

Daily Living Care Ltd

# Daily Living Care Ltd

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

About the service: Daily Living Care is a domiciliary care agency. It provides personal care to people living in their own homes in Congleton; in the County of Cheshire. At the time of the inspection four people were receiving personal care and support. The agency offers other services including companionship, support with shopping and cleaning.

People's experience of using this service:

- People were very happy with the care and support they received from the service. They, and relatives, felt involved in how their care was planned and delivered, and described positive relationships with staff who undertook their care calls.
- People received their care calls at the agreed times and were informed if staff were delayed. People had consistency of staff and knew which staff member was expected.
- People had not experienced any missed care calls.
- The provider's vision, policies and procedures promoted people being in control of their care and support, which people told us they were.
- People had care plans which reflected their needs and preferences. Staff knew people well and how to protect them from risks of injury.
- Risks had been assessed, however, management plans did not contain the detail to inform staff, should they need to refer to the information, of how to reduce risks of potential injury or harm.
- Staff were supported through an induction, training and meetings.
- The service met the characteristics of 'Good' in four of the five key questions. Overall, people were safe, however, we found some improvements were required in the key question related to Safe. Our overall rating for the service is 'Good'.

More information is in the full report.

Why we inspected: This was the first inspection of this service since its registration with us in April 2018.

Follow up: We will continue to monitor the service and plan to inspect it in line with our re-inspection programme. If we receive any information of concern we may bring our inspection forward.

## 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 mostly safe but some improvements were needed.

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 Well Led

Details are in our Well Led findings below.

**Good** ●

# Daily Living 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 an adult social care inspector.

**Service and service type:** Daily Living Care is a small domiciliary care agency. The owner provider is the registered manager who also undertakes care calls to people. The provider's husband is the nominated individual and also undertakes care calls to people.

The service had a manager registered with the Care Quality Commission. This means that they, as manager and 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 in line with our methodology for inspecting this type of service. Inspection activity started on 8 March 2019 and ended on 12 March 2019. On 11 March 2019, the inspector conducted telephone interviews with two people who were receiving care from the service and spoke with two people's relatives. We visited the office location on 12 March 2019 to meet with the registered manager and care staff; and to review care records and policies and procedures.

**What we did:** Before the inspection we reviewed information held about the service including any notifications we had received. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We had not received any concerns about the service.

We reviewed a range of records. This included two people's care records and one person's medicine records. We also looked at two staff files around staff recruitment, various records in relation to training and supervision of staff, records relating to the management of the agency and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

Requires Improvement: Overall, people were safe and protected from avoidable harm because staff understood people's needs. However, improvement was required because the provider had not ensured risk management plans were available for staff to refer to. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Risks of potential harm and injury to people had been identified. However, risk management plans were not available for staff to refer to, if needed, so actions could be taken to reduce those risks. For example, one person required a 'slide sheet' to be used by staff to reposition them safely, and to protect their skin from being damaged. There was no risk management plan to tell staff how to safely reposition this person using the available equipment whilst also taking care not to disturb in-dwelling medical tubes.
- One person had previously sustained a fall before they used the service and used a walking aid. There was no risk management plan for staff to refer to, if needed, so they knew what actions to take to reduce this person's risk of potential falls.
- Two staff members had recently been employed by the provider and were getting to know people and how to support them. Staff felt 'shadowing' shifts undertaken with the provider had given them sufficient information about how to protect people from risks of harm or injury.
- Following our feedback, the provider assured us immediate action would be taken to put risk management plans in place so staff had the information to refer to if needed.

Staffing and recruitment:

- Some pre-employment checks were completed before any new staff started care calls to people; two staff files we looked at contained criminal record checks and a full employment history. However, neither file had two references that the provider told us they requested for new staff. One staff file had one written reference and the other staff file had none. The provider confirmed one staff member had recently started care calls to people before references had been received. The provider assured us they would chase up requested references for staff.
- There were sufficient staff employed to undertake the agreed care calls to people using the service.
- People knew the staff who supported them and knew who to expect for their care calls.

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

- Staff completed safeguarding training before starting care calls to people, and the provider's safeguarding policy was shared with staff.
- Staff were given a 'handbook' which contained important information about how to safeguard people and raise concerns if needed.
- Staff were confident any concerns they raised to the provider would be dealt with appropriately. They knew the process to follow if they needed to raise safeguarding concerns outside of the organisation to the Local Authority or Care Quality Commission.

- People and relatives trusted staff and made positive comments to us. These included, "I feel safe with staff coming into my house" and, "Staff always leave me secure in my home."

#### Using medicines safely:

- Most people managed their own medicines or were supported by relatives they lived with. Staff said they reminded or 'prompted' people to take their medicines when this was part of their care call. Staff recorded when they had supported people in this way.

#### Preventing and controlling infection:

- Staff had access to gloves and aprons for use when they were delivering personal care.
- All staff had received training in infection prevention and control and were able to tell us how they prevented risks of cross infection.
- People told us; "Staff wear uniforms and use gloves when needed."

#### Learning lessons when things go wrong:

- The provider was keen to learn from experience and make improvements should concerns be raised. The provider told us no errors in people's care had occurred since their registration.

# 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.

Good: People's outcomes were good, and people's feedback confirmed this. Legal requirements were met.

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

- People new to the service had their needs assessed by the provider, who also undertook care calls themselves. This ensured they knew what people's needs were and how these should be met in accordance with the person's preferences.
- The provider worked in collaboration with people's relatives and other agencies such as the local Clinical Commissioning Group (CCG).

