place which involved the running of 'reports' from the ECM system which focused on staff logging in time and peoples visit times. If staff were not staying for the duration of their call this was then investigated by the registered manager.

The service worked well with the local authority, and tried to accommodate packages of care at short notice to enable people to return home after a prolonged stay in hospital. We received positive feedback from two professionals whom we contacted before our inspection site visit.