

Day and Nite Services Ltd

Day and Nite Services (Kingston)

Inspection report

Unit 31
Kingspark Business Centre, 152-178 Kingston Road
New Malden
Surrey
KT3 3ST

Date of inspection visit:
20 October 2022

Date of publication:
08 December 2022

Tel: 02089497179

Website: www.dayandniteservices.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Day and Nite Services (Kingston) is a domiciliary care agency providing personal care to older people in their own homes.

At the time of the inspection, there were 58 people using the service who were receiving help with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The provider operated safe recruitment procedures and had implemented an electronic call monitoring system to monitor care worker visit times. People and their relatives told us they felt safe in the presence of care workers and said that generally their care visits were on time and they were kept informed if care workers were running late. The provider took steps to assess and manage risks to people which helped to keep them safe from harm. People received appropriate support with regards to their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Feedback from people was that the service was well-led and both the quality of service and communication with the office staff had improved since the last inspection. The management team had taken feedback from the previous inspection on board to improve the frequency of staff supervision, implement digital care planning and more robust monitoring and gathering feedback from people.

However, the governance and quality assurance process were still not fully embedded and there was a lack of analysis in relation to care worker visit times. We identified some issues with the care planning and medicines records, which although the provider acted upon when we raised these with them, were not picked up by the provider's own audits.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 14 May 2022) and there were breaches of regulation in relation to safe care and treatment, staffing, notifications and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made in relation to the breach in relation to safe care and treatment, staffing and notifications and the provider was no longer in breach of these regulations.

However, the provider remained in breach of good governance.

At our last inspection, we made a recommendation to the provider to review how it captures, records and follows up the concerns and complaints received in a more responsive manner. At this inspection we found the provider had acted on these recommendations and had made improvements.

Why we inspected

This inspection was carried out to look at improvements against the breaches found at the previous inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only and also targeted to look at staffing in the key question effective and complaints management in the key question responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Day and Nite Services (Kingston) on our website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

Inspected but not rated.

Inspected but not rated

Is the service responsive?

Inspected but not rated.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Day and Nite Services (Kingston)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was conducted by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made calls to people or their relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 20 October 2022 and finished on 28 October 2022. We visited the office location on 20 October 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with eight people and three relatives of people who used the service. We spoke with the service manager, administrative manager, a field supervisor and three care workers.

We reviewed a range of records. This included six care records, eight staff files in relation to their recruitment, training and support, and multiple medicines records. A variety of other records relating to the overall management and governance of the service were also looked at.

We requested additional evidence to be sent to us after our inspection. This included records relating to governance including policies and procedures, care plans and care worker visit schedules.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found the provider had failed to ensure staff always arrived on time for their scheduled home care visits and governance systems to monitor staff punctuality remained inadequate. This represented a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in relation to the way the provider monitored staff time keeping, however some concerns remained about whether the provider could sustain these improvements over a longer period of time.

- Since our last inspection the provider had introduced an electronic call monitoring system that automatically alerted the office-based managers and staff in real time about any scheduled visits being called, staff arriving over 15 minutes late or leaving early. The service manager confirmed that all care workers were using the electronic call monitoring system which was not the case at the previous inspection. We found that governance systems in monitoring time keeping were still not fully established. We have reported on this in the Is the Service Well-led section of this report.
- People and their relatives told us that timekeeping was generally good. They said, "They are more or less on time and care is consistent during week as well as weekends" and "As I have two carers at each call they always arrive together at the same time."
- People and their relatives told us they received consistent care from regular care workers. Comments included, "I've had the same carers for quite a long time", "I've had this carer for about two months, she's lovely, and so was the last one" and "I think that having the same staff has really helped me to be more independent – I trust them."
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. These checks included proof of prospective new staff identity, previous employment, their character, and right to work in the UK. People's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to ensure records of people's risk assessments and management plans were up to date and accessible to staff on the provider's electronic care planning system. This represented a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in respect of the way the provider identified, managed and monitored risk. This meant the provider was no longer in breach of regulation 12.

