

Day Care Services Limited

# Daycare Domiciliary Services

## Inspection report

Suite 3 Marcus House Estates  
Parkhall Road  
Stoke on Trent  
Staffordshire  
ST3 5XA

Tel: 01782343133

Date of inspection visit:  
02 December 2019  
03 December 2019

Date of publication:  
08 January 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Daycare Domiciliary provides personal care in people's own homes. At the time of the inspection there were 9 people aged 65 and over 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 made a recommendation about the safe recording and management of some medicines.

Governance systems in place to monitor the service were not always effective in highlighting areas of care that needed improvement and records needed improving to contain people's preferences in care.

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. There were enough staff available to provide consistent care and to meet people's needs. People were protected from the risk of infection.

Effective care planning and risk management was in place which guided staff to provide support that met people's physical and emotional needs. People were supported with their nutritional needs and advice was sought from healthcare professionals which was followed to ensure people's wellbeing was maintained.

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.

People were supported by caring and compassionate staff who promoted choices in a way that people understood. This meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy.

People and relatives were involved in the planning and review of their care. Staff knew people well which ensured they provided support in line with their wishes. The manager and staff understood how to ensure information was available to people in line with the Accessible Information Standards (AIS).

There was an open culture within the service, where complaints were acted on and improvements made. People and staff could approach the manager who acted on concerns raised to make improvements to the way care was delivered.

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

The last rating for this service was Good (published on 24 June 2017).

At this inspection, the provider had continued to meet the regulations. However, we found improvements were needed in the safe and well led domains.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Daycare Domiciliary Services

## **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

The inspection was carried out by an inspector and an expert 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.

### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. There was a manager at the service who was in the process of registering with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 02 December 2019 when the Expert by Experience made calls to people who used the service and ended on 03 December 2019. We visited the office location on 03 December 2019.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included

notifications the provider had sent to us as required by law. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete 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 all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with three members of care staff and the manager.

We reviewed a range of records. This included two people's care and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 Good. At this inspection this key question has now deteriorated 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.

### Using medicines safely

- Improvements were needed to ensure medicines were consistently recorded when staff had supported people with their medicines.
- One person was supported with a medicinal patch for pain, staff told us how they supported this person by ensuring the patch was placed on different sides of their body. However, this had not always been recorded by staff.
- Staff knew how to support people with their 'as required' medicines. However, there were no written protocols to provide staff with detailed guidance and there was a risk of inconsistent support if unfamiliar staff supported people with their medicines.
- Although we found issues with medicine recording, people told us staff supported them with their medicines and they had no concerns with the way they received their medicines.
- Staff were trained in the administration of medicines, which was refreshed regularly to ensure staff had the knowledge and skills to support people with their medicines safely.

We recommend the provider ensures they follow best practice guidance for the safe administration of medicines in domiciliary care settings.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe because I have a regular team of carers that I have got to know. They are all really nice."
- Staff understood how to safeguard people from harm and their responsibilities to recognise and report suspected abuse.
- The manager explained the processes they would follow if they suspected someone was at risk of harm. This included an investigation and referral to the Local Safeguarding Authority.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us staff knew how to support them safely. One person said, "The staff know how to use the equipment to help me move. I always feel safe when they help me."
- Staff understood people's assessed risks and how they needed to support them to remain safe.
- Staff had access to risk assessments and care plans, which gave up to date guidance to follow to support people safely.
- The manager had a system in place to learn when things went wrong. For example; where incidents had occurred, the manager updated risk assessments and care plans to ensure the risk of further occurrences was lowered. These were discussed with staff to ensure they understood the changes to people's care.

### Staffing and recruitment

- People told us they were supported by staff who knew them well and they had no problems with missed calls. One person said, "I know all the carers, they are very good, and I have never had a missed call. Their time keeping is really good but if the carer is running late they always let me know."
- Staff told us they were given enough time to support people in an unrushed way. One staff member said, "We have a good staff team and are given enough time planned in between calls so we are not late. I have chance to chat to people which they like."
- There was a system in place to ensure people continued to receive a service when staffing levels had changed.
- The provider had safe recruitment practices in place, which ensured people were supported by suitable staff.

### Preventing and controlling infection

- People told us staff used aprons and gloves when they provided support to protect them from infection.
- Staff explained how they followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people. This meant people were protected from the spread of infection.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they had been involved in the assessment of their needs prior to using the service. One person said, "I had an assessment completed which I was involved in."
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.
- The manager understood the importance of anti-discriminatory practice and embraced equality and diversity within the service.

Staff support: induction, training, skills and experience

- People and relatives felt staff were trained to carry out their role. One person said, "They [staff] are all excellent. I can't believe how lucky we've been."
- Staff told us they had an induction before they started to provide care and regularly received training to carry out their role. One staff member said, "I have found the training really helpful and if we support a person with a condition we are unsure about training is arranged so we have a good understanding of their condition."
- Staff observations had been carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervisions to ensure any issues or areas of development were discussed.

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

- People and relatives told us staff supported people to eat and drink sufficient amounts in line with their nutritional needs. One relative said, "They support my relative and it works very well. They [staff] always make sure they have a drink when they leave too."
- Staff explained how they supported people to manage their nutritional risks and there were plans to follow, which confirmed what staff had told us.

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

- People were supported to access healthcare professionals to ensure their health and wellbeing was maintained.
- Records confirmed that staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.

