Mrs Nicola Wyartt

The Daily Care Agency

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of this announced comprehensive inspection of 23 January 2018 there were 15 people who used the personal care service. We gave the service notice of our inspection to make sure that someone was available when we arrived.

The location of The Daily Care Agency had moved address and was registered in July 2017. This was their first inspection.

The service does not need to have a registered manager in post. This is because the service is owned by an individual person who also manages the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place designed to keep people safe from harm and abuse. Where incidents occurred these were learned from and used to drive improvement in the service. There were infection control processes and procedures in place to reduce the risks of cross infection. Where people required assistance to take their medicines there were arrangements in place to provide this support safely. People told us that their care visits were never missed. There were safe recruitment systems in place.

People were cared for and supported by care workers who were trained and supported to meet their needs. Where required, people were provided with the support they needed to meet their dietary needs. People were supported to access health care professionals, where required, to maintain good health. The service worked with other professionals involved in people's care to provide an effective and consistent service. The service was working within the principles of the Mental Capacity Act 2005. People's consent was sought before any care was provided.

People told us that their care workers were respectful and caring. Care records guided care workers in how people's privacy, dignity and independence was promoted and respected. People were involved in making decisions about their care and support. People's views and preferences were valued and listened to about how their care was planned for and delivered.

People received care and support which was assessed, planned and delivered to meet their specific needs. There was a complaints procedure in place and people knew how to raise a complaint about the service they were provided with.

There was an open and empowering culture in the service. People were asked for their views of the service and these were valued and acted on. There was a quality assurance system in place and shortfalls were addressed. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place designed to reduce the risks to people and keep them safe from harm.

Systems were in place to ensure that there were enough staff to meet people's needs. Safe recruitment processes were in place.

Where people needed support to take their medicines this was done safely.

Systems to minimise the risks of cross infection were in place.

Is the service effective?

Good

The service was effective.

People were cared for by care workers who were trained and supported to meet their needs.

The service worked within the principles of the Mental Capacity Act 2015.

Where people required support with their dietary needs, this was provided. People had access to health professionals, where required.

The service worked with other professionals involved in people's care to provide a consistent service.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness.

People were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned and delivered to meet their needs and preferences.

There was a complaints procedure in place and people knew how to make a complaint if needed.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service.

There was a quality assurance system in place. As a result the quality of the service continued to improve.

The Daily Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection was carried out by one inspector on 23 January 2018. We gave the service notice of the inspection visit because we needed to be sure that someone would be available to support the inspection.

The inspection site visit activity started on 23 January 2018 and ended 24 January 2018. On the first day we visited the office location to see the provider and, with their permission, visited two people in their own homes. We reviewed four people's care records, records relating to the management of the service, training records, and the recruitment records of three care workers. On the second day we spoke with one person who used the service on the telephone, two relatives and three staff members including a team leader and two care workers.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. Prior to our inspection we contacted the local authority for feedback about the service. We received no information of concern.

Prior to our inspection we sent questionnaires to 13 people using the service, 13 to relatives, 12 to staff and two to community professionals. This was to gain feedback about the service provided. We received completed questionnaires from four people, two from relatives, six from staff and none from community professionals.

Good

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service. One person said. "I feel safe when they [care workers] use the hoist there is always two [care workers]." Another person said, "I feel more than safe." All of the questionnaires we received from people said that they felt safe from abuse and or harm from their care workers. Both of the questionnaires received from relatives said that they believed that their relative was safe from abuse or harm from the staff of the service.

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse including policies and procedures. Care workers were provided with training in safeguarding people from abuse. All of the questionnaires from care workers said that they knew what to do if they suspected a person was being abused or was at risk of harm. They also said that they felt that people were safe from abuse and that they felt confident reporting concerns or poor practice, known as whistleblowing, to their managers. There had been no safeguarding concerns raised about the service since the registration of this location. The provider told us how they sought advice from the safeguarding team if they needed support to make decisions about safeguarding.

The provider had systems in place to learn from incidents and use them to improve the service provided. This included making referrals to health professionals and advising care workers on their roles and responsibilities.

People's care records included information to guide care workers on how the risks in people's lives were assessed and minimised. These included risks associated with people's mobility, and risks that may arise in people's own homes. Risk assessments were updated and reviewed to ensure that any changes or emerging risks were included and up to date.

People told us that there had been no missed care visits and that they were informed if their care workers were running late. One person said, "When they say they are coming they do." Another person commented, "They [care workers] turn up when they should." One person's relative told us, "The carers always turn up." One staff member we spoke with said, "There are enough carers, if someone is sick we move things [care visits] around, we never miss anyone out." All of the questionnaires from people and relatives said that the care workers arrived on time.

There were systems in place to provide people with care workers to meet their assessed needs. The provider told us that there were sufficient numbers of care workers to ensure that people's care visits were completed as planned. If issues arose, such as staff sickness or short notice leave, the provider undertook visits to ensure none were missed. The provider told us about ongoing issues of recruiting staff due to the nature of the work and the rural area. However, they were actively recruiting and new care workers were due to start working in the service. The provider said that they ensured they had sufficient care worker numbers to cover care visits before they took on any new care packages.