- The provider continued to transfer all their paper records in relation to assessing and managing identified risks people might face onto their electronic care planning system. The office-based managers confirmed that all care plans including risk assessments had been transferred to the electronic care planning system.
- Electronic and paper records of risk assessments and management plans were in place to help staff prevent or appropriately manage risks people might face. They included risks associated with people's home environment, infection control and COVID-19, and where appropriate, managing medicines, moving and handling and preventing falls, food and nutrition, dementia awareness and pressure sore prevention, for example.
- These risk assessments and management plans were regularly reviewed and updated to reflect people's needs as and when they might change. The office-based managers confirmed risk management plans were reviewed at least annually or more frequently if required.
- During this inspection we found a specific health care risk assessment relating to catheter care was not sufficiently detailed. This meant staff might not have access to all the information they required to minimise the risk associated with this specific health care need.
- Some of the risk assessments contained basic information for care workers to refer to and would benefit from some more detail, especially in relation to moving and handling risk assessments and guidance for staff.

We discussed this with the managers on the day of the inspection who acknowledged and responded to this. We were sent some updated risk assessments which gave staff much clearer and detailed instructions about how to manage risk. We will follow this up at the next planned inspection of the service.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives told us that care was delivered with their consent or had been agreed with their relatives.
- Care plans were shared with people and they were given an opportunity to agree to their content.

Using medicines safely

- Since our last inspection the provider has introduced an electronic medicines system that automatically alerted the office-based managers and staff when medicines administration or recording errors occurred.
- This ensured the office-based managers and staff were notified in real-time if staff did not complete electronic medicines records as they should.
- In addition, the frequency at which the office-based managers and staff checked that people had received their medicines on time via regular telephone calls and in-person spot visits to people's homes had

improved in the last six months. For example, managers now carried out quarterly spot checks to observe and audit staff's medicines handling practices.

- Staff had received up to date safe management of medicines training and their competency to do so safely was routinely assessed.
- People's electronic care plans included guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. One relative said, "Medication is given to [family member] and we have had no problems, as I visit her every day."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse and neglect.
- The provider's whistle-blower policy was available in the paper version of the staff handbook, so it could be accessed by all staff. However, we discussed with the managers about making this policy electronic, so staff could access it even more easily on their hand-held devices, which the provider agreed would be beneficial. Progress made to achieve this stated aim will be assessed at the service's next inspection.
- People using the service and their relatives told us they felt safe. Comments included, "Yes, I do feel safe with the carers, I feel protected when they are here" and "I am very happy with my care and feel very safe as I know the carers well."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. Comments from people and their relatives included, "They wear their masks and gloves" and "They wear PPE all the time when they're in the house. They leave boxes of masks, gloves and aprons in the house. They top them up when they're nearly empty."
- We were assured staff had received up to date infection prevention and control and PPE training.
- We were assured the provider was accessing COVID-19 testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- Following a number of medicines recording errors the provider responded by introducing an electronic medicines systems that automatically flagged when medicines errors and/or omissions occurred.

Is the service effective?

Our findings

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the effective key question at this inspection. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

The purpose of this inspection was to check if the provider had met the outstanding requirement in relation to concerns we had about staff supervision and support.

We will assess the whole key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff were supervised in accordance with their staff supervision policies and procedures. This represented a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in respect of the way the provider supervised and supported its staff. This meant the provider was no longer in breach of regulation 18.

- Staff now had more meaningful opportunities to reflect on their working practices and professional development. This included quarterly in-person individual supervision meetings with their line manager at the provider's offices, as well as annual appraisals of their overall work performance.
- Managers told us quarterly supervision meetings with staff was the minimum they could expect and that a number of new staff members and other staff deemed to require additional support had these one-to-one meetings with their managers more frequently. In addition, a field supervisor told us they often talked to staff to see how they were doing during quality monitoring spot checks they routinely conducted to observed staffs working practices during their scheduled visit.
- People received personal care at home from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively. For example, records showed us that in the last 12 months all staff had completed up to date training in dementia awareness, moving and handling, food hygiene, equality and diversity, infection control, first aid, fire safety and mental capacity.

Is the service responsive?

Our findings

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the responsive key question at this inspection. This meant people's needs were not always met.

The purpose of this inspection was to check if the provider had implemented the recommendation we made about concerns we had about how reviewed, recorded and followed up complaints they received.

We will assess the whole key question at the next comprehensive inspection of the service.

Improving care quality in response to complaints or concerns

- At our last inspection, we made a recommendation to the provider in relation to more accurate record keeping in relation to any complaints received and complaint investigations that were completed.
- At this inspection, we found the provider had acted upon this recommendation and had introduced a clearer filing system for organising its records in relations to complaints management.
- People and their relatives felt that any concerns would be acted upon. Comments included, "When I have raised issues with the office they used to be poor with communication as my issues were not addressed, but I only speak to the manager who is polite and very pleasant so things have improved" and "If I had to complain I have the numbers and names of the manager and office staff."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection we found the quality assurance systems in place were not robust enough. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement had been made in some of the areas since the last inspection, there were still some concerns around the provider's governance processes. The provider remained in breach of regulation 17.

