

All Day Care Services Ltd

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Inspection report

7 Briar Court
Guardian Road
Norwich
NR5 8PR

Date of inspection visit:
13 February 2023
06 March 2023

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13 March 2023

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

About the service

All Day Care Services Ltd is a domiciliary care service providing care to people living in their own homes. At the time of the inspection, the service provided care and support to 5 people who were receiving a regulated activity of 'personal care.' CQC only inspects where people receive the regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Not everyone who used the service received personal care. Where they do, we also consider any wider social care provided.

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

People were supported to stay safe by regular consistent staff who knew them well. Processes were in place to support staff to share and report safeguarding concerns. Staff were mindful of risks to people from infection and wore the correct personal protective equipment. People's needs were considered holistically, this included their health needs. Staff were proactive in monitoring and taking action to support people's health conditions. Staff were supported to provide effective care through regular supervisions, training, and meetings. People were supported to eat and drink enough. People were supported to have maximum choice and control of their lives and staff treated them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We found further work was needed to ensure people's capacity to consent to the care provided was needed.

Staff cared about the people they supported, whilst maintaining professional boundaries. Positive relationships had been formed between people, relatives, and staff. Staff knew people well and this helped ensure people received person-centred care. People's dignity and independence was respected by staff who promoted this. People and their relatives felt listened to and involved in the care provided.

The care provided was flexible and responsive to people's changing needs. Effective communication ensured staff knew when the support people required changed. Staff were mindful of the need to support people where they might be socially isolated.

People, relatives, and staff benefited from close and supportive relationships which generated a positive person-centred inclusive culture. People, relatives, and staff had opportunity to engage with the service and provide feedback. Governance systems were in place. The registered manager had good oversight of the quality of the service provided. The registered manager was committed in developing and ensuring a good quality of service.

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

Rating at last inspection

This service was registered with us on 01 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

All Day Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave a period of notice for the inspection because we needed to be sure that the provider and registered manager would be in the office to support the inspection process.

Inspection activity started on 20 February 2023 and ended on 6 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the service was registered and sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls to enable us to engage with relatives, staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 20 February 2023 and ended on 6 March 2023.

During the inspection we spoke with 4 relatives of people who used the service and 4 staff. This included 3 care staff and the registered manager. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 2 care plans including medicine administration records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including training records and quality assurance processes.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicine audits did not always demonstrate issues or discrepancies had been identified. For example, one medicine administration record showed some medicines had not always been administered. We reviewed these with the registered manager who was able to confirm the reasons why, however these had not been identified within the audit.
- The registered manager acknowledged this feedback and told us they would review their audits to ensure they were effective.
- The support people required with their medicines was assessed, this included how medicines would be supplied. A relative told us staff were proactive and supportive in ensuring their family member received their medicines, especially when they had been prescribed medicines to treat temporary and urgent health conditions.

Systems and processes to safeguard people from the risk of abuse

- There had been no safeguarding incidents or concerns since the service was registered. The registered manager demonstrated good understanding of adult safeguarding, including what to report and how to report this.
- A safeguarding policy and guidance for staff was in place. Staff confirmed this was accessible to them at all times through the provider's electronic system.

Assessing risk, safety monitoring and management

- People were supported to stay safe. Risks were individually assessed, and staff were vigilant at monitoring and responding to these.
- Care plans provided detailed guidance for staff on how to monitor and manage identified risks. Staff demonstrated awareness of people's individual risks. Relatives told us they felt their family members were safe using the service. One said, "The difference to [family member] from 3 months ago is amazing."

Staffing and recruitment

- People were supported by regular and consistent staff. Staff told us they were not rushed when visiting people. One staff member said, "We can do things properly we don't have to rush."
- A system was in place to monitor late or missed calls. We reviewed the information from this system which showed no significant concerns in this area.
- Staff were recruited safely. The provider had ensured checks to verify the suitability of staff to work in the service had been carried out.

Preventing and controlling infection

- The registered manager and staff were mindful of any increased risks from infection to the people they supported. This had informed their decisions around the use of face masks.
- Staff demonstrated knowledge of what personal protective equipment (PPE) they should wear and when. Relatives confirmed they saw staff wearing PPE as required.

Learning lessons when things go wrong

- No incidents had taken place since the service had been registered. The registered manager was able to demonstrate what system they had in place to report and monitor incidents, this included in relation to identifying themes, trends, and lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed holistically. This included discussing with them and their relatives their needs and preferences.
- Nationally recognised tools to assess risks, for example in relation to skin integrity, malnutrition, and oral health were not used. Whilst these risks were considered and assessed, and no risk to people was identified, we found the service would benefit from having a clear and detailed framework to explore the level of risk to people.
- The registered manager told us they were exploring other assessment and care plan forms, including electronic systems. They confirmed they would consider this feedback as part of their explorations.

