

Dawn To Dusk Care Services Limited

# Dawn To Dusk Care Services Limited

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Dawn to Dusk Care Services Limited on 3 March 2016 and the visit was made at short notice to make sure the registered manager would be available.

Our last inspection took place on 12 November 2013 and, at that time, we found the regulations we looked at were being met.

Dawn to Dusk Care Services Limited is a small domiciliary care agency which provides care services to people in their own homes. On the day of our visit seven people were receiving personal care. The agency can provide a service to adults, older people, people living with dementia, people with physical disabilities, people with learning disabilities and people with sensory loss.

There was a registered manager in post, who is also the owner of the company. 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.

People who used the service told us they felt safe with the care they received. We found there were appropriate systems in place to protect people from risk of harm.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS). The registered manager had completed training and knew the procedures to follow.

People who used the service told us staff were extremely caring and regularly 'went the extra mile,' caring out acts of kindness in addition to those required to meet people's needs. People were treated with compassion, respect and dignity by staff who had built meaningful relationships with them.

We found that people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs. The skill mix and staffing arrangements were also sufficient. Robust recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service. This included obtaining references from the person's previous employer as well as checks to show that staff were safe to work with vulnerable adults.

Staff had opportunities for on going development and the registered manager ensured that they received induction, supervision, annual appraisals and training relevant to their role.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

The relatives of people who used the service told us staff were reliable, kind and caring and always provided care and support in line with the support plan in place. We found staff provided a highly person centred service and were consistently going the 'extra mile' to provide an exceptional service.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and they contained sufficient information to enable them to carry out their role effectively and in people's best interest.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

People using the service, relatives and staff we spoke with were very positive about the registered manager. They all said the registered manager was committed to providing the best service they could offer, was approachable and provided effective leadership. Relatives and staff all said they had and would recommend the service to other people.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify any shortfalls in service provision.

## 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 procedures for staff to follow if an emergency arose and staff understood how to keep people safe.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed.

### Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant they had the skills and knowledge to meet people's needs.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

Without exception, people were treated with compassion, respect and dignity by staff who built meaningful relationships with them.

Staff provided exceptional end of life care and supported the whole family.

Staff were caring and regularly carried out acts of kindness in addition to those required to meet people's identified needs.

### Is the service responsive?

Good ●

The service was responsive.

People had their health, care and support needs assessed. Individual preferences were discussed with people who used the service. People's care records had been regularly updated and provided staff with the information they needed to meet individual's needs.

People were given the information about how to make a complaint.

### **Is the service well-led?**

The service was well-led.

People using the service, relatives, staff we spoke with were very positive about the registered manager. They all said the registered manager was committed to providing the best service they could offer; was approachable and led by example.

There were effective systems in place to monitor and improve the quality of the service provided.

**Good** ●

# Dawn To Dusk Care Services Limited

## **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 was planned to check 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.

The inspection started with a visit to the provider's offices on 3 March 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one inspector. At the time of inspection the service was only providing care and support to seven people.

During the visit to the provider's office we looked at the care records of people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service.

During the visit we spoke with two care workers and following the visit to the provider's offices we carried out telephone interviews with the relatives of four people who used the service and one member of staff on 4 March 2016. We spoke with one person's representative on 18 March 2016.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We also asked the provider to complete 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 improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

# Is the service safe?

## Our findings

All the relatives we spoke with told us they felt confident the staff employed by the agency were trustworthy and had no concerns about the safety of people who used the service. One person said, "We have a regular team of carers who never let us down." Another person said, "The staff are reliable and Mum is safe with this service."

The relatives we spoke with also told us they had a telephone number for the agency which they could use both during and out of normal office hours if they required assistance or needed to make any changes to a visit.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report any concerns.

In addition, the registered manager told us people who used the service, their relatives and staff could contact them at any time if they had any concerns. Relatives and staff we spoke with confirmed this was the case.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Safeguarding Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

We saw financial transactions sheets were in place if the staff spent money on behalf of people who used the service. The registered manager confirmed that once completed these were returned to the office for audit purposes.

One relative told us, "One of (Name of registered manager) secrets is the selection of staff. Staff have a good attitude." Another relative told us, "[Name of registered manager] only takes staff on who have a mature attitude and common sense."

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

The registered manager told us that sufficient care staff were employed for operational purposes. They also told us they would not offer a service to any new customers until they had enough staff in place to cover the

visits. The relatives we spoke with told us people received support from the same group of carers which helped to ensure continuity of care.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. One relative told us, "Mum's medicines are always given." We looked at the medication administration records in the office and saw they had been consistently signed by staff. This showed us people were receiving their medicines at the right times.

Risk assessments were in place and the staff we spoke with were aware of their roles and responsibilities in keeping people safe when they were providing care and support. Risk assessments covered such areas as mobility, infection control and the environment.

