

Daisy Chain Care Team Ltd

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Inspection report

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05 April 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Daisy Chain Care Team is a domiciliary care service. The service is registered to provide care and support for older people and younger adults who may experience dementia, sensory impairments, learning disabilities, physical impairments or mental health issues. At the time of this inspection 11 people were receiving the regulated activity of 'Personal Care'.

People's experience of using this service:

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. They were familiar with how to report concerns to agencies outside of the organisation. Risks to people's health, safety and well-being were assessed and measures were put in place to remove or reduce the risks. People were supported by staff who had been safely recruited through a robust process.

People's medicines were managed safely. Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following any incidents and learning was shared with staff.

Before care delivery started the provider completed assessments to make sure people's needs could be met by Daisy Chain Care Team. Care plans were developed from these assessments for each person's identified needs and staff had clear guidance on how to meet those needs. Staff received training and support to enable them to carry out their roles effectively.

People told us staff prepared simple meals for them as needed and encouraged them to take fluids to maintain their health and wellbeing. Staff and the registered manager knew people well and were able to promptly identify when people's needs changed and they sought professional advice appropriately. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed. Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so.

People and their relatives praised the kind and caring nature of staff. People received consistent care from a small team of staff. Staff helped to relieve people's distress and discomfort, and supported people to maintain personal relationships. People knew about their care plans and could decide what care and support they needed. People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

People received care and support as they wished. People told us they would be confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support they received.

The registered manager was committed to providing a high standard of care to the people they supported as well as the staff team and understood their responsibilities under the Duty of Candour. People, their relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive. People told us that they were often asked for their views about the quality of the service.

Rating at last inspection: This was the first inspection of this service since registration with the Care Quality Commission (CQC) in November 2017.

Why we inspected: This was a scheduled inspection 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.

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.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Daisy Chain Care Team Ltd

Detailed findings

Background to this 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.

This inspection was undertaken by one adult social care inspector.

Service and service type:

Daisy Chain Care Team Ltd is a domiciliary care agency, it provides personal care to people living in their own houses and flats in the community.

The service had a manager registered with the Care Quality Commission. 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 two days' notice of the inspection site 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.

Inspection activity started on 02 April 2019 and ended on 05 April 2019. We spoke with people who used the service and their relatives on 02 April 2019 to gain their views about the quality of the care provided. We visited the office location on 04 April 2019 to meet the registered manager and to review care records. We spoke with a sample of the staff team on 05 April 2019.

What we did:

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the Provider Information Return submitted to us in May 2018. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to

make.

As part of the inspection we spoke with five people who used the service, relatives of three people who use the service, three staff members and the registered manager. We looked at care plans relating to two people and reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help protect people from the risk of harm or abuse. Staff received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities.
- The registered manager understood their responsibilities to safeguard vulnerable people from abuse and sent us statutory notifications to inform us of any events that placed people at risk.
- People and their relatives told us that staff provided safe care for people. One person said, "I feel so safe when they are with me." A relative told us, "I trust them with my [relative]"

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures developed to remove or reduce the risks. Risk assessments allowed for positive risk taking and enabled people to stay as independent as possible within the confines of their health needs.
- Risk assessments were kept under review to help ensure people's safety was promoted.
- The provider helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.

Staffing and recruitment

- The provider had robust recruitment procedures and checks to ensure that staff were suitable to work at the service.
- Staff told us there were enough staff to meet people's needs and that staff were deployed effectively to meet people's needs.
- People told us they thought there were sufficient staff available to meet their care needs. One person said, "Staff are always on time and have never missed a care call."
- The registered manager told us, "We have a fairly small team and staff and people have very good relationships. I try to keep the call times regular to provide continuity which tends to be very important to the people we provide care to. I always try to ring the people if a member of staff has been delayed or we have a problem to reassure them that there has been a problem but someone will be along shortly, this is usually well received."

Using medicines safely

- Staff received training in the safe administration of medicines and had their competency assessed to help ensure their practice was safe.
- People prescribed with 'as and when needed' (PRN) medicines had clear protocols in place for the

administration of these.

