

DayByDay Care Ltd

# DayByDay Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

DayByDay Care Limited is a domiciliary care service providing personal care to people. The service provides support to people who live in their own homes. At the time of our inspection there were 25 people using the service.

Not everyone who used the service received personal care. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Care plans maximised people's choice, control and independence.

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.

Right Care: People received person-centred care which promoted people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service were able to lead confident, inclusive and empowered lives.

Systems, processes and practices were in place to safeguard people from abuse. People felt safe. Staff were knowledgeable about safeguarding and were confident any issues or concerns they raised would be actioned. Risks to people were assessed and managed. Risk monitoring took place and required actions identified and took place. People told us care was unrushed and staff told us there was enough staff. Robust recruitment processes were in place. Medicines administration was done safely and best practice guidance was followed. Staff were trained and assessed as competent to administer medicines. Good infection prevention and control practices were in place. There was good oversight and processes in place so that lessons were learned, and improvements made.

People's needs and choices were assessed and reviewed regularly or when changes occurred. Staff were well-trained, received support and felt confident to deliver care safely. People were supported to eat and

drink. Staff made sure people were left with drinks and food where needed. Staff were deployed effectively and people were supported when, and for how long, they needed. Some people said they would like to receive a rota so they knew which staff would be coming to support them. Staff were vigilant about monitoring people's health and wellbeing. People told us staff supported them to make and attend health appointments. Staff recognised the importance of following health professional advice, and this was always recorded. People had consented to their care and support. Staff ensured people were given choices and recognised the importance of supporting people to maintain their independence.

Staff were aware of the provider's vision and strategy through their induction process. People and staff described an open culture. A governance framework was in place to ensure responsibilities were clear and quality performance and risks were understood and managed. The provider had issued and acted on feedback received from people, relative and staff surveys. The provider had made improvements in how the service was managed and run. The provider had identified and planned further improvements. The service worked closely with professionals to facilitate best outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (29 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider reviewed their policies to ensure audit systems and process checks remained effective in driving the areas requiring improvement. At this inspection we found the provider had acted on this recommendation and improvements had been made.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 17 March 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

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 requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DayByDay Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# DayByDay Care Limited

## 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

An inspector and an Expert by Experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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

We gave the service notice of the inspection. This was because we needed the registered manager to provide information and documents so that we could review these remotely using technology. Inspection activity started on 30 May 2023 and ended on 6 June 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information report (PIR). 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. We used all of this information to plan our inspection.

### During the inspection

We spoke with 11 people over the telephone, and sought the views of 11 staff, who all responded by email. We spoke with the registered manager via a video call. We reviewed 3 people's care plans and medication administration records (MARs). We reviewed the provider's policies and a range of other documents relating to the management of the service, including meeting minutes and audits. We received feedback from 1 professional who worked with the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity took place on 30 and 31 May, and 2 and 6 June 2023.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes safeguarded people from the risk of abuse. People told us they felt safe with the staff and their care. One person commented, "Absolutely fantastic, safe as houses me!" Another person said, "I do feel safe with them (staff)." A relative told us, "They (staff) are lovely, couldn't be nicer and yes [relative] feels safe with them."
- Staff had received training in safeguarding and understood how to recognise the signs of abuse and described what actions to take to safeguard people from harm. A staff member said, "Safeguarding involves the protection of [people], wellbeing and human rights. Its aim is to keep [people] free from abuse, neglect and harm." Another said, "It's our duty to prevent or stop [abuse] happening by reporting any signs of neglect or abuse."
- Staff were confident action would be taken on any concerns they reported. A staff member explained, "We have a whistleblowing platform that we use to report which is also anonymous."
- Accidents and incidents were always reported by staff when they occurred. The registered manager reviewed each incident, investigated where appropriate, and took action to mitigate the risk of repeat occurrences.

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed regularly, or when changes occurred.
- People's records were accurate, clear and up to date. This meant the registered manager could review and assess people's safety.
- Staff were updated daily with any changes to people's health or care. A staff member said, "Our managers always communicate with us about [people's] feedback, if there are areas we need to improve."

Staffing and recruitment

- Enough staff were available to support people's needs. One person said, "There are plenty of staff to go round and none of us go without."
- Staff were recruited safely through robust recruitment processes. This included 2 interviews, ID checks, reference and Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff undertook annual mandatory training and were assessed as competent to deliver care on their own. A staff member said, "I received the training and there was the time I felt I am not ready [to support] the [person]. I asked my manager for more training and I was trained."
- Staff had regular competency and spot checks to assess their ongoing work.

### Using medicines safely

- People received their medicines safely.
- Staff received mandatory training and competency checks before supporting people with their medicines.
- Medicine administration records were completed appropriately. Staff were vigilant in contacting health professionals if they had any queries or concerns. A relative said, "I have no hesitation in saying they (staff) would indeed call a doctor or a nurse should the need arise and indeed they have on occasion asked the nurse for advice."