Records and discussions with the provider showed that the service's recruitment procedures checked that

staff were of good character and were suitable to care for the people who used the service.

People told us that they were happy with the arrangements for the support they received with their medicines. One person said, "They [care workers] watch me taking my [specific medicine]. They pick up my prescription as well [from the pharmacy], that is helpful."

Systems were in place to provide people with their medicines safely, where required. Care workers were provided with training in medicines and competency checks were undertaken. People's records provided guidance to care workers on the level of support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed.

All of the questionnaires from people and relatives said that the care workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons. There were systems in place to reduce the risks of cross infection including policies and providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers were provided with training in infection control and food hygiene.

Good

Is the service effective?

Our findings

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The service's staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. This included when they moved from and to other services. The provider told us how they worked with other professionals involved in people's care. For example, they worked with the occupational therapists in the area. This included discussing challenges people were facing with their mobility and how they could be best supported. The service worked well with other organisations involved in people's care, including the commissioners of services, their allocated workers and health professionals. This was confirmed by a person who told us about the support they received from a health professional, "The carers listen to instructions. They [other professional] leave notes or phone up for the next [care worker] visit."

All of the questionnaires from people and relatives told us that the care workers had the skills and knowledge to meet people's needs. This was also confirmed by people we spoke with. One person said, "I do think they are skilled and well-trained."

All of the staff we spoke with told us that they were provided with training and support to meet people's needs effectively. Training included moving and handling, safeguarding, medicines and food hygiene. Care workers were provided with training in subjects on people's specific needs and conditions, such as dementia. A course was recently identified for care workers to respond to the specific needs of a person using the service who demonstrated behaviours that may be challenging to others. The provider told us that the care workers were advised of when their training was due to be completed and they were given a certain amount of time to complete it. The provider had plans in place to further develop the training provided to care workers.

Care workers were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. If not already achieved, care workers were encouraged to undertake this qualification after their three months probationary period. The provider told us that they worked with the QCF assessor who supported them in the Care Certificate, which is a recognised set of standards that care workers should be working to. In addition they had provided care workers with training in mental health, incorporating the Mental Capacity Act 2005. This was also included in the standards of the Care Certificate.

Before care workers started working in the service they received an induction programme, which included training and shadowing colleagues. All of the questionnaires received from care workers said that they had an induction which prepared them fully for their role before they worked unsupervised.

Care workers were supported in their role and were provided with one to one supervisions. These provided care workers with the opportunity to discuss the way that they were working and to receive feedback on their work practice. The provider told us that they routinely worked with care workers when supporting people, which provided them with the opportunity to observe their work practice and discuss any issues.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough.

People's records identified the support that people required to maintain good health and the other professionals involved in their wellbeing. Records showed that where concerns in people's wellbeing were identified, relatives and health professionals were contacted with the consent of people, including their doctor. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

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's consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person told us, "They [care workers] respect my independence and if I don't like or want something I say so and they [care workers] listen. I am definitely in control." Prior to us visiting and telephoning people, their consent was sought by the provider. People had signed documents to show that they consented to the care they were provided with.

Good

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who cared for and supported them. One person said, "They [care workers] are a lovely bunch, very respectful." Another person commented, "A lot of banter goes on between us [person and care workers]. I torment them. They are all lovely, have a chat with you really friendly. I would not have any other agency in." People's relatives told us about how the care workers were caring with their relatives, which they were positive about. One relative said, "They [care workers] are all caring." All of the questionnaires from people and relatives said that the care workers were caring and kind and that the care workers always treated people with respect and dignity. All of the questionnaires from care workers said that people were always treated with respect and dignity.

People told us that they were provided with a group of regular care workers which they saw as positive because they had built relationships with them and the care workers knew them well. One person said, "I usually get the same, but the service is small so I know all of them [care workers]."

All of the questionnaires from people, relatives and staff said that people were supported to be as independent as they could be. This was confirmed by people we spoke with. One person said, "I am trying to do things for myself, they [care workers] support me in this." People's care records included information for care workers throughout about how people's choices, privacy, dignity and independence should be promoted and respected.

People told us that they felt that their views and comments were listened to and acted on. One person said, "I was consulted from day one. They visited me and asked me what I needed and wanted." Another person commented, "They [care workers] listen to me." They showed us their care plan and confirmed that they had been consulted in this. All of the questionnaires from people said that they were involved in the decision making about their care needs. All of the questionnaires from relatives said that with their relative's consent, they were consulted as part of making decisions relating to their care.