- Thorough audits of medication were completed. The registered manager showed us that where errors, such as staff not signing for administering a medicine, occurred these were identified and dealt with immediately.
- A relative told us that staff supported a person safely with their medicines and there had not been any concerns.

Preventing and controlling infection

- Staff were provided with training and personal protective equipment such as gloves and aprons to help promote effective infection control.
- People and their relatives told us that staff promoted good hygiene practices.

Learning lessons when things go wrong

- The registered manager took appropriate actions in response to complaints and learning was shared with staff. No accidents or incidents had occurred since the service began but we were re-assured that the registered manager would take quick and effective action.

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 consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. Assessments detailed people's support needs and their individual preferences. These assessments formed the basis of people's care plans and risk assessments.
- The registered manager kept themselves up to date with current care standards and guidance and used this to update people's care plans.

Staff support: induction, training, skills and experience

- Staff received training in areas such as safeguarding, moving and handling and the Mental Capacity Act. Staff had a good understanding of these topics.
- Staff received supervision and competency observations to help ensure that they had the knowledge to perform their job roles.
- Staff told us they had robust support from the registered manager. One staff member said, "You can call the registered manager any time night or day, she will always be there to offer advice or help, whatever is needed."
- Inductions for new staff were thorough and staff knowledge was checked by senior staff during shadow shifts prior to the staff member working with people unsupervised.
- People and their relatives praised the staff team for their skills and knowledge. One person said, "Staff are skilled, they know what they are doing." A relative told us, "Staff are skilled in their role, I have no concerns at all there."

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

- People who used the service and their relatives said that staff supported people to eat in a safe and effective manner.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.
- Staff monitored people's food intake where appropriate and the registered manager told us they would refer to dieticians or speech and language therapists if people needed more support.

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

- Staff and the registered manager worked well with external professionals for the benefit of people who used the service. These included GPs, occupational therapists, district nurses and speech and language therapists.

- Information was shared with other agencies if people needed to access other services such as hospitals.
- The registered manager told us that they changed the times that people received their support so that they could support them to health appointments if this was the person's choice.

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.
- People told us that staff always asked for consent when supporting them. We saw that people had been asked for consent to be supported in line with their care plans and risk assessments.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.
- The registered manager acknowledged challenges when the wishes of family members conflicted with people's individual preferences. The registered manager demonstrated a clear understanding of the Act in this regard and advised they would access support from external advocacy services should the need arise.

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.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a good understanding of people they supported. Staff took time to get to know people's likes and dislikes, their pasts and interests and incorporated these into their care. For example, a person used to enjoy writing. Staff supported them to rearrange their room so they had space to mobilise independently. Staff arranged for a suitable, safe chair and as a result the person could sit at the table safely and write most days which they had been unable to do before.
- The staff and management took actions to improve outcomes for people. For example, the service supported a person with impaired vision. The registered manager liaised with an external agency to source an audio player so the person could listen to music which they really enjoyed.
- People and their relatives praised the staff team for the care and support they provided. A relative told us, "The staff are all very nice, friendly and polite."

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

- People's care plans showed that they were consulted about changes to their care and that these were documented. Regular reviews of people's support involving people, their relatives and other professionals took place.
- People said they liked that their relatives were involved in helping them make decisions about their care. A relative told us, "All the paperwork is there and the agency involve me in all the changes and updates because that is what [person] wants."
- People could make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to support people and care plans were written in a way that promoted people's independence.
- People and their relatives said that staff promoted people's privacy, dignity and independence. One relative said, "It is always the same staff, a little team of four care staff provide [person's] care which is good because [the person] lives with dementia and it is important that they know who is coming into their home."
- Daisy Chain Care Team provided support with social activity if requested. During these calls some people chose to be supported to go out and about shopping or for meals. Some people said that they would feel more comfortable when going out in a social situation for the staff member to not wear a uniform. As a result, it was normal practice for the management and staff to ask people if they would prefer the staff to wear their uniform or not.