- Staff told us they used the daily notes as a way of updating themselves of any changes in people's support needs. Any immediate changes were passed on by the manager which ensured staff provided consistent support that met people's changing needs.

#### 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 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 told us staff gained their consent before they provided support. One person said, "The staff are really good and ask me what I need before they help me."
- Staff and the manager understood their responsibilities to ensure people were supported in their best interests and in line with the MCA.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People told us the staff showed care and compassion when they supported them. One person said, "The staff are all very good. It's the little things they do, like if I've left something to go in the bin and they will do it for me"
- Relatives told us staff treated their relatives with care and respect, which was important for them. One relative said, "The staff my relative has got are kind and caring people."
- Staff understood the importance of respecting people's diverse needs when they provided support.
- The manager told us they respected people's diverse needs and ensured staff treated people in a way that respected equality and diversity through discussions in meetings and supervisions.

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

- People told us staff asked them what they needed before they provided support. One person said, "The staff always ask me what I need and if there's anything else they can help me with."
- Relatives told us they saw staff asking their relatives what they needed before they provided support. One relative said, "The staff always make sure my relative is happy with the way they need to help them."
- People were encouraged to make decisions about their care and staff provided support to ensure people were given information in a format that promoted their decision making.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff who promoted their privacy and dignity. One person said, "The staff are all so pleasant and treat me respectfully."
- People were supported to maintain their independence and staff encouraged people to do things for themselves where they were able. One person said, "The staff help me where it's needed and encourage me to do some things for myself. They know what I can and can't manage by myself."
- Staff explained the importance of supporting people in a way that met their needs and encouraged their independence. For example; one person needed assistance bathing and staff encouraged their independence whilst supporting them to remain safe.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People were involved in the planning of their care which ensured their preferences were met. One person said, "I had a meeting with the manager before I had any support. They asked me how I wanted my support providing and the things I like/dislike."
- People told us they had regular staff, which had worked well for them as the staff knew them well and people felt comfortable because they knew who was visiting them. One person said, "I have a regular team of carers, it's good because I know them well and we have a good relationship."
- People were involved in the review of their care on a regular basis, which meant people's needs were discussed and changes implemented when required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager ensured staff had guidance to follow to enable them to communicate with people effectively.
- For example; one person had difficulties communicating and staff had worked with the person and their relative to ensure they knew how to support the person to communicate their wishes.
- Staff explained how they would support people who suffered from a sensory loss such as deafness or a sight impairment to ensure they were provided with information about their care.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place that was accessible to people. People told us they knew the procedure in place to complain if needed. One person said, "I would feel comfortable raising a complaint although I have never felt the need to."
- A relative told us they had not made a formal complaint but any issues they had raised had been acted on and improvements made to their relatives care.
- Complaints received at the service were investigated and responded to in line with the provider's policy.
- Compliments had been received from relatives to thank the staff for their support. One compliment said, "I can't thank you enough for your loving care, [person's name] would not have been able to stay at home without the support received."

End of life care and support

- There was no one receiving end of life care at the time of the inspection. However, staff understood how to support people in a dignified way and how to ensure people were pain free.
- Staff told us they had received training on palliative care, which had helped them understand how to support people at this time of their lives.

# 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 Good. At this inspection this key question has deteriorated to Requires improvement. This meant the systems in place to monitor and mitigate risks were not always effective. Records did not always reflect people's preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found that some improvements were needed to ensure people's records reflected the care people were receiving and the important information staff knew about people's preferences in care.
- The manager told us they had identified the records needed improvements and had plans to update records with people's preferences. However, this had not yet been completed and we will assess this at our next inspection.
- Improvements were needed to ensure the quality audits in place, were consistently effective. For example; some audits were effective in identifying actions needed to make improvements. However, the medicine audit had not highlighted the issues we found with regards to poor recording and a lack of PRN protocols.
- The manager had been in the role for three weeks and had applied to register with us (CQC). They said, "I am in the process of looking through all the systems in place to monitor the service. I will ensure the medicines audit contains the areas highlighted at the inspection. This will make sure we improve in these areas."
- Notifications of events that had occurred at the service had been submitted and the rating of the last inspection was on display.

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 spoke positively about the manager and the running of the service. One person said, "They [manager] are very nice and they said to get in touch if I'm ever unhappy with anything." A relative said, "We are very happy with the service and would recommend it because of the quality of the care they provide. I know the manager who is always available if I need to talk with them about anything."
- Staff told us they felt supported by the manager who was approachable. One staff member said, "[Manager's name] is supportive and fair. I feel I could raise anything with them and I would be listened to."
- The values of the service were to provide person centred care to people in a caring, dignified and respectful way. Staff understood these values and followed them in practice. One staff member said, "Our values are to provide good care by listening to what people want. We learn from our mistakes to improve how people are cared for."
- The manager understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback to ensure improvements were made to the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives felt involved in the service. Feedback was gained through surveys and reviews. People told us they felt listened to and improvements were made from the feedback provided.
- Staff were encouraged to provide feedback to improve the service during staff meetings and supervisions. Staff told us the manager was always available and listened to their suggestions.
- Staff told us the manager and provider encouraged them to develop their skills and knowledge to assist them to support people effectively. One staff member said, "I have completed lots of training and have been encouraged to develop. It is the best place I have worked for supporting me to improve my knowledge."

Working in partnership with others

- The manager maintained good links with professionals to ensure people received a consistent level of care and their health and wellbeing needs were met.
- The manager passed on updates in the provision of care through staff meetings and supervision with staff.