The staff we spoke with told us if they noticed any areas of risk they took immediate action to minimise the risk and informed the registered manager who arranged for a risk assessment to be carried out and the support plan updated. This meant people were being kept safe.

## Is the service effective?

### Our findings

The registered manager told any new staff completed induction training and completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager explained one outcome of the care certificate was covered every week. Staff then completed the workbook to demonstrate they could apply the knowledge and then had a practical assessment to check their understanding. For example, use of moving and handling equipment. A newer member of staff told us the training they were receiving was very good.

We looked at the training matrix and saw staff training was either up to date or where refresher training was required this had been booked.

Staff received formal supervision four times a year plus one 'spot check' of their work practice. The registered manager told us staff could also request supervision at any time. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The staff we spoke with told us the training provided by the agency was very good and provided them with the skills, knowledge and understanding they required to carry out their roles effectively. They also told us they were aware of and had received training in the Mental Capacity Act 2005 (MCA).

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.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and showed a good understanding of people's different needs and preferences.

We saw in the care files people using the service or their representative had given consent for first aid to be administered, assistance with medication and for care workers to involve doctors or emergency services if required.

The registered manager confirmed that if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's best interest.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always talked and reassured people while they assisted

them and never insisted they accepted assistance against their wishes. The relatives we spoke with confirmed this.

One person told us staff had worked closely with them to make sure their relative got meals that they liked. They told us staff blended each component of their relatives meal separately to make it look as appetising as possible. This showed us staff made sure people got the food they liked and prepared it in the way needed to meet people's needs. A member of staff told us they needed to prompt one person they supported to eat and drink and said they had the time to do this.

We saw in one care plan staff had followed the advice given by a district nurse in relation to someone's pressure area care. When we spoke with staff they told us in an emergency they would call for an ambulance. If there were other concerns about a persons health they told us they would speak with the relatives or seek advice from the registered manager. This showed us staff knew what action to take to make sure people's healthcare needs were met.

## Is the service caring?

### Our findings

All of the relatives we spoke with were extremely complimentary about the caring nature of the registered manager and staff. One person said, "I thank the Lord twice a day for Dawn to Dusk, they are fantastic. They are lovely with [name] and really care. They go the extra mile, and a half and [name the registered manager] has supported me as well. We moved away from the area, but moved back again so we could have Dawn to Dusk back again." Another person told us, "I used to work in care and have high standards. The staff adapt to Mum's needs and go the extra mile. The know Mum isn't good at eating her meals so they will bring their lunch and eat with her."

We looked at two care plans, they were easy to follow and provided care workers with information and direction to make sure that people received the care and support they needed safely and in the way they preferred. There was detailed information about peoples preferred routine and their personal preferences, past life and experiences.

One person's representative told us there was a consistent and reliable team of staff who cared for their friend. They said, "I don't feel like I need to keep checking because I know the staff really care for [name]. They know [name] well and know how to talk them round. The staff are really thoughtful as well. When I was away on holiday, they took the washing to the launderette, so I didn't have to do it when I got back. When [name] was in hospital the staff visited them and telephoned to find out how they were."

It was apparent from talking to the registered manager and staff the team were dedicated and truly cared for the people they supported. If someone they had been supporting was in hospital staff visited them and staff had continued to visit people when they have moved into nursing homes.

One relative told us their partner had become more independent because staff had spent time supporting them with their mobility and was now able to weight bear and could move a few steps. This showed us staff had time and patience to help people regain some independence.

A relative we spoke with told us their Mum "'Warms' to the staff and is a like a different person when they visit." They explained staff 'go the extra mile' and examples of this were; "If mum is running out of something staff will call at the shop and get it. They know she likes fish and chips and will go to the fish shop to get these. Staff pop in on their days off if they are passing just to say 'hello.' They also tell us about things you wouldn't think they would, like the kitchen window steaming up inside. The family take Mum to the hairdressers every week on one occasion we could not stay with her so one of the carers sat with her while she had her hair done." This showed us staff were caring and providing a highly personalised service.

Another relative told us, "I couldn't cope without the support I get." "[Name] is happy and smiles at the carers who come." They went on to tell us one of the care workers had spent a week supporting their partner so they could both go on holiday abroad. The registered manager explained to us why the holiday had been so important to both people. This showed us staff knew about people's lives and interests and supported people to achieve what was important to them.

Another example of a member of staff doing over and above what was expected of them was when a neighbour of someone they supported was ill. The person who was ill got the attention of the carer who called for an ambulance and stayed with the person until the paramedics arrived.

