

DayByDay Care Ltd

DayByDay Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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

DayByDay Care Limited is a domiciliary care service, which is registered with the Care Quality Commission (CQC) to provide regulated activities of personal care to older people, people with learning disabilities or autistic spectrum disorder, people living with dementia, and people with physical disability, in their own homes. At the time of our inspection there were five people using the service.

Everyone who used the service at the time of the inspection 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

The provider had failed to ensure staff always received appropriate induction, training, professional development, supervision and appraisal as necessary to enable and support them to carry out the duties they were employed to perform. The new manager was aware of the omissions and discussed how they planned to quickly implement the required improvements.

Management completed a range of audits and checks to maintain standards of service. However, management oversight failed to always ensure these checks remained effective to ensure actions identified as requiring improvement were always implemented in a timely way following the provider policy.

People told us they felt safe with the staff who supported them. Staff were clear on types of abuse to look out for and how to raise their concerns when required. Processes ensured any incidents were routinely investigated with outcomes and actions implemented to help keep people safe.

Risks associated with people's care were assessed to help staff provide safe care and staff also had access to information to keep them safe when entering people's homes. Where people required support to take their medicines, this was done safely as prescribed with appropriate record keeping checked for accuracy.

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.

Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including COVID-19 and adhered to government guidance to protect people.

Although the service was not providing care to anyone with a learning disability, we expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximised people's choice, control and independence; People told us they knew when to expect visits and that visits respected their preferred times. People spoke positively about the service they received and the way the service was managed. The new manager was passionate about providing people with a personalised service to help them remain living as independent as possible in their own homes. People told us that staff supported them when their care needs changed to ensure they were able to retain their independence.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights; People told us staff were respectful, caring and understanding around people's emotional and physical needs. People were involved in planning their care and support. Care was delivered following a robust assessment of needs to ensure people's wishes preferences and any personal characteristics were recorded and supported.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives; The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People told us they felt confident to approach the management team and that their suggestions would be listened to.

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

Rating at last inspection and update

This service was registered with CQC on 02 November 2020 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

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

We have identified a breach in relation to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 18: Staffing at this inspection.

We have made a recommendation for the provider to review their policies to ensure audit systems, and process checks remained effective in driving the areas requiring improvement which we found during the inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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 

DayByDay Care Limited

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 Health and Social Care Act 2008.

Inspection team

This 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The new manager had applied to register with the CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 17 March 2022 and ended on 23 March 2022. We visited the location's office on 17 March 2022.

What we did before the inspection

We reviewed information we had received about the service since first registration. We sought feedback from the local authority, Healthwatch, and professionals who work with the service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all this information to plan our inspection.

During the inspection

We spoke with the manager and a senior care worker. We reviewed three care plans, medication records and two staff files.

After the inspection

We spoke with four people who received a service and five members of staff. We reviewed records associated with the management and compliance of the service which included policies, procedures, audits and checks. We looked at staff recruitment details, training, supervisions, appraisals and checks to determine staff were competent in their roles.

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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from the risks of abuse. One person said, "I know which staff are visiting and feel very safe with them all."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- All incidents were documented with systems to record outcomes and actions to help prevent similar events as part of lessons learnt.

Assessing risk, safety monitoring and management

- Care plans included initial assessments of people's needs. Known risks were recorded with information for staff to follow to provide safe care. One person said, "Staff understand how to provide me with safe care and support, they manage my mobility and skin integrity very well which is important to me."
- Staff told us they knew how to manage risks when visiting people in their home. One staff member said, "We have good daily notes where we record any changes in people's risks. This is updated in the care plans, so we have accurate information if we are away for example on holiday."
- Checks were completed to ensure staff had the required information to safely access people's homes and navigate their environments.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received their care and support from regular staff who they knew, and that staff turned up on time and stayed for the right duration. One person said, "We receive a copy of the staff rota for the week, if staff are going to be late then they let us know, there's no surprises."
- The provider had contingency plans to ensure there were enough staff available to provide care and support to people to meet their assessed needs. The manager said, "Recruitment is ongoing, and posts can be difficult to fill. We employ part time staff who are available to fill in for staff absence as and where required."