Staff skills, knowledge and experience:

- Staff were required to complete an induction training day to help ensure they had the necessary knowledge and skills to do their jobs.
- Staff undertook 'shadowing' shifts when they accompanied the provider on care calls before undertaking visits to people alone. One staff member told us, "I did about six shadowing shifts with the manager, it was most helpful in getting to know people and how to meet their needs."
- Staff received one to one meetings with the provider, who also undertook observational checks and appraisals. Staff felt very well supported.

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. In this kind of service applications to deprive people of their liberty should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.
- Staff understood the principles underpinning the legislation, and gave examples of how they sought people's consent. For example, when supporting people with showering or before personal care was given.

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

- Some people received support with meal preparation. One person told us, "Staff make my porridge just the way I like it, they'll make whatever I ask of them."
- Staff understood the importance of leaving drinks within easy reach of people when they left their care call.

Staff working with other agencies to provide consistent, effective and timely care: Supporting people to live

healthier lives, access healthcare services and support:

- Staff told us they would inform the provider if they had any concerns about people's wellbeing; as well as the person's relatives.
- Staff supported people to make appointments with other healthcare professionals, if their relatives were not available to do this on their behalf.



# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity: Supporting people to express their views and be involved in making decisions about their care:

- People and relatives gave us very positive feedback about how caring they felt staff were toward them. One person told us, "I get on very well with the staff, they are all good and treat me very well and make sure I am supported in the way I wish to be." Another person told us, "I have a good chatter and joke with staff while they are here, that's what I want."
- One relative told us, "We've established good relationships with the staff and I feel very confident with them caring for [name]."
- When talking with us, staff demonstrated a compassionate, non-judgemental and accepting attitude towards the people they supported. One staff member told us, "I enjoy spending time with the people I support. I want to care and support them in the way they want, for them to be comfortable and happy."
- People and relatives felt totally involved in decisions about how care was delivered.

Respecting and promoting people's privacy, dignity and independence:

- Systems were in place to protect people's confidential information. Staff understood the importance of maintaining confidentiality.
- People were supported to maintain skills as far as possible so their independence was not taken away. One staff member told us, "I always encourage [name] to wash their own face before I support them with the rest, it makes them feel they can achieve something for themselves still and that is good."
- One person commented, "I manage a lot for myself still, but heavy things like my commode the staff help me with. All of them (staff) are caring to me and help me where I need helping."

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

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

- People had a plan of care which described individual needs, preferences and routines. These were reviewed regularly to ensure information was current. One relative told us, "Staff have got to know my family member well and know how they like things to be done, we are all happy with the provider."
- People were given the opportunity to complete an 'About Me' giving personal information about themselves, working life, family and hobbies. This was used by the provider to personalise care and develop meaningful relationships between people and staff.
- The provider was responsive to people's needs. One person had specified their wish for specific mugs to be used for their cup of tea and on a later care call a different mug for their cappuccino, this information was reflected in their care plan for staff to follow.
- Daily notes were completed by staff to record how people's needs had been met. Those we reviewed were clearly written and reflected the care given in line with the agreed tasks.

Improving care quality in response to complaints or concerns:

- There was a complaints policy, and the provider told us no complaints had been received. They added, if a complaint was received this would be recorded and action taken to address the issues in line with the organisations policy.
- No one had previously made a complaint about the service received or had any current complaint. People and their relatives told us they would contact the provider if they needed to complain. One person told us, "When staff first started coming to support me, they closed my ground-floor blinds for me, but I had said I didn't want this as I always left them open. As soon as I raised this with the manager, it was sorted out and now the staff leave blinds open".

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

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

- The provider's registered office in Coventry is a significant distance from where care and support care calls are provided to people in Congleton, Cheshire. We asked the provider how they ensured managerial oversight and support to people and staff given the geographical distance. They told us they visited Congleton frequently, and were contactable by telephone. However, the provider acknowledged it would take them two hours to drive to cover a care call, if staff could not undertake a call at short notice. The provider told us future plans involved relocating their registered office to Congleton, which would enable them to be readily available to provide care call support if needed.
- People and relatives told us they had not experienced any late or missed care calls. One relative told us, "We recently had snow, but staff still arrived on time. I have been very impressed with their time-keeping and the fact their office base is a long way away, it has not impacted on the service given at all."
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was given to staff in a 'handbook', which they could refer to or discuss with the provider.
- The provider shared their mobile telephone number with staff who told us the provider was "always available" and "always replied straight away" to any text message sent asking for guidance. One staff member gave us an example of arriving for a care call and facing a situation which challenged them and they were unsure what action to take. The staff member told us, "The manager was available on the phone straight away, they were totally supportive and due to the traumatic event, offered me the following day off work and they covered my shifts."
- Relatives commented on the "very kind and caring attitude of staff and the provider," and felt there was "good communication" between the provider and themselves.
- The provider and staff were clear about their roles, and understanding quality performance, risks and regulatory requirements.
- The provider demonstrated they understood when they would need to send CQC notifications of incidents and events in line with legislation. Notifications had been sent as required.

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

- There were systems in place for gathering the views of people and their relatives. Questionnaires were sent to people using the service and their relatives frequently, and feedback rated the service as 'good' or 'outstanding'. There were no negative comments for the provider to act on.
- Staff meetings and individual supervision provided staff with the support they needed.

Continuous learning and improving care:

- The provider told us about their plans to 'grow the service slowly' with an ethos on good care and support.
- Regular audits were carried out by the provider and actions taken to make improvements when needed.