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.

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

- People received care to meet their individual needs, likes, dislikes and preferences.
- People's care was adapted to meet their changing needs. For example, a person's health deteriorated and they struggled with taking medicines. As a result, the GP had changed the medicine regime and the care plan was updated to reflect the changes.
- Care plans were detailed with regards to people's preferences, likes and dislikes.
- The registered manager told us staff spent extra time with people having a chat before leaving care calls wherever possible. They said, "The extra five minutes can make the world of difference to someone, which it does with the people we visit."
- One staff member took handmade dolls to some of the people who used the service. The registered manager told us that people greatly enjoyed looking at and holding the life like dolls.
- Staff supported a person who was visually impaired and took them knitting needles and wool because the person used to enjoy knitting. Staff also suggested different ideas to help break the person's day up and interact with them, such as baking. Although the person could not use the oven themselves they enjoyed preparing ingredients for their relatives or staff to bake.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy, people and their relatives told us they had a copy of the policy in their homes to access if needed.
- People and their relatives told us that complaints were responded to promptly and to the complainant's satisfaction. For example, a relative told us they had raised a complaint with the registered manager about how a care worker had interacted with a person. They said the registered manager took the concern very seriously and immediately took appropriate action to address the matter.

End of life care and support

- The staff team supported people at the end of their life according to their wishes and preferences.
- People were supported to stay in their own home if they chose to do so and extra support was provided as needed.
- Staff knew how to support people at the end of their life. The registered manager advised that some of the staff team had received End of Life training and this was due to be rolled out across the staff team.

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.

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

- The registered manager had a good understanding of their legal and ethical responsibilities towards the people they supported and had a passion for delivering person-centred care.
- The registered manager advised that the ethos of the service was to treat others with kindness, care, patience and dignity. They told us in the Provider Information Return that this is frequently discussed from the stages of the interview process through the induction and shadowing period, ensuring that the values are understood and carried out by all staff.

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

- The registered manager and staff understood their roles and respected the impact that their roles had for people. A staff member told us, "I do think we provide a safe and effective service because everything we do is done properly. For example, we have travel time allocated between care calls so we don't have to rush and people have good care."
- The registered manager undertook audits in areas such as care plans, medicines and staff files and spot checks were undertaken of staff providing care in people's homes. These assisted the registered manager to have a clear overview of the service they provided for people.
- The registered manager reported all notifiable incidents to the proper authorities.

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

- People and their relatives gave positive feedback about the registered manager. One person said, "I would 100% recommend them to anyone looking for care and support at home, they are really marvellous." A relative told us, "I would definitely recommend the service to anyone else looking for care at home. The agency is very well-led, the manager is on the ball."
- Staff were also positive about the management of the service. A staff member said, "I am proud to work for Daisy Chain and would recommend the service to anyone either looking for care or looking for work. [Registered manager name] is a good manager to work for. She genuinely cares for the staff team as well as the people who use the service."
- Regular feedback was collected from people and their relatives both formally with questionnaires and informally when changes happened.

Continuous learning and improving care

- Learning was taken from incidents to improve people's experience of care. For example, there had been an incident where a staff member had failed to prompt a person to take their medicines. Once the immediate concern had been addressed the registered manager sent an alert to all staff to remind them of the importance of adhering to the care plans.
- Learning was taken from feedback from staff, people who used the service or their relatives.
- The registered manager was a member of a local care provider's association. They had arranged training for themselves and the staff team and attended some management network meetings to help keep themselves up to date with changes in the care sector and legislation.

Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people. For example, the registered manager had liaised with the fire service in relation to the risks associated with people smoking in their homes. The fire service visited the people, gave advice and guidance and assessed the safety of the premises for people and staff.
- A person's mobility had been poor which meant they had not been able to leave their home for some time. The staff team had learned that the person was keen to go out and about as their health needs were improving. The registered manager contacted Social Services and arranged for a ramp to be installed so that the person could leave and access their home in their wheelchair via the ramp.