Using medicines safely

- Where people required support to take their medicines people told us this was completed safely.
- Where people were prescribed 'when required' (PRN) medicines, there were protocols in place for staff to

ensure manufacturer's instructions were followed.

- Medication administration records (MAR) were completed where people required support. MAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.
- The provider was reviewing refresher medicines training to ensure staff continued to have the required skills and knowledge. The manager discussed future implementation of staff checks to ensure they continued to follow best practice in medicines management and administration. The manager said, "We are introducing refresher training and recorded spot checks on staff to ensure they remain competent and we will address any required actions during supervisions."

Preventing and controlling infection

- People told us staff followed relevant infection prevention and control guidance. One person said, "They [staff] wear the correct protective equipment including masks, it's just normal behaviour now."
- We were assured that the provider was using PPE effectively and safely. Staff had good access to PPE and understood the latest requirements.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider failed to ensure staff received supervision and appraisal in line with their policy. Staff feedback they would welcome structured supervisions for them to provide a confidential personal reflection of their role, expectations and discuss any concerns.
- A list of staff training deemed mandatory was provided with many incomplete records and no evidence of oversight to ensure staff remained up to date. Staff raised concerns, and records confirmed that practical training for moving and handling had not been completed and this was not booked.
- There was no robust system in place to determine if staff were competent in their roles following recruitment or completion of online training, or to provide important feedback following routine observations to determine their competency in carrying out their role.
- Systems and processes failed to ensure all staff completed an initial induction to the service on commencement of their role.
- Staff did not have routine access to important company policy and procedures. This included a access to provider policy on what to do in the event of an individual testing positive for COVID-19, to whistle blow when necessary, to reference the administration and management of peoples medicines, and to ensure physical moving and handling was completed following best practice.

This is a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new manger responded during the inspection. They confirmed an awareness of these requirements. Following their recruitment to manager role they were implementing actions including new processes to bring these areas of omission up to compliance.

- People using the service told us they felt staff had the relevant skills and were competent in their role. One person told us, "The staff are great, they manage my needs with a professionalism and competence that I have not experienced with other services."

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

- The provider completed assessments prior to agreeing a new package of care in order to ensure they were able to meet the person's care needs. A health professional said, "It is positive to note that the provider will not take packages without first completing their own assessment to ensure they can meet the needs of the person."

- The manager told us they would only accept a new care package once they had the staff capacity and were able to match a person with a suitable member of staff. This meant the provider was able to assure themselves of their ability to provide effective support.
- People confirmed they were involved in all aspects of their care and support. One person said, "I feel the service more than meets my needs, I am offered everyday choices and my views are recorded and actioned. For example, I can choose if I prefer a male or female carer."

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

- People told us they were supported to maintain a balanced diet. One person said, "They help me with my meals and encourage me to be involved with the preparation."
- There was no one with any specific dietary needs at the time of the inspection. However, care plans included provision to record any allergies and staff confirmed they would have access to any dietary requirements should this be required.

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

- People confirmed they had good support to access other health professionals where required.
- Staff ensured that any health advice for people was recorded. People and staff told us they made time to encourage and support people with ongoing reablement. For example, one person told us staff took extra time during calls to support them with completion of physiotherapy tasks which had assisted them to maintain and improve their mobility.
- Staff clearly understood the required processes to ensure people received timely access to health professionals.

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.

- At the time of the inspection there was no one receiving a service who was under a Court of Protection.
- People told us they were asked for their consent prior to being supported. One person told us, "Carers always ask me how I am, and they discuss what they are planning to do. They have a good awareness and ask me if I am okay with everything and encourage me to be involved as much as I can."
- Staff understood the importance of offering people choice and to promote their independence. One staff member said, "I enjoy my job because our support helps people to remain in their own homes. I enjoy helping people to regain some independence; I always ask them what they want to do, to eat, if they want a shower and so on, because we're here for them."