The service provided exceptional end of life care. We saw a letter from a relative, which stated; "I can't really express the kindness and care you and the girls have shown mum and myself over the past 2 years. To see a very intelligent, professional lady deteriorating, as I have, has been an immensely painful journey, but made easier with the support and understanding of your staff. I know how trying working with dementia can be, but there has been patience, understanding and incredible tolerance shown towards Mum. There are so many times I could mention when my gratitude is needed, no more than the enablement of Mum being able to see [Name] and I get married and of course the love and care you all showed during her last few days of life and after her passing."

We spoke with the registered manager and they told us staff had got them a new outfit to wear to the wedding. Three staff had supported the person to get ready and attend the wedding and take them home afterwards. Additional support was provided so the daughter could have a honeymoon. When the person became too ill to be cared for at home staff made sure one of them was always present at the hospital to offer support to the person and their daughter. This showed us staff were exceptionally compassionate and not only cared for the person who was dying but also for the people that mattered to them.

We saw a tribute a care worker had written to a person they had supported who was living with dementia and who they had cared for at the end of their life. These were some extracts, "Living in (Name's) world this past year has been a privilege and a blessing." "All of us who had the privilege to share and care for you send you onwards with love." The family asked the carer to read the full tribute at the funeral, which they did.

In another letter of thanks the relative had written, "The blessing of finding you and your team ensured Mum truly had the best possible loving care to ease her through these sad days. Knowing Mum was so well cared for has helped the family beyond words. I was never so proud of Mum she looked so beautiful and dignified to the end. I'm also proud that it was so evident that she had been so well and lovingly cared for Family, nurses and the GPs were all impressed." Of the registered manager they wrote, "No one could have given more of themselves, cared more or have been more practical help than you." We asked the registered manager about the 'practical help' and they and one of the examples they gave was they had made a casserole for the family and taken it to them to make sure they were eating.

From our conversations with the registered manager and staff it was apparent they know people and their families very well and offer support and compassionate care to everyone.

## Is the service responsive?

### Our findings

Before people started using the service the registered manager visited them to assess their needs and discussed how the service could meet their wishes and expectations. Care files had assessments in place detailing people's needs. From these assessments care plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care plans contained details of people's routines which gave clear guidance for care workers to follow in order to meet people's needs. Care workers told us and we saw that care plans were kept up to date and contained all the information they needed to provide the right care and support for people.

The registered manager told us they involved people and/or their relatives in developing their care plans so care and support could be provided in line with their wishes. Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was flexible and responded to people's changing needs. Relatives told us about how well the service responded if they needed additional help. For example, one evening a relative contacted the service at 7pm because they needed assistance at short notice. The registered manager was able to get a carer to their home to assist within 10 minutes. A relative told us they had asked for additional cover so they could have a rest and the registered manager had done this at short notice.

The registered manager told us they worked on the rota and delivered care and support themselves. This gave them the opportunity to speak directly with people who used the service and to assess if the care plan was up to date or if it needed changing. If there were people using the service the registered manager had not seen face to face for four weeks they telephoned them to see if everything was all right and they were happy with the service. This meant people had frequent opportunities to make any changes to the care and support they were receiving.

Relatives we spoke with told us if they had any issues they would be able to raise them with the registered manager and were confident they would be resolved quickly. A complaints procedure was in place and this was brought to people's attention through the service user guide. We looked at the complaints log and saw one complaint had been received in 2016. The complaint had been fully documented with the action taken and the outcome. The complaint had been resolved to the complainants satisfaction. This showed us concerns were taken seriously and appropriate action had taken to resolve any issues.

## Is the service well-led?

### Our findings

The feedback about the registered manager and the culture and philosophy of care which they promoted was overwhelmingly positive. We asked staff and relatives if the service was well-led. Staff told us, "[Name] is a good manager she knows all of the customers and relatives and does calls herself." "[Name] is always there with good advice and support for everyone." "[Name] puts her heart and soul into the business and wants the best for customers, staff and families. She wouldn't ask you to do anything she wouldn't do herself." "People in the community are hearing about our service and how good it is."

Relatives told us, "[Name] is a brilliant manager, I wish I had had one like her. She is approachable and not scared to get her hands dirty. In the snow she took over Mum's call as she didn't want the staff out in bad weather."

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right care workers available to meet people's needs.

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. We saw the registered manager audited people's support plans and risk assessments, the daily reports completed by staff and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information.

The relatives we spoke with told us they were contacted by the registered manager on a regular basis and were kept fully informed of any events that might impact on service delivery. They also told us they were asked to complete questionnaires about the quality of the service provided and were fully involved in people's care and support.

The registered manager sent out questionnaires to people who used the service to complete annually. We saw the results of the surveys which had been returned in April 2015. These showed there was a high level of satisfaction with the service. One person had asked for their bed call to be slightly later and this was arranged for the following week. This showed us the views of people using the service were actively sought and acted upon.

The registered manager also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan.