

Daniel's Special Care Ltd

# Daniel's Special Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Daniel's Special Care Ltd is a domiciliary care service and was providing personal care to six people on the day of the inspection. The service can support both younger and older people who may have a diagnosis of dementia.

### People's experience of using this service and what we found

The service was short staffed, but people received their care, as the registered manager filled gaps in rosters whilst they recruited new staff. No new care packages had been taken on whilst they recruited more staff. The registered manager took swift action to ensure evidence of some recruitment checks for two staff were provided as required.

People received their medicines safely overall. However, some aspects of people's medicines management required further improvement, to ensure it was consistently safe and met best practice guidance.

Processes were in place to improve the quality of the service, but some needed to be documented and further embedded.

Processes were in place to protect people from the risk of abuse. Potential risks to people had been assessed and measures were in place to manage them as effectively as possible. Processes were in place to protect people from the risk of acquiring an infection during the provision of their care. The registered manager reviewed incidents and ensured any required actions were taken for people's safety.

People received effective care from competent staff. The provision of people's care was based on current requirements. Staff supported people to ensure they had enough to eat and drink. Staff worked in collaboration with other agencies and health care professionals to ensure people received effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were well treated by staff and said, "Carers are kind." People were supported to express their views and to be involved in making decisions about their care. Staff respected and promoted people's privacy, dignity and independence.

People received personalised care planned with them, which reflected their preferences. People's care plans were reviewed and updated as changes occurred. No-one was being provided with end of life care but people's wishes had been sought.

The registered manager understood their role and had obtained relevant support and guidance. The provision of people's care was based on clear aims and objectives. Staff worked together as a team, to

ensure people received their care as planned. Processes were in place to seek people's views on the service and these were acted upon. People were provided with information about how to make a complaint if required.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

This service was registered with us on 15 February 2019 and this was the first inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Daniel's Special 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider who is also the registered manager would be in the office to support the inspection.

Inspection activity started on 24 January 2020 and ended on 27 January 2020. We visited the office location on 27 January 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from professionals involved with the service and received feedback from a commissioner of the service and a social worker.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the provider who was also the registered manager, the care coordinator, and two care staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were sufficient staff, a person said there were always two staff provided as they required, and they stayed the full time of the care call. However, another person told us, "They are tightly staffed." One person and a relative told us calls took place later than planned due to staff shortages. However, both said they had been kept informed about staffing and neither felt there had been a negative impact upon the care provided. Staff told us they received sufficient time off, to ensure they could rest and had enough time allowed for travel between care calls.
- The registered manager had not taken on any new packages of care for people since November 2019, whilst they recruited new staff. There was an on-going staff recruitment programme.
- In the interim the registered manager spent the majority of their time delivering people's care. Although this ensured people received their care as planned, it took them away from their primary role, managing the service.
- The registered manager ensured relevant pre-employment checks were completed when new staff were recruited. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- One member of staff had not provided full details of their employment history and another had not provided proof of their identity. We brought this to the attention of the registered manager who took immediate action and these items were provided following the inspection. They also included actions in their service action plan, to prevent the risk of repetition.
- It will take further time for the registered manager to be able to demonstrate there are sufficient staff, to enable them to personally provide less care and to focus on their role and that the changes to their recruitment processes have been embedded.

### Using medicines safely

- Staff had received face to face training medicines training and had access to up to date medicines guidance. Staff's competency at administering people's medicines was reviewed during routine spot checks of their practice.
- Current guidance states staff should have an assessment of their medicines competency, after they have completed their medicines training and before they start to administer people's medicines and this should be repeated annually. We brought this to the registered manager's attention, who took immediate action to source a specific medicines competency assessment. It will take further time for the registered manager to

be able to demonstrate, this has been embedded.

- People had medicine administration records (MARs) in place for the application of topical creams and protocols for any medicines they took as required. Staff had not always recorded on people's MARs that people had taken their medicines, however, daily records showed they had been given. The registered manager told us they had identified this issue when they checked people's MARs and as a result the MARs had been changed from 1 January 2020 to simplify them and staff had been reminded of their responsibilities during a recent staff meeting. It will take time for the registered manager to be able to demonstrate staff are always signing the new MARs as required.
- People's medicines were listed and they had a thorough medicines risk assessment in place, which provided staff with relevant information about the management and administration of their medicines. For example, the risks to people from the use of emollient creams, which can be a fire hazard had been assessed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the care of staff. They told us and we saw staff wore their uniform and carried an identity badge so people could identify them.
- Staff had completed safeguarding training. One staff member had not updated their safeguarding knowledge when they joined the service. We brought this to the registered manager's attention who immediately arranged for them to do so.
- Staff spoken with understood what could constitute safeguarding and their duty to report any concerns. Staff had access to relevant guidance about safeguarding, discrimination, harassment and whistleblowing. Although the registered manager had not yet needed to make a safeguarding referral, they understood what to report and to whom.

Assessing risk, safety monitoring and management

- Potential risks to people had been assessed and they had comprehensive risk assessments in place to minimise them. Risks to people in relation to areas such as moving and handling, skin integrity, swallowing, equipment, environment and behaviours had been assessed. There was clear guidance for staff about how to manage each risk and what they should report to the office.
- Staff were encouraged to report any incidents so the correct action could be taken and measures put in place to reduce the risk of repetition for people. Staff liaised with other agencies, services and people's relatives, to ensure potential risks to people were managed as effectively as possible.

Preventing and controlling infection

- Staff had completed infection control training and had access to up to date guidance. Staff told us they had ready access to gloves and aprons for use when they provided people's care to minimise the risk of cross-infection. People confirmed staff wore them. Staff's adherence to the infection control processes was checked during spot checks of their practice.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns and to report any incidents. When incidents occurred, these were documented and reviewed to identify if any actions were required. They were used as an opportunity to learn and to make any required changes, in order to reduce the likelihood of repetition.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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 care and support was planned and delivered in line with legal requirements. The provider's policies reflected legislative requirements and best practice guidance.
- Staff assessments of people's needs were comprehensive and expected outcomes were identified. These included people's oral health care needs.
- Staff used an electronic system to log in and out of people's calls. The registered manager introduced an electronic care planning system in September 2019, to enable staff to access people's care plans electronically and record their notes. This provided staff with up to date information about people's care and any changes.

Staff support: induction, training, skills and experience

- All staff were required to undertake the provider's required training which was based on the requirements of the Care Certificate. This is the nationally recognised minimum induction standard for staff new to social care. The registered manager tried to recruit staff with a professional qualification in social care where possible.
- Staff's training was mostly completed on-line, but practical subjects such as medicines administration, and moving and handling were taught face to face. Staff's training also included subjects particular to the needs of the people they cared for, such as, dementia care, catheter care, pressure area care and dysphagia which is when people experience difficulty swallowing. People told us they felt staff were competent to meet their needs.
- Staff currently received supervision through observations of their practice and group supervisions at staff meetings. They were also due to have one to one meetings. Records showed meetings had been held with individual staff to address practice issues when they arose and to provide any required support. Care staff told us they felt well supported in their role.

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

- Care staff completed relevant training in relation to meeting people's food and fluid requirements which were documented in their care plans. Staff were instructed to offer people choices of foods and drinks, and their preferences were noted. Where people required support cutting their meal up this was noted for staff.
- People told us staff supported them with their food and drink needs as required.

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

- There were processes in place to ensure care staff reported information to the office staff, who then made any required referrals to other services. Records showed information was shared with commissioners and health care professionals in order to understand and meet people's needs, including health care. For example, by sharing information with relevant agencies, staff had supported a person to manage their medicines more safely.

#### 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's written consent to their care and treatment had been sought, so their human and legal rights were upheld. No-one currently lacked capacity to agree to the care provided.
- Staff had access to relevant guidance and training on the MCA. One staff member needed to complete their MCA training and following the inspection we were provided with evidence they had done so. Staff spoken with understood the principles of the MCA and its application to their role.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were provided with information about people's life history in their care plans, which also recorded, 'things I would like you to know about me' and any preferences they had about the delivery of their care. People's care plans also included their communication needs where required, to provide staff with any relevant information. A staff member told us, to get to know people, they "talk to people and more importantly listen to people."
- Staff spoke about people in a caring and kind manner. A staff member told us they usually sat and spoke with people for a couple of minutes before they commenced their care, to put them at ease. People and their relatives told us they had a good relationship with the staff who provided their care and were well treated. Their feedback included, "She [name of staff] is lovely. She is smashing, one of the best we have had," and, "Carers are kind."
- People felt staff cared about them and that they mattered. One relative told us, their carer would always do little extras for them. Another relative commented how staff were patient, when their loved one experienced challenging behaviours.
- Staff were required to complete equality and diversity training and relevant guidance was in place. The registered manager understood the need not to treat people unfairly on the grounds of their background, for example, due to the person's age, disability or ethnicity.

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

- People were asked who they wanted to be involved in planning their care. This ensured staff knew and could act upon people's preferences. Where people and their families held differing views about how care should be provided, staff liaised with the person and relevant family members and professionals.
- People were provided with information about the service, to enable them to make informed decisions.
- Staff told us they had the time allocated to provide good care and support. One staff member said, "There is time, I make it. I would rather spend five minutes extra with a person." Another staff member said, "We get travel time between people - there is plenty, so we don't have to rush."

Respecting and promoting people's privacy, dignity and independence

- Staff had completed privacy and dignity training and explained how they ensured this was upheld during the provision of people's care. People's care plans instructed staff about how to maintain their privacy and dignity during the provision of their personal care.
- Staff understood the need to preserve people's confidentiality. People confirmed staff spoke to them

respectfully and ensured their privacy.

- People received their care from familiar staff, who understood their needs. Staff understood the need to support people to retain their independence wherever possible. A staff member told us if a person could do things for themselves such as make a cup of tea, then they supported them to do so. A person confirmed staff helped them with those aspects of cooking their meal, which they needed help to complete. This enabled them to retain their independence and complete those aspects of their meal preparation which they could do.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in developing their care and support plans. People were asked if they wanted others to be involved in their care planning and reviews and this was noted. People signed to demonstrate they had been involved in their assessments and care planning and agreed with the content. People told us they had a copy of their care plan in their home for reference.
- People's care plans were personalised and reflected their individual needs, abilities, choices and preferences about how they wanted their care to be provided.
- People's care plans noted what they wanted from their care and how care staff could improve their quality of life. For example, one person was sociable and wanted care staff they could chat with.
- Staff told us they read people's care plans before they provided any care and they were informed if there were any changes to the person's care or updates they needed to be aware of.
- People's records showed they were kept under regular review and updated as people's needs changed or in response to their feedback. A person told us, "I changed my times [for care] recently and it works better for me."
- No-one had care commissioned to support them with activities. However, the service was responsive to changes in people's needs. A relative told us, staff had arranged respite care to enable them to attend an appointment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff documented people's disabilities, sensory impairments and communication needs, to enable them to identify people's needs. No-one required currently required information to be provided in an accessible format. The registered manager told us if required information could be provided in alternative formats if required.

Improving care quality in response to complaints or concerns

- No written complaints about the service had been received. People were provided with information about how to make a complaint and told us they knew how to complain if required. Staff underwent complaints training and had access to the provider's complaints policy for guidance.

#### End of life care and support

- People were asked about their end of life wishes and these were recorded. People were asked if they had a do not attempt cardiopulmonary resuscitation form in place. No-one was receiving end of life care and staff had not yet provided this care. The provider had an end of life policy in place and staff could access relevant training if required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

### Continuous learning and improving care

- There were processes to monitor the quality of service delivery, through reviews, spot checks on people's care and surveys. Processes to assess the quality of the service had driven improvements in people's care. However, due to the registered manager spending their time delivering care, checks were not always documented to provide clear evidence of the actions taken.
- There was a lack of a written record to demonstrate when the medicine administration records (MARs) had been reviewed and by whom. The registered manager advised us they would now be documenting their checks. It will take time for the registered manager to be able to demonstrate this has taken place and been embedded.
- The registered manager worked alongside staff daily, and so was able to quickly identify and pick up upon any issues for people. However, they did not formally audit people's care call times or record any checks they made to identify if people had received their care on time, or for the required duration. This will be required as the service grows and they provide less care.
- Staff had received observations of their practice and the registered manager worked alongside them, however, there was a lack of a written process to monitor whether staff had received the number of supervisions required by their supervision policy and to demonstrate their progression through their probation. The registered manager was aware this needed to be developed, to provide written evidence of the monitoring which took place.
- The registered manager had engaged an external consultant to support them to identify and make changes. The consultant visited weekly and a number of improvements had been made. For example, to the quality of the care plans and risk assessments.
- When we requested a copy of the service improvement plan, to demonstrate what actions had been identified and addressed and what was outstanding, it was not available. Following the inspection the registered manager provided a written action plan, which clearly demonstrated the work completed and what was still in progress.

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

- There was a registered manager and they understood both the importance and responsibility of their role. Although they had achieved a level five diploma in leadership in social care, this was their first position as a registered manager and they were also the provider.

- They understood their strengths, working directly with people and the areas they needed to address, such as staffing, processes and records. They had recruited a competent care coordinator to support them and the guidance of a consultant, to help them to identify and implement the required improvements.
- The current staffing situation meant they could not spend as much time as required in the office on their management responsibilities and developing processes and systems with the care coordinator. This will be resolved when new staff are recruited, which is underway.

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

- People said the service was well-led. Their feedback included, "It's managed fine. Any problems I speak to [registered manager]" and, "I am pleased with how it is all managed." Staff told us they were happy working for the registered manager. One said, "I am more than happy in my role" and another commented, "I feel comfortable talking to [registered manager]."
- The provider's values and vision for the service, including the promotion of people's human rights were set out in their statement of purpose.
- The service was focused on people. Although there were currently issues with staffing, staff worked together as a team, and did additional hours, to ensure people received their care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us and records showed where incidents had taken place, they had taken relevant actions. These included informing people's relatives where required.

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

- Processes were in place to seek people's views on the service. People were asked for their views at reviews of their care and through their frequent contact with the registered manager and the care coordinator. People were also asked for their views through surveys.
- Where people had raised issues about the length of their call duration, this had been investigated and addressed. Staff were instructed if they had completed people's care as planned and the person did not wish for them to stay and chat, then this was to be documented in their notes.
- Staff were able to access the registered manager easily, as she was out working with them. They could also raise issues during observations of their practice or staff meetings.

Working in partnership with others

- The local authority told us they had worked with the service last year on quality issues, however, they had not had any concerns about the service since then.
- Staff were open with relevant stakeholders and reported incidents and shared information to support the provision of people's care.