- The manager told us the introduction of the new digital care planning system would allow them to have more robust quality assurance checks in place to monitor the quality of service. However, we found that these were still not being used properly. We requested raw data from the provider from its call monitoring system to analyse care worker visit times which they were unable to provide. It was established they were not uploading the care worker time schedules onto the system in the correct way and therefore were not able to analyse visit times. We raised this with the managers during the inspection who confirmed they had booked themselves onto refresher training.
- Although risk assessments had been reviewed by managers, some only contained basic information in relation to the management of risk for care workers to refer too. For example, we found that some moving and handling and mobility risk assessments for people that required two care workers for transfers contained very limited information in relation to this risk. Another person who was at risk of seizures did not have this risk clearly identified in their care plans. Although managers were quick to rectify these issues when we raised them during the inspection, we were not assured that governance procedures were effective in identifying them without our input.
- When we reviewed some MAR charts we saw that although these were being completed electronically, gaps in records were not always followed up. When we raised this with the managers during the inspection. They acted promptly and immediately followed up with the individual care worker and confirmed they had carried out a supervision. However, we were not assured that governance procedures would have identified these.
- The provider was aware of its responsibilities under duty of candour, however records were not always

available to evidence that this had been acted upon. We reviewed some complaints that had come in and one of the identified actions was for the provider to send out a letter of apology. However, the manager could not provide any evidence that this had been done.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although the registered manager was available by phone during the inspection, they were not responsible for day to day management of the service. The service was managed by the deputy manager and the administration manager. All of the feedback we received by people and their relatives was about the deputy manager. The registered manager had previously stated they would register a new manager for the service. The deputy manager said they were planning to submit an application to register as the registered manager. Progress against this will be followed up at the next inspection.
- Improvements had been made against some of the issues we identified at the last inspection but there was still some outstanding issues and improvements that were needed.
- The provider had acted on the breach in relation to staffing from the previous inspection and had ensured that staff supervision was now in place.
- The manager confirmed that all care plans, including risk assessments and medicines records had been transferred and care visits were also scheduled on the electronic care plan system. This was an improvement on the previous versions.
- Medicines records and daily notes that were completed by care workers were checked by managers on a regular basis for accuracy. Any issues such as gaps were followed up with the relevant care worker.
- There were systems in place to monitor the quality of service, including more frequent telephone and announced visits. There were records in place to monitor this.
- The provider had made a commitment to improving the care planning and staff rostering system by introducing an electronic system so that real time information was available when care workers attended calls, supported people with personal care or administered medicines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- We received positive feedback from people and relatives about the provider. Comments included, "The service is great, brilliant", "It's more than adequate! Regarding the overall service, I think it's good", "I can't find any fault with what they do. The manager is very kind, they're all supportive" and "I'd have no hesitation in recommending [the service]."
- People and their relatives also commented on how much the service had improved recently. They said, "Things have improved, I must say over the past few months and their timekeeping has improved, so much better and I am less anxious", "Things have improved so much with my care, continuity, lovely girls and well trained" and "I would say that a year ago I would have given them 5 out of 10 but they have improved so I would now rate them 8 out of 10."

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

- The provider had systems in place to engage with people and staff, seeking their views.
- The provider used a range of methods to gather views about what they did well or might do better. For example, people had ongoing opportunities to share their views about the home care service they or their relatives received through regular in-person home monitoring visits and telephone contact and were actively encouraged to routinely complete customer satisfaction surveys.
- The results of verbal and written feedback given by people who had participated in recent telephone calls

and a satisfaction questionnaire about the service they received was generally positive. One person wrote in a survey, "I am totally satisfied with the care I receive at home from my regular Day and Nite carers." Comments from people and their relatives included, "The manager calls me every week and we have a chat. He always asks if everything is going well", "They phone regularly - at least every month to check that everything is OK" and "The manager calls me every week and we have a chat. He always asks if everything is going well."

- The provider also valued and listened to the views of staff. Staff stayed in touch with the managers and staff based in the office through regular telephone and in-person contact, which included individual supervision meetings in the office and meetings with field supervisors during routine spot checks while they were on a scheduled visit.

Working in partnership with others

- The provider worked with other agencies and bodies.
- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities, GP's, district nurses, occupational therapists and the CQC.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not operating effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity. Regulation 17 (1).