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

- People told us staff were kind and caring. One person said, "Carers never rush and nothing is too much trouble, I am very happy with all the carers who visit."
- Staff discussed how they recognised everyone as individuals and followed person-centred care plans to provide people with a service that met their needs. One staff member said, "We are here to support people and I think we are good at what we do. We have the time to talk to people and to support them with any other difficulties they may be experiencing."
- Staff understood the importance of recognising people's diverse needs. Care plans were written with consideration of people's cultural backgrounds and supported any choices and preferences. One person said, "I have female carers to help me with my personal cares. It's just my preference; the service does their best to meet all my needs."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were actively involved in the planning of their care and were supported to express their views.
- People told us they were treated with respect and dignity by staff. One person said, "Carers act in a responsible and professional manner. They carry out personal cares without a fuss. They show clear empathy which results in awkward tasks being quite a pleasant experience."
- People told us staff encouraged and supported them to be as independent as possible. One person told us, "I am encouraged to participate in cooking my meals and enjoy getting involved, it's the same when mobilising, staff encourage me to mobilise on my own but are around to keep me steady."
- People received consistent care from regular staff who they knew. Staff told us this helped to develop trust and personal awareness.

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

- Care plans we reviewed were personalised with a social history and information about how best to support the individual. Care plans included information on people's, interests, dislikes and healthcare needs.
- Care staff told us care plans were regularly updated. Staff had access to electronically record any immediate changes in people's needs which were then updated into the main care plan for others to utilise.

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 recorded in care plans for staff to follow. People told us staff were patient and checked to ensure they understood and were happy with the service. One person said, "The carers' always explain what they need to do. This works well for example, when I need to mobilise, they are patient and explain what we need to do to get where we want to be."

Improving care quality in response to complaints or concerns

- People had clear expectations on the quality of the service they received and understood how to share any concerns. One person said, "I don't have any concerns, if I wasn't happy with anything I would speak to the senior or even the manager who visits from time to time. They are always interested in how I am getting on."
- Guidance on raising concerns and complaints was available and processes were in place to investigate and respond to any complaints or concerns. People told us concerns were routinely dealt with and that they felt confident complaints would be addressed appropriately.

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance and performance checks used to manage the service were not always effective. Systems and processes were not regularly reviewed and failed to always ensure the required improvements we identified, were implemented in a timely way. For example, where staff induction, support and training required updating.

We recommend the provider reviews their quality assurance policy to ensure required audits and checks remain robust and effective; to maintain standards of service and identify any areas for improvement.

- Where we discussed areas for improvement, the manager was pro-active in their response. They discussed implementing a plan of actions to drive the required changes.
- The manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.

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

- People were complimentary about the management of the service. One person told us, "The manager will come and visit me, they ask about my care and how I am getting on, it's nice to know I matter to everyone."
- Staff told us they felt they could approach senior staff on duty, but we received mixed feedback from staff about accessibility of management. One staff member said, "The senior is always available, and we have good support through our private group chat." Another staff member said, "We don't see the manager, but the office hasn't always been open due to COVID-19. It would be great to get some staff meetings on the agenda so we can all meet up again."
- The manager told us they wanted to further develop an inclusive and open culture in the service to empower individuals by ensuring staff were able to approach them with any issues they may encounter. This included the introduction of scheduled staff meetings which was reflected in the feedback we received from staff.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to. People and staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were given the opportunity to feed back on the service they received and told us the senior staff and the manager were approachable.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements. One staff member said, "I feel valued, it's a good service to work for with a real focus on the people we support."
- Thorough pre-assessments of peoples need ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments made to ensure care was tailored to meet their needs.

Continuous learning and improving care; Working in partnership with others

- People told us they felt confident that the service would act if they suggested an area for improving care. One person said, "Care staff are flexible with the call times which fit in well with what I need to do."
- A healthcare professional told us the service worked well with the local authority and only accepted referrals where they had the capacity to meet peoples assessed needs.
- The manager was passionate about enabling people to live their best lives. They were aware of the improvements required at the service and were confident planned actions would quickly bring the service up to full compliance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.