Staff support: induction, training, skills and experience

- Staff received training in a range of areas, this included the Mental Capacity Act 2005 and Safeguarding. However, we found staff had varied understanding in these areas, with some staff being very knowledgeable and others having much less confidence in those areas.
- Whilst we did not identify any impact to people from this, we discussed this with the registered manager who assured us they would take action to review this.
- Staff told us they felt well supported. They received regular supervisions, staff meetings, and competency checks which explored and supported their understanding in a range of areas, including people's individual needs. Relatives told us they felt staff were competent and understood their family member's individual needs.
- New staff received an induction which included shadowing shifts. A staff member told us the registered manager had ensured they felt confident and comfortable supporting people before finishing their induction. New staff completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- Not everyone using the service received support with eating and drinking. Where they did staff ensured effective communication was in place with relatives to ensure people had enough food and drink.
- Staff supported people to ensure they could choose what they wanted to eat and that the food met their needs and preferences. A relative told us they had seen significant improvements in what their family member ate and drink due to the support provided by the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Information on people's health needs, including their oral health, was considered and included where appropriate within people's care plans. This included guidance for staff on how to support people to stay healthy.
- Staff were proactive in monitoring people's health conditions and ensuring they had the support required. Records showed staff escalated concerns to health professionals appropriately. One relative said, "[Staff] are always very quick to call out the nurse when needed."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

- The service had a policy and systems in place, including mental capacity assessment forms, however we found for one person their capacity to consent to the service being provided to them had not been assessed and a best interests decision made. We did not find this had impacted on the person or the quality of the service they had received.
- The registered manager confirmed they would review this and ensure these were completed for people who lacked the capacity to consent to their service going forward.
- Staff understood the importance of consent and supporting decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff treated people with kindness and care. Staff spoke about the people they supported with affection and care. Two relatives provided us with examples of how staff and the registered manager had gone over and above the support normally provided. One said, "Every time I have wanted something in an emergency [registered manager] has been right there."
- People were supported by a small group of consistent and regular staff. This helped ensure staff knew people well and positive relationships had formed. Staff told us they enjoyed seeing the same people and spending time getting to know them. A staff member told us, "You feel you are really making a difference." A relative told us, "You feel as though [staff member] has known [family member] for a long time, [they] talked to [family member] like a member of family whilst keeping that professionalism."

Supporting people to express their views and be involved in making decisions about their care

- Written reviews did not evidence involvement of people and their relatives. However, relatives confirmed they felt they and their family member were involved and consulted. One relative said, "[Staff] don't leave me out."
- Staff demonstrated they understood the importance of supporting people and their relatives to express their views.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were respectful of people's privacy, dignity and independence. Staff provided us with examples of how they supported these areas.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans provided person-centred information. We found further information could be provided around people's life histories and interests. However, there was limited impact to people because they were supported by regular consistent staff who knew them well.
- People received person centred care. Relatives told us the support provided was very responsive and flexible. One relative told us when their family member's needs changed the service immediately helped them by changing the support provided.
- Staff told us there was effective communication which meant they were aware when people's needs and the support they required changed. Care plans showed they were updated when needs changed.
- Staff were mindful of people's social needs and how they could support this through talking to the people they supported and showing an interest in their lives. One staff member told us how they recognised the person they supported could become lonely. They told us they made sure they had time to have a cup of tea and a chat with them during their care calls.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and supported where required.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. Information on how to complain, including how to escalate the complaint externally, was provided to people and relatives.
- Relatives told us they felt comfortable to contact the registered manager with any concerns or issues if they needed.

End of life care and support

- At the time of the inspection nobody was receiving end of life care. Systems were in place to assess and consider end of life needs, including people's individual preferences should this be needed.
- Training in end of life care and support was provided for 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager worked closely with people using the service, their relatives, and staff. This helped to promote an inclusive person-centred approach. Relatives told us they felt the service supported good outcomes for their family members. One said, "The quality of life for [family member] is worth every penny."
- Staff and relatives told us the registered manager was approachable and supportive. A relative told us, "[Registered manager] very good can't fault him at all. If we ever need him he is there."
- People, relatives, and staff benefited from close and supportive relationships which also supported the person-centred inclusive culture. A staff member told us, "When issues arise its easy to communicate, its a small organisation. The care is quite effective because there is less people to deal with".
- Systems were in place to support people, relatives, and staff to provide feedback on the service they received.

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

- The registered manager had not needed to act on the duty of candour but demonstrated they were aware of what events and incidents should be reported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- We found some discrepancies with some people's records and where information needed to be more clearly recorded. However, this did not impact on the quality of the care provided. We discussed this with the registered manager who confirmed they would review their records and systems.
- A governance system was in place which included a range of audits. The registered manager was closely involved in discussions with people, relatives, and staff, and carried out visits to people. This helped them have effective oversight of the quality of the care provided.
- Where issues had been identified the registered manager ensured these were captured within a regularly reviewed service improvement plan. This helped to develop and improve the quality of the service.
- The registered manager actively engaged with other external organisations to help them learn and develop the service. Relatives told us they felt the service was well run and the registered manager was motivated, and cared about providing a good quality service.

