

New Day Care Ltd

New Day Care LTD

Inspection report

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Date of inspection visit:
23 January 2019
31 January 2019

Date of publication:
14 February 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

New Day Care Ltd St Helens is a domiciliary care agency, providing personal care to people in their own homes. The service operates from an office based in Haydock, St Helens. At the time of this inspection 18 people were using the service.

People's experience of using this service:

People were protected from abuse and the risk of harm. Staff were provided with training in topics of health and safety. Risks to people had been identified and plans were in place to support staff in recognising and managing those risks. Staff understood their responsibilities for keeping people safe and they knew who to contact if they had any concerns about people's safety. Medication was managed safely by competent staff. People received their prescribed medicines at the right times. Safe recruitment procedures were followed and people received care and support from the right amount of suitably skilled staff. People told us that staff were mostly on time and stayed with them for the full duration of their contracted visit.

Each person had a care plan setting out their needs and how they were to be met in a way they preferred. People told us they received the right care and support which they had agreed to. Staff received the training and support they needed for their job role. Staff understood and respected people's right to make their own decisions. Staff understood the importance of obtaining people's consent before providing them with any care and support and people confirmed they did.

People received care and support in a respectful way and their privacy, dignity and independence was promoted. Positive relationships had been formed between people who used the service and staff. People and family members made positive comments about the way staff provided care and support.

People's needs were assessed, planned for and regularly reviewed involving people and relevant others such as family members. People told us they received personalised care and support. People were provided with information about how to complain and were confident in doing so should they need to.

Managers promoted a person-centred service and worked hard to maintain high standards of care. They promoted an open and positive culture and worked in partnership with others to improve and promote the service. The quality, safety and effectiveness of the service was monitored through regular checks which took into account people's views and opinions.

Rating at last inspection:

This was the first inspection of the service since being registered with the Care Quality Commission (CQC) in February 2018.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

New Day Care LTD

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one Adult Social Care Inspector.

Service and service type:

New Day Care Ltd is a domiciliary care agency, providing personal care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission (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 visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

What we did:

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to

make. We used all this information to plan our inspection.

We visited the office location on 23 January 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We looked at care records belonging to three people, recruitment records for three staff and other records relating to the management and quality monitoring of the service. During the site visit we also spoke with three staff and with their prior permission we visited two people at their homes. On the second day of inspection we held telephone discussions with three people who used the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Risk assessments were completed and measures put in place to minimise the risk of harm to people and others.
- Staff understood risks people faced and they managed them in a way that respected people's freedom.
- People were safeguarded from abuse and the risk of harm. Staff were provided with safeguarding and health and safety training. They understood their responsibilities for keeping people safe and for reporting any concerns they had about a person's safety.
- Service records were well maintained, kept secure and available only to relevant staff. Electronic records were password protected and paper records were stored securely in line with the relevant data protection law.
- The service operated an emergency on-call system and people told us they were provided with the details of this along with the contact details of other emergency services.
- All staff who entered people's homes were provided with an identification (ID) badge and people confirmed that staff always made their ID badge visible on entering their homes.
- Staff followed safe procedures when entering and leaving people's homes.

Staffing levels and recruitment

- Safe recruitment procedures were followed. Applicants suitability to work with vulnerable people was checked through a series of pre-employment checks before they were offered a job.
- People's needs were safely met by the right amount of suitably skilled and experienced staff.
- People told us the right amount of staff attended their homes. They said staff were mostly punctual and always stayed with them for the full duration of their contracted call.

Using medicines safely

- The management of medication was safe. Staff with responsibilities for managing medication were properly trained and assessed as competent to carry out the task.
- Staff had access to safe medication procedures and good practice guidance to help support their practice.
- Medication administration records (MARs) were in place for people who required staff to assist with them with their medicines. MARs listed people's prescribed medicines, times to be given and instructions for use. MARs were signed by staff to show people had received their prescribed medication.
- People told us staff were careful when administering their medication and that they always got them at the right times. One person told us; "Oh yes they are very good and make sure I have my tablets when I need them."

Preventing and controlling infection

- Staff had completed training in the prevention and control of infection and they had access to current national guidance to help support their practice.
- There was a good stock of personal protective equipment (PPE) held at the office and staff told us they could easily access it when needed.
- Staff followed good practice to minimise the spread of infection and people's feedback confirmed this. Their comments included; "They [staff] get rid of any rubbish and they clean up before they leave here," "They [staff] wipe around before going, never leave a mess" and "They have gloves and aprons and hand wash."

Learning lessons when things go wrong

- There was a system in place for recording any accidents and incidents which occurred at the service and for learning lessons to help prevent the risk of these issues reoccurring.

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

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; and staff working with other agencies to provide consistent, effective, timely care

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- An assessment of people's needs was completed to make sure they could effectively be met by the service. People and relevant others including family members and other health and social care professionals were fully involved in the assessment process and the development of care plans.
- Care plans took account of relevant professional guidance and peoples choices and preferences.

Outcomes for people and how they were to be met were agreed with the involvement of people and relevant others.

- People told us their care plans accurately reflected the care and support they had agreed to and that staff followed them correctly.

Staff support: induction, training, skills and experience

- Staff had the right skills and knowledge to effectively meet people's needs. New staff were inducted into their roles. Training in topics relevant to people's needs and the job role was provided to all staff on an ongoing basis. Staff underwent a knowledge check following the completion of each area of training and their competence was checked through regular observations of their practise.
- People were confident in the ability of staff. Their comments included; "I trust them a lot. They seem to know what they are doing," "They are smashing, they do a very good job" and "They are very skilled."
- Staff received an appropriate level of support for their job role through regular one to one and group meetings.