### Preventing and controlling infection

- People were protected from the risk of infection.
- Staff had been trained and were knowledgeable about the appropriate processes to follow.
- People told us staff wore appropriate PPE at the right times. Comments included, "[Staff] always wear protective clothing when they help and do a good job of tidying it up and keeping it clean" and "[Staff] are fussy about how clean they like to leave things".

### Learning lessons when things go wrong

- The service has processes in place to ensure lessons are learned and improvements made when things go wrong.
- Staff understood their responsibilities to raise concerns and report safety related incidents.
- The registered manager regularly reviewed concerns and incidents.
- Themes and trends were identified and were discussed with staff through regular daily communications and monthly team meetings with standing agenda items to discuss these.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff employed received appropriate support, training, professional development, supervision and appraisals. This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Staff received regular support, supervisions, appraisals and competency checks.
- Records showed staff had received mandatory training and where applicable were supported to achieve 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.
- Staff told us they felt well supported. A staff member explained, "I did my induction before starting work and I am confident to do my work unsupervised. I had face to face training and it benefited me well. I had supervisions at regular intervals during the course of the year and it helped me to improve on my work." Another told us, "I had induction. I felt supported, that made me build confidence to start working on my own. Additional training would be made available."
- The service holds regular 'Q&A' drop-in sessions. Staff are able to attend at any time to ask for advice or discuss concerns.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- The provider completed assessments prior to agreeing a new package of care. This meant the service could be confident they were able to meet people's needs.
- Care plans contained information about people's allergies, including food, or whether they needed a specialised diet.
- Staff had supported people with their rehabilitation and identified where additional social support would be beneficial. This meant people received the individual care and support they needed.
- People and their relatives told us they felt well supported. A person said, "I decided my own timings and [staff] will always work around me." Another said, "They do respond to requests I have to say, I feel I can ask them to do pretty much anything really to help and they will." A relative told us, "We have made a timetable

with them for when it suits us not them and they accommodate accordingly." Another relative said, "[Staff] will always ask if there is anything that they can get [person] if he's hungry."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals when needed.
- Staff were vigilant about recording any changes or concerns about people's health and recording what health advice had been given. This meant the registered manager and office staff had a good level of oversight and were able to share appropriately this information with others to ensure good outcomes for the person.
- Staff supported people with their reablement needs and contacted professionals when there had been any changes. This meant people always had the right level of support at the right time.

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.

- People had consented to their care and their likes, dislikes and preferences were recorded and respected.
- Staff were knowledgeable about MCA. One staff member explained, "As carers it is important for us to give them (people) a chance by analysing what they can do for themselves first to instil independence in them before rushing to do everything for them. For example, things like what to wear and what to eat or right up to making big decisions like if they want to have a major surgery or live in a care home. Just because a person has a health condition does not mean they cannot make some specific decisions on their own." Another staff member said, "We have to support people with mental capacity to make their own decision on their day to day activities."
- A relative confirmed, "[Person] can make choices about what he wants to do and when he wants to get up."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we made a recommendation for the provider to review their quality assurance policy to ensure required audits and checks remained robust and effective, and to maintain standards of service and identify any areas for improvement.

At this inspection we were assured the provider had undertaken this recommendation.

- The provider had regularly reviewed the service's policies.
- The provider had a robust governance system in place which meant they had effective oversight of all aspects of the service.
- The provider undertook regular checks and audits. These informed the provider of what was going well and what improvements they needed to make.

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

- People and relatives told us they felt comfortable to speak with staff and the registered manager. A relative said, "I could talk to the [staff] themselves or just call the office with a problem." Another told us, "If we had or have any concerns we would be straight on the telephone to the person in charge." Another commented, "I'd say it's a good well-managed service and things are dealt with very quickly. For example, I emailed very early in the morning and they got back to me before the start of the working day."
- The provider's induction pack contained information for staff about the service's culture and expectations. Staff said they enjoyed working for the service. Comments included, "There is an open door policy for suggestions or raising concerns", "Staff morale is very high", "Helping people is my passion, I love my job", "I enjoy the feeling that I have helped someone who needed my help by giving them care" and "I feel good about helping [people] in trying to make their lives easier and giving them good company".

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

- The provider had asked people, relatives and staff to provide feedback using surveys. There had been a good response and the registered manager had identified planned actions from these. Staff told us, "I can

suggest any time if there is a need and the management is so supportive."

- The registered manager described how they wanted to build an integrated staff team of international and local employees to promote and provide a diverse workforce to meet the demands of the local community.

Working in partnership with others

- The service worked in close partnership with social workers and health professionals.
- Where people required additional support staff identified this quickly and notified the registered manager. The registered manager liaised with social workers to enable people to get the care they needed to support their best outcomes.