People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. Records showed that people had been involved in their care planning, including their likes and dislikes and the order of their personal care that they preferred. This showed that people's views and preferences were valued and used to assess, plan for and meet their needs.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. One person said about the care and support they received, "If I have a hospital appointment we [service's staff and the person] arrange to visit at another time. They [care workers and provider] have told me if I ever need anything to call and they will come." This showed that the service was flexible and responded to people's needs. Another person said, "I am very happy with them [the service], I do not know what I would do without them." One person's relative told us, "They are very good with [relative], they [care workers] cope very well." All of the questionnaires from people and relatives said that they were happy with the service provided.

All of the questionnaires from people and relatives said that the care workers completed all of the tasks they should do at each visit. All of the questionnaires from care workers said that the time allocated for each visit meant that they were able to complete all of the care and support tasks required in people's care plans.

When people started to use the service a care needs assessments was undertaken by the provider or the team leader. These assessments then informed the care plans which identified how people's needs were assessed, planned for and met. People's care records were person centred and included detailed care plans which provided care workers with guidance on people's assessed needs and how these were met. This included people's diverse needs, such as how they communicated, mobilised and their conditions and how they affected their daily living. The records identified any specific information that care workers should be aware of and how they should provide care. Where people were at the end of their life, the service provided the care and support that they wanted. People's wishes, such as if they wanted to be resuscitated, were included in their care records. The provider told us that if people required end of life care, their care workers were provided with training in this.

The service used an electronic care planning system, people were also provided with a paper copy of their care plan which was kept in their homes. The provider told us that the system in place allowed any changes to people's condition or needs could be amended immediately. This was confirmed by a person, "My care plan is amended all the time and things go along and where there are changes." The provider shared examples of how they responded to short term changes in people's needs, such as if they had an illness. This included amending their care plans including guidance for care workers on how the needs had changed and how they were to provide care for people. Care workers accessed the records on the secure electronic system which allowed them to check any changes prior to their visits.

People knew how to make a complaint and felt that they were listened to. One person said, "I don't have any complaints but I would call [provider] if I did." All of the questionnaires from people and relatives said they knew how to make a complaint and that the staff working for the service and provider responded well to any complaints raised.

There was a complaints procedure in place which advised people and others about how their concerns and complaints would be addressed. Information about how people could complain about the service they received was provided to people in the statement of purpose and service user guide, which was provided to

people when they started to use the service. There had been no complaints about the service since registration of this location.

We saw compliments received by the service from people, relatives and other professionals. For example, one from a relative stated, "Thank you doesn't seem enough for all you have done for my [relative]. I am forever grateful and hope you know that." Where these were received we saw that care workers were told when they had been named as a care worker whose work was appreciated.

Good

Is the service well-led?

Our findings

This service had moved address and this location was registered with the Care Quality Commission (CQC) in July 2017.

The service did not need to have a registered manager in post. This is because the service was owned by an individual person who also managed the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider understood their roles and responsibilities in providing a good service to people. They told us how they kept updated with changes in the care industry, which included the enrolment on a course for the Key Lines of Enquiry (KLOEs) which are part of the methodology for inspecting care services. The manager had achieved a qualification relevant to managing a health and social care service and an education and training award. In addition the provider subscribed to receive newsletters and information to keep up to date with good practice, including the CQC, National Institute for Health and Care Excellence (NICE) and Skills for Care. The provider was looking into attending a train the trainer course for moving and assisting.

The provider worked to deliver good quality care to people. There were quality assurance systems in place which enabled the provider to identify and address shortfalls. These included checks on medicines management, training and care records. The electronic system in place supported the provider to monitor any missed or late care visits and that care activities planned for people were undertaken at each visit. The service's provider information return (PIR) identified what the service were doing and where they had planned improvements. For example, how they planned to recruit care workers and the training provision.

There was an open culture in the service where people's comments were valued. All of the questionnaires received from people and relatives said that they knew who to contact in the service if they needed to. They also said that they would recommend the service. One person we spoke with said, "I would definitely recommend them [the service] and I have." People told us that they felt that the service was well led and they knew who the provider was. One person said, "It is well-led, the boss [provider] works with the carers often. I never hear anything bad about them [the service]. I think they are a good team." One person's relative commented, "I can't grumble about anything, [provider] is very kind if ever I ring up [provider] calls back within minutes. I can't fault them at all."

All of the questionnaires from people and relatives said that they were asked about what they thought about the service provided. The service listened to and valued people's comments and used them to improve the service. This included in satisfaction questionnaires. We saw the results from these questionnaires from November 2017 which were positive. The provider told us how they addressed people's comments when areas for improvement had been identified. This included reviewing and updating people's care plans and advising care workers of the ways they should be working.

All of the questionnaires from care workers said that their managers were accessible and approachable and dealt with any concerns they raised. All of the staff spoken with were complimentary about the service and how it was led. One told us, "If I have any problems with work or out of work I can go to [provider] and I am supported." Another said, "It is a very good company, I have fitted in well and could not ask for a better support network." Care workers were observed by the provider in their usual work practice to check that they were working to the required standard and providing people with a good quality service. The provider told us and records showed that they worked with care workers on care visits and if any issues arose these were addressed immediately. They said that they worked with individual care workers at least once a week which supported this practice.