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

- Where it was required as part of their care package, people received the support they needed to eat and drink and maintain a healthy and balance diet. The level of support people needed was recorded in their care plans along with any special dietary requirements.
- People told us staff prepared their choice of meals and drinks and they got their meals at the right times.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of the inspection no person using the service had any restrictions placed on their liberty.
- Staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised. Staff also knew the importance of gaining a person's consent before providing any care and support. They told us they would seek advice if they had any concerns about people's ability to understand decisions.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged.
- Any support people needed with their healthcare needs or with accessing other healthcare professions was recorded in their care plan.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One person told us, "They [staff] always know if I'm under the weather and I am confident they would do the right thing if they were really worried" and a family member said "They [staff] contact me right away if they have any concerns about [relative] health."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were well treated and supported. Their comments included; "The girls [staff] treat me very well indeed. They are caring and kind," "I've no complaints at all about the way I am treated. I couldn't ask for better," "Very polite" and "They treat me like royalty."
- People told us staff had a good understanding of their needs, wishes, preferences, likes and dislikes.
- People told us they received visits mostly by the same staff and they had formed positive and trusting relationships with them. People told us they valued their relationships with staff. One person said, "[staff name] is like an extension of my family I look forward to her visits" and another person said, "I feel I can talk to them [staff] about anything."
- Staff were provided with training in equality and diversity and they understood the importance of treating people as equals and meeting their individual needs. Staff comments included; "They [people] are all different and have different needs" and "It wouldn't be right to treat everyone the same."

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

- People and family members told us they felt confident about expressing their views and opinions about the care and were given lots of opportunities to do this.
- Monthly care reviews, spot checks to people's homes and questionnaires were used as a way of obtaining the views of people and family members.
- Comments taken from the most recent questionnaires included; "Continuity of carers," "All carers are very professional, caring and polite and sensitive to my needs" and "The value trusting care and personability of the New Day care team cannot be underestimated."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy, dignity and independence. One person told us, "They [staff] are always respectful of my privacy, they make sure doors are shut when I'm using the toilet, and "They know what I can do on my own, leave me to get on with it and don't rush me."
- People's preferred name and gender of carer were recorded in their care plan and people told us these decisions were respected.
- Care plans clearly set out people's level of independence and how staff were to support this.
- People and family members told us staff respected their wishes, valued their opinions and were considerate. Their comments included; "They check with me that it's ok before doing anything," "They always greet me when they come in and ask me if I'm ok," and "They always check that I have a drink next to me before they leave and if I'd like anything else."
- A privacy statement was in place for each person describing why and how the service collects and uses personal data and provides information about individuals' rights.

- Personal records about people were stored securely in the office and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- A written care plan was kept in the person's home for people and relevant others to access. Staff also accessed care plans on a hand held electronic device. Staff used the device to confirm the visit arrival time and departure and details of the care and support given to the person.
- Care plans provided staff with clear instructions about how the person's needs were to be met in a way they preferred.
- Staff understood people's needs and how they were to be met. They explained in detail the care and support people needed and how they provided it and this matched people's care plans.
- Care plans were regularly reviewed and updated in a timely way following any changes to people's needs or where people wanted to make changes to the way they were supported.
- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Information was provided to people in a format they could access and easily understand.
- People told us they received consistent care and support in a personalised way. They said their visits were carried out mostly by the same staff who they were familiar with. Other comments people made included; "They [staff] really do understand me. They do everything they need to and just how I like it" and "Spot on."
- The service worked flexibly with people in meeting their needs. Two people told us they often rescheduled visit times to fit in with other things they had planned.
- Prior to leaving people's home staff completed a written record of the care and support provided. These records reflected that planned care was delivered and reviewed.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints procedure which they shared with people and family members.
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and family members knew how to complain should they need to and were confident that any concerns or complaints would be listened to and quickly dealt with. Their comments included; "I've no complaints at all, but have no worries telling them if I did" and "I'm pretty sure they'd sort it right away."
- No complaints had been made about the service, however there was a system in place for recording complaints and any action taken.

End of life care and support

- No person using the service at the time of the inspection was receiving end of life care.

- Staff were aware of good practice and guidance in end of life care, and were compassionate in their explanations about how they would support people during this stage of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service.
- Improvements were identified through checks and through consultation with people and family members. Areas for improvements were actioned to help improve the safety and quality of the service people received.
- There were systems in place for learning from accidents, incidents, concerns and complaints.
- The registered manager kept up to date with current good practices and changes to the law to update their knowledge and learning.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The roles and responsibilities of managers and staff were clearly set out and understood.
- Staff performance, learning and development was monitored through observations and regular discussions with the registered manager.
- The registered manager and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing was effectively managed through ongoing monitoring of the service.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events as required.

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

- There were processes in place to obtain the views and opinions of people, family members and staff about the service.
- Regular care plan reviews took place with people and relevant others to ensure their care plans continued to accurately reflect their needs and how they were to be met.
- People, family members and staff told us they felt engaged and involved in the service. They told us the registered manager actively encouraged their views and opinions and responded to them.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager showed a commitment to provide person-centred, high-quality care by engaging with everyone using the service, their relatives, staff and other stakeholders.
- People and family members described a person-centred service. They were complimentary about the standard of care and support provided and how personalised it was.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals and commissioners so that people received holistic care and support to meet their needs.